

Title 44 - Health
CHAPTER 61
Emergency Medical Services

ARTICLE 1
Emergency Medical Services

SECTION 44-61-10. Short title.

This article may be cited as the "Emergency Medical Services Act of South Carolina".

HISTORY: 1962 Code Section 32-905.31; 1974 (58) 2370; 2004 Act No. 271, Section 1, eff July 16, 2004; 2010 Act No. 157, Section 1, eff May 11, 2010.

SECTION 44-61-20. Definitions.

As used in this article, and unless otherwise specified, the term:

- (1) "Ambulance" means a vehicle maintained or operated by a licensed provider who has obtained the necessary permits and licenses for the transportation of persons who are sick, injured, wounded, or otherwise incapacitated.
- (2) "Attendant" means a trained and qualified individual responsible for the operation of an ambulance and the care of the patients, regardless of whether the attendant also serves as driver.
- (3) "Attendant-driver" means a person who is qualified as an attendant and a driver.
- (4) "Authorized agent" means any individual designated to represent the department.
- (5) "Board" means the governing body of the Department of Health and Environmental Control or its designated representative.
- (6) "Certificate" means official acknowledgment by the department that an individual has completed successfully one of the appropriate emergency medical technician training courses referred to in this article in addition to completing successfully the requisite examinations, which entitles that individual to perform the functions and duties as delineated by the classification for which the certificate was issued.
- (7) "Condition requiring an emergency response" means the sudden onset of a medical condition manifested by symptoms of such sufficient severity, including severe pain, that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect without medical attention, to result in:
 - (a) serious illness or disability;
 - (b) impairment of a bodily function;
 - (c) dysfunction of the body; or
 - (d) prolonged pain, psychiatric disturbance, or symptoms of withdrawal.

(8) "Department" means the administrative agency known as the Department of Health and Environmental Control.

(9) "Driver" means an individual who drives or otherwise operates an ambulance.

(10) "Emergency medical responder agency" means a licensed agency providing medical care at the EMT level or above, as a nontransporting emergency medical responder.

(11) "Emergency medical service system" means the arrangement of personnel, facilities, and equipment for the delivery of health care services under emergency conditions.

(12) "Emergency medical technician" (EMT) when used in general terms for emergency medical personnel, means an individual possessing a valid EMT, advanced EMT (AEMT), or paramedic certificate issued by the State pursuant to the provisions of this article.

(13) "Emergency transport" means services and transportation provided after the sudden onset of a medical condition manifesting itself by acute symptoms of such severity including severe pain that the absence of medical attention could reasonably be expected to result in the following:

(a) placing the patient's health in serious jeopardy;

(b) causing serious impairment to bodily functions;

(c) causing serious dysfunction of bodily organ or part; or

(d) a situation that resulted from an accident, injury, acute illness, unconsciousness, or shock, for example, required oxygen or other emergency treatment, required the patient to remain immobile because of a fracture, stroke, heart attack, or severe hemorrhage.

(14) "Immediate family" means a person's spouse. In the event there is no spouse, "immediate family" means a person's parents and children.

(15) "In-service training" means a course of training approved by the department that is conducted by the licensed provider for his personnel at his prime location.

(16) "Investigative Review Committee" means a professional peer review committee that may be convened by the department in its discretion when the findings of an official investigation against an entity or an individual regulated by the department may warrant suspension or revocation of a license or certification. This committee consists of the State Medical Control Physician, three regional EMS office representatives, at least one paramedic, and at least one emergency room physician who is also a medical control physician. Appointment is made to this committee by the Chief of the Bureau of EMS and Trauma.

(17) "Legal guardian" means a person who is lawfully invested with the power, and charged with the obligation of, taking care of and managing the property and rights of a person who, because of age, understanding, or self-control, is considered incapable of administering his or her own affairs.

(18) "Legal representative" of a person is his personal representative, general guardian, or conservator of his property or estate, or the person to whom power of attorney has been granted.

(19) "License" means an authorization to a person, firm, corporation, or governmental division or agency to provide emergency medical services in the State.

(20) "Licensee" means any person, firm, corporation, or governmental division or agency possessing authorization, permit, license, or certification to provide emergency medical service in this State.

(21) "Moral turpitude" means behavior that is not in conformity with and is considered deviant by societal standards.

(22) "National Registry of Emergency Medical Technicians Registration" is given to an individual who has completed successfully the National Registry of Emergency Medical Technicians examination and its requirements.

(23) "Nonemergency ambulance transport" means services and transportation provided to a patient whose condition is considered stable. A stable patient is one whose condition reasonably can be expected to remain the same throughout the transport and for whom none of the criteria for emergency transport has been met. Prearranged transports scheduled at the convenience of the service or medical facility will be classified as a nonemergency transport.

(24) "Nonemergency ambulance transport service" means an ambulance service that provides for routine transportation of patients that require medical monitoring in a nonemergency setting including, but not limited to, prearranged transports.

(25) "Operator" means an individual, firm, partnership, association, corporation, company, group, or individuals acting together for a common purpose or organization of any kind, including any governmental agency other than the United States.

(26) "Patient" means an individual who is sick, injured, wounded, or otherwise incapacitated or helpless.

(27) "Permit" means an authorization issued for an ambulance vehicle which meets the standards adopted pursuant to this article.

(28) "Revocation" means that the department has permanently voided a license or certificate and the holder no longer may perform the function associated with the license, or certificate. The department will not reissue the license or certificate for a period of two years for a license or permit and four years for a certificate. At the end of this period the holder may petition for reinstatement.

(29) "Standards" means the required measurable components of an emergency medical service system having permanent and recognized value that provide adequate emergency health care delivery.

(30) "State Medical Control Physician" means a physician who shall be contracted with the department to oversee all medical aspects of the EMS Program. The contracted physician must both reside and be licensed to practice in this State. Duties of the State Medical Control Physician shall include, but not be limited to, the following:

(a) protocol development;

(b) establishment of the scope of practice for EMTs at all levels;

(c) provide recommendations for disciplinary actions in cases involving inappropriate patient care; and

(d) serve as Chairman of the State Medical Control Committee and the State Emergency Medical Services Advisory Council.

(31) "Suspension" means that the department has temporarily voided a license, permit, or certificate and the holder may not perform the function associated with the license, permit, or certificate until the holder has complied with the statutory requirements and other conditions imposed by the department.

HISTORY: 1962 Code Section 32-905.33; 1974 (58) 2370; 1981 Act No. 144, Section 1; 1996 Act No. 263, Section 2; 2004 Act No. 271, Section 1, eff July 16, 2004; 2010 Act No. 157, Section 1, eff May 11, 2010; 2018 Act No. 248 (H.4486), Section 2, eff May 18, 2018.

Effect of Amendment

2018 Act No. 248, Section 2, in (16), in the first sentence, substituted "may be convened by the department in its discretion" for "is convened by the department" following "means a professional review committee that", and in the third sentence, substituted "Chief of the Bureau of EMS and Trauma" for "Director of the Division of EMS and Trauma" at the end.

SECTION 44-61-30. Standards and regulations for improvement of emergency medical services; creation and membership of Emergency Medical Services Advisory Council.

(A) The Department of Health and Environmental Control, with the advice of the Emergency Medical Services Advisory Council and the State Medical Control Physician, shall develop standards and promulgate regulations for the improvement of emergency medical services (hereinafter referred to as EMS) in the State. All administrative responsibility for this program is vested in the department.

(B) The EMS Program shall include:

- (1) the regulation and licensing of public, private, volunteer, or other type ambulance services; however, in developing these programs for regulating and licensing ambulance services, the programs must be formulated in such a manner so as not to restrict or restrain competition;
- (2) inspection and issuance of permits for ambulance vehicles;
- (3) the licensing of emergency medical responder agencies;
- (4) training and certification of EMS personnel;
- (5) development, adoption, and implementation of EMS standards and state plan;
- (6) the development and coordination of an EMS communications system;
- (7) designation of trauma centers and the categorization of hospital emergency departments; and
- (8) the establishment of an electronic patient care reporting system to provide data to the National EMS Information System database for betterment of EMS across the nation.

(C) An Emergency Medical Services Advisory Council must be established composed of representatives of the Department of Health and Environmental Control, the South Carolina Medical Association, the South Carolina Trauma Advisory Council, the South Carolina Hospital Association, the South Carolina Heart Association, Medical University of South Carolina, University of South Carolina School of Medicine, South Carolina College of Emergency Physicians, South Carolina Emergency Nurses Association, Emergency Management Division of the Office of the Adjutant General, South Carolina Emergency Medical Services Association, State Board for Technical and Comprehensive Education, Governor's Office of Highway Safety, Department of Health and Human Services, four regional Emergency Medical Services councils, and one EMT first responder agency. Membership on the council must be by appointment by the board. Three members of the advisory council must be members of organized rescue squads operating in this State, three members shall represent the private emergency services systems, and three members shall represent the county emergency medical services systems. The advisory council shall serve without compensation, mileage, per diem, or subsistence.

HISTORY: 1962 Code Section 32-905.32; 1974 (58) 2370; 1975 (59) 201; 1981 Act No. 144, Section 2; 1996 Act No. 263, Section 3; 2002 Act No. 190, Section 7, eff March 12, 2002; 2004 Act No. 271, Section 1, eff July 16, 2004; 2010 Act No. 157, Section 1, eff May 11, 2010.

SECTION 44-61-40. Required licenses and permits; applications; requirement to retain medical control physician; renewals.

(A) A person, firm, corporation, association, county, district, municipality, or metropolitan government or agency, either as owner, agent, or otherwise, may not furnish, operate, conduct, maintain, advertise, or otherwise engage in or profess to engage in the business or service of providing emergency medical response or ambulance service, or both, without obtaining a license and ambulance permit issued by the department. Failure to furnish, operate, conduct, maintain, advertise, or otherwise engage in or profess to engage in the business or service of providing emergency medical response or ambulance service without the proper license or permit, or both, from the department results in a Class I civil penalty, as defined in Regulation 61-7(304).

(B) Applicants shall file license applications with the appropriate official of the department having authority over emergency services. At a minimum, license applications shall contain evidence of ability to conform to the standards and regulations established by the board and such other information as may be required by the department. If the application is approved, the license will be issued. If the application is disapproved, the applicant may appeal in a manner pursuant to Article 3, Chapter 23, Title 1.

(C) An applicant shall retain a medical control physician to maintain quality control of the patient care provided by the applicant's service. No medical control physician acting in good faith who participates in the review or evaluation of the services provided by the applicant to help improve the quality of patient care is liable for any civil damages as a result of any act or omission by the physician in the course of a review or evaluation.

(D) Applicants shall renew licenses and permits every two years.

HISTORY: 1962 Code Section 32-905.34; 1974 (58) 2370; 1996 Act No. 263, Section 4; 2004 Act No. 271, Section 1, eff July 16, 2004; 2010 Act No. 157, Section 1, eff May 11, 2010.

SECTION 44-61-50. Ambulance permits.

A vehicle must not be operated as an ambulance, unless its licensed owner applies for and receives an ambulance permit issued by the department for that vehicle. Prior to issuing an original permit for an ambulance, the vehicle for which the permit is issued shall meet all requirements as to vehicle design, construction, staffing, medical and communication equipment and supplies, and sanitation as set forth in this article or in the standards and regulations promulgated by the board. Absent revocation or suspension, permits issued for ambulances are valid for a period not to exceed two years.

HISTORY: 1962 Code Section 32-905.35; 1974 (58) 2370; 2004 Act No. 271, Section 1, eff July 16, 2004; 2010 Act No. 157, Section 1, eff May 11, 2010.

SECTION 44-61-60. Ambulance equipment requirements.

(A) Such equipment as deemed necessary by the department must be required of organizations applying for ambulance permits. Each licensee of an ambulance shall comply with regulations as may be promulgated by the board and shall maintain in each ambulance, when it is in use as such, all equipment as may be prescribed by the board.

(B) The transportation of patients and the provision of emergency medical services shall conform to standards promulgated by the board.

HISTORY: 1962 Code Section 32-905.36; 1974 (58) 2370; 2004 Act No. 271, Section 1, eff July 16, 2004; 2010 Act No. 157, Section 1, eff May 11, 2010.

SECTION 44-61-65. First responder licensing requirements.

Organizations applying for emergency medical responder licensure must comply with equipment, training, and certification standards and other requirements promulgated by the department in regulation.

HISTORY: 1996 Act No. 263, Section 1; 2004 Act No. 271, Section 1, eff July 16, 2004; 2010 Act No. 157, Section 1, eff May 11, 2010.

SECTION 44-61-70. Suspension or revocation of license or permit; penalty.

(A) The department may enforce rules, regulations, and standards promulgated pursuant to this article. An enforcement action taken by the department may be appealed pursuant to Article 3, Chapter 23, Title 1.

(B) Grounds for an enforcement action against an authorization, license, or permit exist for violation of a regulation promulgated pursuant to this article. The department may suspend a license pending an investigation of an alleged violation or complaint. The department may impose a civil monetary penalty up to five hundred dollars per offense per day to a maximum of ten thousand dollars and revoke or suspend the provider's license or permit if the department finds that a service has:

- (1) allowed uncertified personnel to perform patient care;
- (2) falsified required forms or paperwork as required by the department;
- (3) failed to maintain required equipment as evidenced by past compliance history;
- (4) failed to maintain a medical control physician;
- (5) failed to maintain equipment in working order; or
- (6) failed to respond to a call within the response area of the service without providing for response by an alternate service.

(C) Whoever hinders, obstructs, or interferes with a duly authorized agent of the department while in the performance of his duties or violates a provision of this article or regulation of the board promulgated pursuant to this article is guilty of a misdemeanor and, upon conviction, must be punished by a fine of not less than five hundred dollars and not more than five thousand dollars or by imprisonment for not less than ten days nor more than six months for each offense. Information pertaining to the license or permit is admissible in evidence in all prosecutions under this article if it is consistent with applicable statutory provisions.

(D) If a permitted ambulance or licensed emergency medical responder service fails inspection or loses points upon initial inspection, a civil monetary penalty must not be levied. Instead, a copy of the inspection report will be given to the service indicating deficiencies found and a request for a letter of compliance and a time period by which to correct the deficiencies will be issued. Upon reinspection, any deficiencies found will be assigned a point value and fine schedule or the permit will be revoked, or both. The fine schedule is found in Regulation 61-7.

HISTORY: 1962 Code Section 32-905.37; 1974 (58) 2370; 1981 Act No. 144, Section 3; 1993 Act No. 181, Section 1137; 2004 Act No. 271, Section 1, eff July 16, 2004; 2010 Act No. 157, Section 1, eff May 11, 2010.

SECTION 44-61-80. Emergency medical technician certificate; educational standards; examination; state criminal history background check; renewal; misconduct.

(A) All ambulance attendants shall obtain a valid emergency medical technician certificate unless an exception is granted pursuant to regulations promulgated by the department. A person who provides patient care that is within the scope of an emergency medical technician without obtaining proper certification from the department shall be sanctioned in accordance with a Class I civil penalty as defined in Regulation 61-7(304), unless an exception was granted as provided for in this subsection.

(B) The department shall develop and approve educational standards for the necessary classification of emergency medical technicians and approve the training program for the necessary classifications of emergency medical technicians.

(C) A person seeking EMT certification must pass the National Registry of Emergency Medical Technicians examination for the level of certification desired and meet other requirements established by the department. The department will make a determination of the applicant's qualifications and, if appropriate, issue a certificate to the applicant.

(D) A person seeking EMT certification or recertification must undergo a state criminal history background check, supported by fingerprints by the South Carolina Law Enforcement Division (SLED), and a national criminal history background check, supported by fingerprints by the Federal Bureau of Investigation (FBI). The results of these criminal history background checks must be reported to the department. SLED is authorized to retain the fingerprints for certification purposes and for notification of the department regarding criminal charges. The cost of the state criminal history background check must not exceed eight dollars and must be paid by the EMT or the EMS agency upon application for the state check. The cost of the national criminal history background check is established by the FBI and must be paid by the EMT or the EMS agency upon application for the national check. The state and national criminal history background checks are not required for an EMT employed as of July 1, 2008, until the EMT applies for recertification. The department may deny certification to applicants with certain past felony convictions and to those who are under felony indictment. Applications for certification of individuals convicted of or under indictment for the following crimes will be denied in all cases:

(1) felonies involving criminal sexual conduct;

(2) felonies involving the physical or sexual abuse of children, the elderly, or the infirm including, but not limited to, criminal sexual conduct with a minor, making or distributing child pornography or using a child in a sexual display, incest involving a child, or assault on a vulnerable adult;

(3) a crime in which the victim is a patient or resident of a health care facility, including abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.

Applications from individuals convicted of, or under indictment for, other offenses not listed above will be reviewed by the department on a case by case basis.

(E) EMT certification is valid for a period not exceeding four years from the date of issuance and must be renewed by undergoing a state and national criminal history background check as provided for in subsection (D) and providing documentation to the department of current national registration for the appropriate level of certification and any other credential as required by the department. The national registry credential must be renewed in accordance with National Registry of Emergency Medical Technicians policies and procedures. An individual who was certified in this State before October 2006, and has continuously maintained certification, may continue to renew certification without a national registry credential if the individual has successfully completed all other requirements as established by the department in regulation.

(F) The department may take enforcement action against the holder of a certificate at any time it is determined that the holder no longer meets the prescribed qualifications set forth by the department or has failed to provide to patients emergency medical treatment of a quality deemed acceptable by the department or is guilty of misconduct. Misconduct means that, while holding a certificate, the holder:

(1) used a false, fraudulent, or forged statement or document or practiced a fraudulent, deceitful, or dishonest act in connection with the certification requirements or official documents required by the department;

(2) was convicted of or currently under indictment for a felony or another crime involving moral turpitude, drugs, or gross immorality;

(3) was addicted to alcohol or drugs to such a degree as to render him unfit to perform as an EMT;

(4) sustained a mental or physical disability that renders further practice by him dangerous to the public;

(5) obtained fees or assisted another in obtaining fees under dishonorable, false, or fraudulent circumstances;

(6) disregarded an appropriate order by a physician concerning emergency treatment or transportation;

(7) at the scene of an accident or illness, refused to administer emergency care based on the age, sex, race, religion, creed, or national origin of the patient;

(8) after initiating care of a patient at the scene of an accident or illness, discontinued care or abandoned the patient without the patient's consent or without providing for the further administration of care by an equal or higher medical authority;

(9) revealed confidences entrusted to him in the course of medical attendance, unless this revelation was required by law or is necessary in order to protect the welfare of the individual or the community;

(10) by action or omission and without mitigating circumstance, contributed to or furthered the injury or illness of a patient under his care;

(11) was careless, reckless, or irresponsible in the operation of an emergency vehicle;

(12) performed skills above the level for which he was certified or performed skills that he was not trained to do;

(13) observed the administration of substandard care by another EMT or other medical provider without documenting the event and notifying a supervisor;

(14) by his actions or inactions, created a substantial possibility that death or serious physical harm could result;

(15) did not take or complete remedial training or other courses of action as directed by the department as a result of an investigation or inquiry;

(16) was found to be guilty of the falsification of documentation as required by the department;

(17) breached a section of the Emergency Medical Services Act of South Carolina or a subsequent amendment of the act or any rules or regulations published pursuant to the act.

The department is further authorized to suspend a certificate pending the investigation of any complaint or allegation regarding the commission of an offense including, but not limited to, those listed above.(G) All instructors of emergency medical technician training courses must be certified by the department pursuant to requirements established by the board; and all such training courses shall be supervised by certified instructors.

HISTORY: 1962 Code Section 32-905.38; 1974 (58) 2370; 1980 Act No. 420, Section 1; 1981 Act No. 144, Section 4; 1986 Act No. 527, Section 1; 2004 Act No. 271, Section 1, eff July 16, 2004; 2008 Act No. 304, Section 1, eff July 1, 2008; 2010 Act No. 157, Section 1, eff May 11, 2010.

SECTION 44-61-90. Records to be kept by ambulance service licensees.

Each licensee shall maintain records that include approved patient care report forms, employee or member rosters or both, and training records. These records must be available for inspection by the department at any reasonable time and copies must be furnished to the department upon request.

HISTORY: 1962 Code Section 32-905.39; 1974 (58) 2370; 1981 Act No. 144, Section 5; 1996 Act No. 263, Section 5; 2004 Act No. 271, Section 1, eff July 16, 2004; 2010 Act No. 157, Section 1, eff May 11, 2010.

SECTION 44-61-100. Exemptions.

The following are exempted from the provisions of this article:

- (A) ambulances owned and operated by the Federal Government;
- (B) a vehicle or vehicles, including associated personnel, rendering assistance to community ambulances in the case of a catastrophe when licensed ambulances in the locality are insufficient to render the required services;
- (C) the use of a privately or publicly owned vehicle, not ordinarily utilized in the transportation of persons who are sick, injured, or otherwise incapacitated and operating pursuant to Section 15-1-310 (Good Samaritan Act) in the prevention of loss of life and alleviation of suffering;
- (D) the use of out-of-state ambulance services and personnel to assist with treatment and transport of patients during a disaster or catastrophe when licensed services in the locality are insufficient to render the required services.

HISTORY: 1962 Code Section 32-905.40; 1974 (58) 2370; 2004 Act No. 271, Section 1, eff July 16, 2004; 2010 Act No. 157, Section 1, eff May 11, 2010.

SECTION 44-61-110. Restriction on financial aid.

No financial grants or funds administered by the State for emergency medical services pertinent to this article shall be made available to counties or municipalities not in compliance with the provisions of this article.

HISTORY: 1962 Code Section 32-905.41; 1974 (58) 2370; 2004 Act No. 271, Section 1, eff July 16, 2004; 2010 Act No. 157, Section 1, eff May 11, 2010.

SECTION 44-61-120. Development of plan; guidelines for administration of epinephrine by paramedic emergency medical technicians.

The department shall develop a comprehensive statewide emergency medical services plan to implement and ensure the delivery of adequate emergency medical services to every citizen. This plan shall include guidelines for emergency medical technicians at all levels for the administration of epinephrine to a person suffering or believed to be suffering from anaphylaxis.

HISTORY: 1962 Code Section 32-905.42; 1974 (58) 2370; 2004 Act No. 271, Section 1, eff July 16, 2004; 2006 Act No. 320, Section 1, eff June 2, 2006; 2010 Act No. 157, Section 1, eff May 11, 2010.

SECTION 44-61-130. Authority of emergency medical technicians.

A certified emergency medical technician may perform any function consistent with his certification, according to guidelines and regulations that the board may prescribe. Emergency medical technicians, trained to provide advanced life support and possessing current Department of Health and Environmental Control certification while on duty with a licensed service, are authorized to possess limited quantities of drugs, including controlled substances, as may be approved by the Department of Health and Environmental Control for administration to patients during the regular course of duties of emergency medical technicians, pursuant to the written or verbal order of a physician possessing a valid license to practice medicine in this State; however, the physician must be registered pursuant to state and federal laws pertaining to controlled substances.

HISTORY: 1962 Code Section 32-905.43; 1974 (58) 2370; 1981 Act No. 144, Section 7; 2004 Act No. 271, Section 1, eff July 16, 2004; 2006 Act No. 320, Section 2, eff June 2, 2006; 2010 Act No. 157, Section 1, eff May 11, 2010.

SECTION 44-61-140. Chapter does not limit presently operating rescue units.

This article must not be construed as limiting presently operating rescue units from utilizing their existing equipment and performing the functions they are now allowed to do so long as they do not conflict with licensed agencies contained in Section 44-61-40(A).

HISTORY: 1962 Code Section 32-905.44; 1974 (58) 2370; 1981 Act No. 144, Section 8; 1996 Act No. 263, Section 6; 2004 Act No. 271, Section 1, eff July 16, 2004; 2010 Act No. 157, Section 1, eff May 11, 2010.

SECTION 44-61-160. Confidentiality of data; exceptions; penalty.

(A) The identities of patients and emergency medical technicians mentioned, referenced, or otherwise appearing in information and data collected or prepared by emergency medical services must be treated as confidential. The identities of these persons are not available to the public under the Freedom of Information Act. However, the identities of patients and emergency medical technicians and information and data collected or prepared by emergency medical services are subject to subpoena in any administrative, civil, or criminal proceeding and may be released by court order. An individual in attendance at a proceeding must not be required to testify as to the identity of a patient except pursuant to court order. A person, medical facility, or other organization providing or releasing information in accordance with this article must not be held liable in a civil or criminal action for divulging confidential information unless the individual or organization acted in bad faith or with malicious purpose. However, the name of emergency medical technicians, and information and data collected or prepared by emergency medical services must be released to the patient upon his request. In the event the patient is incapacitated or deceased, the name of emergency medical technicians, information, and data collected or prepared by emergency medical services must be released to the patient's immediate family, the patient's legal guardian, or the patient's legal representative upon their request.

(B) The identity of a patient is confidential and must not be released except that the identity of a patient may be released upon consent of the patient, the patient's immediate family, the patient's legal guardian, or the patient's legal representative.

(C) An official investigation or inquiry shall be conducted by an Investigative Review Committee. The fact of suspension or restriction of a license, and the fact of any subsequent related action taken by the department is public information under the Freedom of Information Act after issuance of an administrative order.

(D) Except as otherwise provided in this section, patient information must not be released except to:

(1) appropriate staff of the department's Division of Emergency Medical Services and Trauma, the South Carolina Data Oversight Council, and Revenue and Fiscal Affairs Office;

(2) submitting hospitals or their designees;

(3) a person engaged in an approved research project, except that information identifying a subject of a report or a reporter must not be made available to a researcher unless consent is obtained pursuant to this section.

(E) For purposes of maintaining the database collected pursuant to this article, the department and the Revenue and Fiscal Affairs Office may access and provide access to appropriate confidential data reported in accordance with this section.

(F) A person subject to this article who intentionally fails to comply with reporting, confidentiality, or disclosure requirements of this article is subject to a civil penalty of not more than one hundred dollars for a first offense and not more than five thousand dollars for each subsequent violation.

(G) The department, or a person or entity licensed or certified under this section is required to disclose to the solicitor or his designee information received that could aid in the investigation or prosecution of criminal activity. This includes, but is not limited to, information concerning child abuse, felony driving under the influence, assaults, or other crimes regardless of whether the information is obtained before, during, or after treatment. All information received by the solicitor shall be held confidential by the solicitor or his designee unless such information is necessary for criminal investigation and prosecution.

(H) This section supersedes any other provision of law, with the exception of federal law, which may be contrary to requirements set forth in this section.

HISTORY: 2004 Act No. 271, Section 1, eff July 16, 2004; 2010 Act No. 157, Section 1, eff May 11, 2010; 2017 Act No. 47 (S.234), Section 1, eff May 19, 2017.

Code Commissioner's Note

Pursuant to the directive to the Code Commissioner in 2018 Act No. 246, Section 10, "Revenue and Fiscal Affairs Office" was substituted for all references to "Office of Research and Statistics of the Revenue and Fiscal Affairs Office".

Effect of Amendment

2017 Act No. 47, Section 1, amended (A), providing that the identities of patients and emergency medical technicians are subject to subpoena in judicial proceedings.

ARTICLE 3

Children's Emergency Medical Services Act

SECTION 44-61-300. Short title.

This article may be cited as the "Children's Emergency Medical Services Act".

HISTORY: 1998 Act No. 323, Section 1; 2010 Act No. 157, Section 3, eff May 11, 2010.

SECTION 44-61-310. Definitions.

As used in this article:

(1) "Advanced life support" means an advanced level of prehospital, interhospital, and emergency service care which includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care, and other techniques and procedures authorized by the department pursuant to regulations.

(2) "Basic life support" means a basic level of prehospital care which includes patient stabilization, airway clearance, cardiopulmonary resuscitation, hemorrhage control, initial wound care and fracture stabilization, and other techniques and procedures authorized by the department pursuant to regulations.

(3) "Board" means the governing body of the Department of Health and Environmental Control or its designated representative.

(4) "Department" means the Division of Emergency Medical Services and Trauma within the Department of Health and Environmental Control.

(5) "Director" means the Director of the Department of Health and Environmental Control.

(6) "EMSC Program" means the Emergency Medical Services for Children Program established pursuant to this article and other relevant programmatic activities conducted by the department in support of appropriate treatment, transport, and triage of ill or injured children.

(7) "Emergency medical services personnel" means persons trained and certified or licensed to provide emergency medical care, whether on a paid or volunteer basis, as part of a basic life support or advanced life support prehospital emergency care service or in an emergency department or pediatric critical care or specialty unit in a licensed hospital.

(8) "Emergency medical technician" or "EMT" means, when used in general terms for emergency medical personnel, an individual possessing a valid, emergency medical technician (EMT), advanced emergency medical technician (AEMT), or paramedic certificate issued by the State pursuant to the provisions of this article.

(9) "Manager" means the person coordinating the EMSC Program within the Department of Health and Environmental Control.

(10) "Prehospital care" means the provision of emergency medical care or transportation by trained and certified or licensed emergency medical services personnel at the scene of an emergency and while transporting sick or injured persons to a medical care facility or provider.

HISTORY: 1998 Act No. 323, Section 1; 2010 Act No. 157, Section 3, eff May 11, 2010.

SECTION 44-61-320. Establishment of program.

There is established within the Department of Health and Environmental Control, Division of Emergency Medical Services, the Emergency Medical Services and Trauma for Children Program.

HISTORY: 1998 Act No. 323, Section 1; 2010 Act No. 157, Section 3, eff May 11, 2010.

SECTION 44-61-330. Scope of program; gathering of data.

(A) The EMSC Program must include, but is not limited to, the establishment of:

- (1) initial and continuing education programs for emergency medical services personnel that include training in the emergency care of infants and children;
- (2) guidelines for referring children to the appropriate emergency treatment facility;
- (3) pediatric equipment guidelines for prehospital care and emergency department;
- (4) guidelines for EMT, AEMT, and paramedic emergency medical technician certification for administering epinephrine to children suffering from a severe allergic reaction;
- (5) guidelines for the voluntary designation of pediatric emergency departments;
- (6) guidelines for pediatric trauma centers;
- (7) an interhospital transfer system for critically ill or injured children;
- (8) in conjunction with the South Carolina Data Oversight Council, the collection and analysis of statewide pediatric emergency and critical care medical services data from emergency and critical care medical services for the purpose of quality improvement by these facilities and services, subject to the confidentiality requirements of Section 44-61-350;
- (9) injury prevention programs for parents;
- (10) public education programs on accessing the emergency medical services system and what to do until the emergency medical services personnel arrive;
- (11) guidelines for the appropriate response to children and their families before, during, and after a disaster;
- (12) incorporation of pediatric disaster preparedness training into initial and continuing education programs for emergency medical services personnel;
- (13) assistance with the development of disaster plan strategies that address pediatric surge capacity before, during, and after a disaster for both injured and noninjured children.

(B) In gathering statewide pediatric emergency and critical care medical services data, the department shall rely upon, to the extent possible, data from existing sources; however, the department may contact families and physicians for the purpose of gathering additional data and providing information on available public and private resources. Information requested from a physician's office must be obtained pursuant to Section 44-115-10. Patient contact following data received from the Revenue and Fiscal Affairs Office must be conducted in accordance with regulations approved by the South Carolina Data Oversight Council and promulgated by the Office of Research and Statistics.

HISTORY: 1998 Act No. 323, Section 1; 2006 Act No. 320, Section 3, eff June 2, 2006; 2010 Act No. 157, Section 3, eff May 11, 2010.

Code Commissioner's Note

Pursuant to the directive to the Code Commissioner in 2018 Act No. 246, Section 10, "Revenue and Fiscal Affairs Office" was substituted for all references to "Office of Research and Statistics of the Revenue and Fiscal Affairs Office".

SECTION 44-61-340. Confidentiality of data; exceptions; penalty.

(A) The identities of patients and emergency medical technicians mentioned, referenced, or otherwise appearing in information or data collected or prepared by the EMSC Program must be treated as confidential. The identities of these persons are not available to the public under the Freedom of Information Act. However, the identities of patients and emergency medical technicians and information and data collected or prepared by emergency medical services are subject to subpoena in any administrative, civil, or criminal proceeding and may be released by court order. An individual in attendance at a proceeding shall not be required to testify as to the identity of a patient except pursuant to court order. A person, medical facility, or other organization providing or releasing information in accordance with this article must not be held liable in a civil or criminal action for divulging confidential information unless the individual or organization acted in bad faith or with malicious purpose. However, the name of emergency medical technicians, and information and data collected or prepared by emergency medical services must be released to the patient or the patient's legal guardian upon request. In the event the patient is incapacitated or deceased, the name of emergency medical technicians, information, and data collected or prepared by emergency medical services must be released to the patient's immediate family, the patient's legal guardian, or the patient's legal representative upon their request.

(B) The identity of a patient is confidential and shall not be released except that the identity of a patient may be released upon written consent of the patient, the patient's immediate family, the patient's legal guardian, or the patient's legal representative.

(C) Except as otherwise authorized in this section, patient information must not be released except to:

(1) appropriate staff of the Division of Emergency Medical Services and Trauma within the Department of Health and Environmental Control, South Carolina Data Oversight Council, and Revenue and Fiscal Affairs Office;

(2) submitting hospitals or their designees;

(3) a person engaged in an approved research project, except that no information identifying a subject of a report or a reporter may be made available to a researcher unless consent is obtained pursuant to this section.

(D) For purposes of maintaining the database collected pursuant to this article, the department and the Revenue and Fiscal Affairs Office may both access and provide access to appropriate confidential data reported in accordance with Section 44-61-160.

(E) A person subject to this article who intentionally fails to comply with reporting, confidentiality, or disclosure requirements of this article is subject to a civil penalty of not more than one hundred dollars for a first offense and not more than five thousand dollars for each subsequent violation.

(F) The department, or a person or entity licensed or certified under this section is required to disclose to the solicitor or his designee information received that could aid in the investigation or prosecution of criminal activity. This includes, but is not limited to, information concerning child abuse, felony driving under the influence, assaults, or other crimes regardless of whether the information is obtained before, during, or after treatment. All information received by the solicitor shall be held confidential by the solicitor or his designee unless such information is necessary for criminal investigation and prosecution.

HISTORY: 1998 Act No. 323, Section 1; 2010 Act No. 157, Section 3, eff May 11, 2010; 2017 Act No. 47 (S.234), Section 2, eff May 19, 2017.

Code Commissioner's Note

Pursuant to the directive to the Code Commissioner in 2018 Act No. 246, Section 10, "Revenue and Fiscal Affairs Office" was substituted for all references to "Office of Research and Statistics of the Revenue and Fiscal Affairs Office".

Effect of Amendment

2017 Act No. 47, Section 2, amended (A), providing that the identities of patients and emergency medical technicians are subject to subpoena in judicial proceedings.

SECTION 44-61-350. Advisory Committee.

(A) There is established the Emergency Medical Services for Children Advisory Committee to advise the department on matters concerning preventative, prehospital, hospital, rehabilitative, and other post-hospital medical care for children.

(B) Committee members must be appointed by the board.

(C) The advisory committee is composed of a nurse with emergency pediatric experience, a physician with pediatric training, an emergency physician, an EMT/paramedic who is currently practicing, a ground level prehospital provider representative, an emergency medical services state agency representative, the EMSC Program principal investigator, the EMSC Program manager, and a family representative. All members must reside and, if applicable, be licensed or certified to practice in this State.

(D) Members of the advisory committee shall serve without compensation, mileage, per diem, or subsistence.

HISTORY: 2010 Act No. 157, Section 3, eff May 11, 2010.

ARTICLE 5

Trauma Care System

SECTION 44-61-510. Definitions.

As used in this article:

- (1) "Department" means the South Carolina Department of Health and Environmental Control.
- (2) "Designation" means a formal determination by the department that a hospital or health care facility is capable of providing a specified level of trauma care services.
- (3) "Emergency Medical Services Advisory Council" means the emergency medical services council created in Section 44-61-30(c).
- (4) "Participating providers" means those providers that have been approved by the department for participation in the trauma system and include, but are not limited to, designated trauma centers, designated rehabilitation facilities, and designated fee for service physicians who provide trauma care within a designated facility.
- (5) "State Trauma Advisory Council" means the state advisory council created in this article.
- (6) "Trauma" means a major injury or wound to a living person caused by the application of an external force or by violence and the requiring immediate medical or surgical intervention to prevent death or permanent disability. For the purposes of this article, the definition of "trauma" must be determined by current national medical standards including, but not limited to, trauma severity scales.

(7) "Trauma care facility" or "trauma center" means a hospital that has been designated by the department according to the rules and regulations set forth by the department to provide trauma care services at a particular level.

(8) "Trauma registry" means a statewide database of information collected by the department including, but not limited to, the incidence, severity, and causes of trauma and the care and outcomes for certain types of injuries.

(9) "Trauma system" means an organized statewide and regional system of care for the trauma patient, including the department, emergency medical service providers, hospitals, in-patient rehabilitation providers, and other providers who have agreed to participate in and coordinate with and who have been accepted by the department in an organized statewide system.

(10) "Trauma System Fund" means the separate fund established pursuant to this article for the department to create and administer the State Trauma System.

(11) "Verification" means the department's inspection of a participating facility in order to determine whether the facility is capable of providing a designated level of trauma care.

HISTORY: 2004 Act No. 232, Section 1, eff May 11, 2004.

SECTION 44-61-520. Trauma care standards and regulations; revocation of designation; fines.

(A) The Department of Health and Environmental Control, with the advice of the Trauma Advisory Council, established pursuant to Section 44-61-530, may develop standards and promulgate regulations for the creation and establishment of a State Trauma Care System to promote access to trauma care for all residents of the State.

(B) In developing this system, the department shall take into consideration current recognized national standards for trauma care systems including, but not limited to, standards for trauma care cited in "Resources for Optimal Care of the Injured Patient" adopted by the American College of Surgeons' Committee on Trauma and the guidelines for trauma care systems adopted by the American College of Emergency Physicians.

(C) All authority and responsibility for the Trauma Care System is vested in the department and the department may:

(1) establish minimum standards for levels of designation as a trauma center, consistent with this article, through regulations promulgated by the department;

(2) require facilities applying for trauma center designation or other participation in the Trauma Care System to submit an application in a manner and form prescribed by the department;

(3) conduct on-site inspections and reviews of facilities seeking designation or participation in the Trauma Care System. As part of this process, the department may review or request records and other information it considers reasonably necessary to determine a facility's ability to comply with the minimum trauma care standards set by the department for a particular level or type of designation;

(4) when appropriate, designate applicant hospitals as trauma centers, which are authorized to provide a level of trauma care based on criteria established pursuant to this article;

(5) periodically verify, or inspect, or both, designated trauma centers and other participating providers to assure compliance with the provisions of this article and regulations promulgated pursuant to this article. Information received by the department through filed reports, inspections,

or as otherwise authorized under this article must not be disclosed publicly in such a manner as to identify individuals or hospitals or other participating providers except in proceedings involving the denial, change, or revocation of a trauma center designation or type, the imposition of a fine, or the determination that a provider is no longer eligible to participate in the Trauma Care System;

(6) promote access to quality trauma care by encouraging facilities in all areas of the State to participate in the trauma system and to attempt to meet the minimum standards as established by the department pursuant to this article;

(7) oversee a continuing quality improvement system for the statewide Trauma Care System.

(D) Within one year of the effective date of regulations promulgated pursuant to this article, a trauma center designated prior to the effective date of this article, which wishes to remain a designated trauma center, must comply with the provisions of this article and submit an application and obtain approval by the department to maintain its status as a designated trauma center.

(E)(1) The department may immediately revoke or change a trauma center's designation if the trauma center fails to meet prescribed requirements for designation at a particular level or no longer meets established standards and criteria.

(2) The department may immediately determine that a participating facility or provider is no longer eligible for participation in the trauma system and remove that provider from the system or impose a fine, or both, if the facility or provider no longer meets established standards and criteria.

(F) The department may fine any provider or facility that displays an inaccurate trauma center designation or holds itself out to be a designated trauma care center or participating trauma care system provider without first obtaining the department's approval and meeting established criteria for participation or designation or provides false information to the department or otherwise violates the conditions of this article or regulations promulgated pursuant to this article. The department may also levy fines on any licensed emergency medical service provider found out of compliance with this or other related emergency medical service statutes or regulations. Maximum and minimum fine limits must be established in regulation.

(G) The Trauma Care Fund, established pursuant to Section 44-61-540, may retain fines collected pursuant to this article up to an amount of twenty-five thousand dollars per fiscal year. Amounts collected in excess of twenty-five thousand dollars per fiscal year must be deposited into the general fund of the State.

(H) An appeal of a department decision involving an application, the revocation or changing of a designation, or a decision involving fines imposed under this article are governed by the Administrative Procedures Act.

HISTORY: 2004 Act No. 232, Section 1, eff May 11, 2004.

SECTION 44-61-530. Trauma Advisory Council; membership.

(A) There is established the Trauma Advisory Council composed of, but not limited to, the following members to be appointed by the director of the department for terms of three years and members may be reappointed:

(1) a surgeon who oversees trauma care at each designated level, upon the recommendation of the South Carolina Chapter of the American College of Surgeons;

(2) a hospital administrator from each designated level, upon the recommendation of the South Carolina Hospital Association;

- (3) a hospital administrator from a nondesignated facility, upon the recommendation of the South Carolina Hospital Association;
- (4) an emergency physician representative from each designated level, upon the recommendation of the South Carolina Chapter of the College of Emergency Physicians;
- (5) a trauma nurse coordinator from each designated level, upon the recommendation of the Trauma Association of South Carolina;
- (6) the chairman of the South Carolina Department of Health and Environmental Control's Medical Control Committee;
- (7) one public and one private field emergency medical services provider, upon the recommendation of the Emergency Medical Services Association;
- (8) a physician, upon the recommendation of the South Carolina Medical Association;
- (9) the chairman of the Committee on Trauma of the South Carolina Chapter of the American College of Surgeons;
- (10) a rehabilitation center administrator, upon the recommendation of the South Carolina Hospital Association;
- (11) the chairman of the Emergency Medical Services Advisory Council of the South Carolina Department of Health and Environmental Control;
- (12) a representative from the South Carolina State Office of Rural Health;
- (13) a third party payor representative, upon the recommendation of the Insurance Commissioner;
- (14) a consumer representative appointed by the director;
- (15) a representative from the South Carolina Department of Disabilities and Special Needs;
- (16) a representative from the South Carolina Department of Health and Human Services;
- (17) an orthopedic physician representative, upon the recommendation of the South Carolina Orthopedic Association; and
- (18) a pediatric physician representative, upon the recommendation of the South Carolina Chapter of the American Academy of Pediatrics.

(B) The Chairman of the Trauma Advisory Council must be appointed by the director of the department from the membership of the council. The council members shall select a vice chairman from their membership. The council shall meet at least twice a year or at the call of the chairman. The council is authorized to create an executive committee made up of the chairman and vice chairman and no more than five other members from the membership of the council. The department's Emergency Medical Services Division shall provide staff support to the council.

(C) The Trauma Advisory Council shall act as an advisory body for trauma care system development and provide technical support to the department in areas of trauma care system design, trauma standards, data collection and evaluation, quality improvement, trauma system funding, and evaluation of the trauma care system and trauma care programs.

HISTORY: 2004 Act No. 232, Section 1, eff May 11, 2004; 2008 Act No. 230, Section 1, eff upon approval (became law without the Governor's signature on May 15, 2008).

SECTION 44-61-540. South Carolina State Trauma Care Fund established; administration; funding contingency.

(A) There is created the South Carolina State Trauma Care Fund. In addition to those monies appropriated to the fund in the general appropriations act, the fund may receive gifts, bequests, grants, fees, or other contributions or donations from public or private entities.

(B) The fund must be a separate and distinct fund for the payment of the Department of Health and Environmental Control's expenses in establishing, administering, and overseeing the Trauma Care System. After the payment of the department's operating expenses from the fund, the department may authorize and allocate the distribution of any remaining funds for any or all of the following purposes:

(1) distribution of financial aid to participating providers using a formula based on criteria and factors identified in regulations promulgated by the department pursuant to this article. All providers receiving funds must be located within this State;

(2) distribution of any remaining funds for grants for proposals related to trauma care in this State which may include, but are not limited to, research, injury prevention, education, and planning and development of related services under this article;

(3) other expenses or providers considered appropriate by the department related to the purposes of this article.

(C) If there is adequate funding in the State Trauma Care Fund, the department shall promulgate regulations to establish the distribution of funds in accordance with the purposes stated in subsection (B). The department is solely responsible for determining the priority of distributions and may use contracts with other agencies, including the Department of Health and Human Services, in the distribution of these funds.

(D) Money remaining in the fund at the end of a fiscal year carries forward to the next fiscal year for the purposes stated in this article. If the trauma system ceases to exist and money remains in the Trauma Fund, the remaining money must be distributed in accordance with this article.

(E) All of the department's duties pursuant to this article including the requirement to promulgate regulations are contingent upon adequate funding to cover the department's operating and administrative costs. If adequate funding does not exist in the State Trauma Care Fund, the department is not obligated to carry out any duties pursuant to this article.

HISTORY: 2004 Act No. 232, Section 1, eff May 11, 2004.

SECTION 44-61-550. Trauma Registry; confidentiality.

(A) The department may establish a trauma data collection and evaluation system, known as the "Trauma Registry". The Trauma Registry must be designed to include, but must not be limited to, trauma studies, patient care and outcomes, compliance with standards of verification, and types and severity of injuries in the State.

(B) The department may collect, as considered necessary and appropriate, data and information regarding patients admitted to a facility through the emergency department, through a trauma center, or directly to a special care unit. Data and information must be collected in a manner that protects and maintains the confidential nature of patient and staff identifying information.

(C) Records and reports made pursuant to this section must be held confidential within the department and must not be available to the public, admissible as evidence, or subject to discovery by subpoena. Information that identifies individual patients must not be disclosed publicly without the patient's consent.

(D) All data collection and data inquiry activity shall follow federally established Health Insurance Portability and Accountability Act guidelines.

HISTORY: 2004 Act No. 232, Section 1, eff May 11, 2004.

ARTICLE 6

Stroke System of Care Act of 2011

SECTION 44-61-610. Short title.

This article may be cited as the "Stroke System of Care Act of 2011" and is based on recommendations of the Stroke System of Care Study Committee provided for in Act 121 of 2009.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

SECTION 44-61-620. Legislative findings.

The General Assembly finds that:

(1) An effective system to support optimal stroke care is needed in our communities in order to treat stroke patients in a timely manner, improve the overall treatment of stroke patients, increase survival, and decrease the disabilities associated with stroke.

(2) There is a public health need for acute care hospitals in this State to become primary stroke centers to ensure the rapid triage, diagnostic evaluation, and treatment of patients suffering a stroke. There is also a need for a pre-hospital emergency transport system that identifies and transports potential stroke patients as quickly as possible to the most appropriate facility for stroke treatment.

(3) Primary stroke centers for the treatment of acute stroke should be established in as many acute care hospitals as possible. In addition, hospitals that do not have primary stroke center certification but use telemedicine or other means to facilitate acute or early stroke treatment should be integrated, along with primary stroke centers, within a system of care to evaluate, stabilize, and provide emergency and inpatient care to patients with acute stroke.

(4) It is in the best interest of the residents of South Carolina to establish a program to facilitate identification and development of stroke treatment capabilities throughout the State. This program will provide a system of stroke care that will include specific patient care and support services criteria that will ensure stroke patients receive safe and effective care in stroke care centers statewide.

(5) It is also in the best interest of the people of South Carolina to modify the state's emergency medical response system to ensure that potential stroke patients are quickly identified and transported to and treated in facilities that have the capability for providing timely and effective treatment for stroke patients.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

SECTION 44-61-630. Definitions.

As used in this article:

- (1) "Department" means the South Carolina Department of Health and Environmental Control.
- (2) "Director" means the Director of the South Carolina Department of Health and Environmental Control.
- (3) "Joint Commission" means the Joint Commission, formerly known as the Joint Commission on Accreditation of Healthcare Organizations, a not-for-profit organization that accredits hospitals and other health care organizations.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

SECTION 44-61-640. Identification of hospitals as primary stroke centers and stroke enabled centers; certification by nationally recognized organizations; designation of acute stroke capable centers; notification of loss of recognition.

(A) The director shall identify hospitals that meet the criteria set forth in this article as primary stroke centers and stroke enabled centers through telemedicine.

(B) The department shall establish a process to recognize as "primary stroke centers" as many accredited acute care hospitals as apply and are certified as primary stroke centers by the Joint Commission or another nationally recognized organization that provides disease-specific certification or accreditation for stroke care, provided that each applicant continues to maintain this certification or accreditation and notifies the department in a timely manner of initial and subsequent certification or accreditation.

(C) As nationally recognized, disease-specific certification or accreditation programs become available at more comprehensive and less comprehensive levels, including, but not limited to, a designation for "acute stroke capable centers", the department may adopt and recognize those hospitals that have achieved the certification or accreditation.

(D) A hospital that no longer meets nationally recognized, evidenced-based standards for primary stroke centers, or other programs as they become recognized by the department, shall notify the department and the Stroke System of Care Advisory Council within thirty days.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

SECTION 44-61-650. Stroke System of Care Advisory Council; members; terms; responsibility; service without compensation; progress report.

(A) There is established a Stroke System of Care Advisory Council to be appointed by the director of the department. Representation on the council must be as geographically diverse as possible and composed of, but not limited to, knowledgeable and experienced individuals from the following areas:

- (1) a hospital administrator, or designee, from a primary stroke center, upon the recommendation of the South Carolina Hospital Association;
- (2) a hospital administrator, or designee, from a hospital with a stroke telemedicine program that is not a primary stroke center upon the recommendation of the South Carolina Hospital Association;
- (3) a hospital administrator, or designee, from a hospital capable of providing emergent stroke care as levels of nationally recognized, disease-specific certification or accreditation programs become available, upon the recommendation of the South Carolina Hospital Association;

- (4) a licensed neurologist from a primary stroke center, upon the recommendation of the South Carolina Medical Association;
- (5) a licensed emergency department physician who also serves as an emergency medical services medical director from a hospital capable of providing emergent stroke care, upon the recommendation of the South Carolina Chapter of the College of Emergency Physicians;
- (6) a licensed emergency medical services agency representative, upon the recommendation of the South Carolina Emergency Medical Services Advisory Council of the Department of Health and Environmental Control;
- (7) a licensed emergency medical services agency representative, upon the recommendation of the South Carolina Emergency Medical Services Association;
- (8) a licensed air ambulance representative, upon the recommendation of the South Carolina Association of Air Medical Services;
- (9) a representative from a rehabilitation facility that provides comprehensive inpatient post-acute stroke services, upon the recommendation of the South Carolina Hospital Association;
- (10) an acute stroke patient advocate; and
- (11) a representative from the American Stroke Association.

(B) Members shall serve terms of three years and may be reappointed. Vacancies must be filled in the manner of the original appointment for the unexpired portion of the term. The director shall appoint the chairman of the council from the membership of the council, and council members may select a vice chairman from their membership. The council shall meet at least twice a year or at the call of the chairman.

(C) The Stroke Advisory Council is responsible for advising the department on the development and implementation of a statewide system of stroke care in accordance with this article.

(D) Members of the council shall serve without compensation, mileage, per diem, or subsistence.

(E) The director shall provide a formal progress report of the status of this statewide system of stroke care to the General Assembly no later than January 15, 2014.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

SECTION 44-61-660. List of stroke centers to be posted on website; distribution of standardized stroke-triage assessment tool; implementation of statewide system of stroke care.

(A)(1) The department, before June first of each year, shall distribute the list of primary stroke centers, stroke enabled centers through telemedicine, and other centers that meet the criteria for disease-specific certification or accreditation programs as they become available to each licensed emergency medical services provider in this State. This list must be posted on the department website and be continuously updated.

(2) For the purposes of this article, the department may include on its distribution list pursuant to subsection (A)(1) primary stroke centers in North Carolina and Georgia that are certified by the Joint Commission, or are otherwise designated by those states' departments of public health as meeting the criteria for primary stroke centers.

(B) The department, in consultation with the Stroke System of Care Advisory Council, shall adopt and distribute a nationally recognized, standardized stroke-triage assessment tool. The department must post the stroke-triage assessment tool on its website and provide a copy, which may be an electronic copy, of

the stroke-triage assessment tool to each licensed emergency medical services provider before January 31, 2012. Each licensed emergency medical services provider must establish a stroke assessment and triage system that incorporates the department approved stroke-triage assessment tool.

(C) The department, through the Division of Heart Disease and Stroke Prevention and the Division of Emergency Medical Services, shall develop and implement the statewide system of stroke care in accordance with this article and shall give consideration to recommendations submitted by the Stroke Advisory Council.

(D) Each licensed emergency medical services provider must comply with all sections of this article before June 1, 2012.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

SECTION 44-61-670. Duties of department; confidentiality of health care information.

(A) The department, in consultation with the Stroke System of Care Advisory Council, shall:

(1) provide assistance for sharing information and data among health care providers on ways to improve the quality of care;

(2) facilitate the communication and analysis of health information and data among health care professionals providing care for individuals with stroke;

(3) collect data regarding the transition of care to community-based follow-up care in hospital outpatient, physician office, and ambulatory clinic settings for ongoing care after hospital discharge following acute treatment for a stroke;

(4) set expectations for hospitals and emergency medical services agencies to report data on the treatment of individuals with suspected stroke within the statewide system of stroke care; and

(5) establish a Stroke Registry Task Force, as a subcommittee of the Stroke System of Care Advisory Council, which shall maintain a statewide stroke registry database that compiles information and statistics on stroke care that align with the stroke consensus metrics developed and approved by the American Heart Association, American Stroke Association, Centers for Disease Control and Prevention, and the Joint Commission. The department shall utilize the stroke registry data platform of "Get With The Guidelines-Stroke" or another nationally recognized data set platform with confidentiality standards no less secure. To every extent possible, the department shall coordinate with national voluntary health organizations involved in stroke quality improvement to avoid duplication and redundancy.

(6) The Stroke Registry Task Force shall:

(a) analyze data generated by the statewide stroke registry database on stroke care;

(b) identify potential interventions to improve stroke care in geographic areas or regions of the State; and

(c) provide recommendations to the department and the General Assembly for the improvement of stroke care in the State.

(B) Except to the extent necessary to address continuity of care issues, health care information must not be provided in a format that contains individually identifiable information about a patient. The sharing of health care information containing individually identifiable information about patients must be limited to that information necessary to address continuity of care issues, and otherwise must be in accordance

with, and subject to, the confidentiality provisions required by applicable state and federal law, including, but not limited to, the federal Health Insurance Portability and Accountability Act and regulations pursuant to that act.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

SECTION 44-61-680. Limitation of application of article.

This article is not a medical practice guideline and may not be used to restrict the authority of a hospital to provide services for which it has received a license under state law. The General Assembly intends that all patients be treated individually, based on each patient's needs and circumstances.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

SECTION 44-61-690. Regulations; duties contingent on funding and promulgation of regulations.

(A) The department has the authority to promulgate regulations to carry out the purposes of this article.

(B) All of the department's duties pursuant to this article are contingent upon adequate funding to cover the department's operating and administrative costs and upon the promulgation of regulations. If adequate funding does not exist, the department is not obligated to carry out any duties pursuant to this article. The department is not obligated to carry out any duties pursuant to this article until the applicable regulations have been promulgated.

HISTORY: 2011 Act No. 62, Section 1, eff June 21, 2011.

ARTICLE 7

Recognition of Emergency Medical Services Personnel Licensure Interstate Compact

SECTION 44-61-710. Purpose.

In order to protect the public through verification of competency and ensure accountability for patient care-related activities all states license emergency medical services (EMS) personnel, such as emergency medical technicians (EMTs), advanced EMTs and paramedics. This compact is intended to facilitate the day-to-day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority and authorize state EMS offices to afford immediate legal recognition to EMS personnel licensed in a member state. This compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of EMS personnel and that such state regulation shared among the member states will best protect public health and safety. This compact is designed to achieve the following purposes and objectives:

- (1) increase public access to EMS personnel;
- (2) enhance the states' ability to protect the public's health and safety, especially patient safety;
- (3) encourage the cooperation of member states in the areas of EMS personnel licensure and regulation;
- (4) support licensing of military members who are separating from an active duty tour and their spouses;

(5) facilitate the exchange of information between member states regarding EMS personnel licensure, adverse action, and significant investigatory information;

(6) promote compliance with the laws governing EMS personnel practice in each member state; and

(7) invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.

SECTION 44-61-720. Definitions.

For purposes of this article:

(1) "Advanced emergency medical technician" or "AEMT" means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.

(2) "Adverse action" means any administrative, civil, equitable, or criminal action permitted by a state's laws which may be imposed against licensed EMS personnel by a state EMS authority or state court, including, but not limited to, actions against an individual's license such as revocation, suspension, probation, consent agreement, monitoring, or other limitation or encumbrance on the individual's practice, letters of reprimand or admonition, fines, criminal convictions, and state court judgments enforcing adverse actions by the state EMS authority.

(3) "Alternative program" means a voluntary, nondisciplinary substance abuse recovery program approved by a state EMS authority.

(4) "Certification" means the successful verification of entry-level cognitive and psychomotor competency using a reliable, validated, and legally defensible examination.

(5) "Commission" means the national administrative body of which all states that have enacted the compact are members.

(6) "Emergency medical technician (EMT)" means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.

(7) "Home state" means a member state where an individual is licensed to practice emergency medical services.

(8) "License" means the authorization by a state for an individual to practice as an EMT, AEMT, paramedic, or a level in between EMT and paramedic.

(9) "Medical director" means a physician licensed in a member state who is accountable for the care delivered by EMS personnel.

(10) "Member state" means a state that has enacted this compact.

(11) "Paramedic" means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.

(12) "Privilege to practice" means an individual's authority to deliver emergency medical services in remote states as authorized under this compact.

(13) "Remote state" means a member state in which an individual is not licensed.

(14) "Restricted" means the outcome of an adverse action that limits a license or the privilege to practice.

(15) "Rule" means a written statement by the interstate Commission promulgated pursuant to Section 44-61-820 that is of general applicability; implements, interprets, or prescribes a policy or provision of the compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.

(16) "Scope of practice" means defined parameters of various duties or services that may be provided by an individual with specific credentials. Whether regulated by rule, statute, or court decision, scope of practice tends to represent the limits of services an individual may perform.

(17) "Significant investigatory information" means:

(a) investigative information that a state EMS authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proved true, would result in the imposition of an adverse action on a license or privilege to practice; or

(b) investigative information that indicates that the individual represents an immediate threat to public health and safety regardless of whether the individual has been notified and had an opportunity to respond.

(18) "State" means any state, commonwealth, district, or territory of the United States.

(19) "State EMS Authority" means the board, office, or other agency with the legislative mandate to license EMS personnel.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.

SECTION 44-61-730. Home state licensure.

(A) Any member state in which an individual holds a current license shall be deemed a home state for purposes of this compact.

(B) Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the terms of this compact.

(C) A home state's license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:

(1) currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels;

(2) has a mechanism in place for receiving and investigating complaints about individuals;

(3) notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding an individual;

(4) no later than five years after activation of the compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation with the exception of federal employees who have suitability determination in accordance with 5 C.F.R.

Section 731.202 and submit documentation of such as promulgated in the rules of the Commission;
and

(5) complies with the rules of the Commission.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.

SECTION 44-61-740. Compact privilege to practice.

(A) Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with Section 44-61-730.

(B) To exercise the privilege to practice under the terms and provisions of this compact, an individual must:

(1) be at least eighteen years of age;

(2) possess a current unrestricted license in a member state as an EMT, AEMT, paramedic, or state-recognized and licensed level with a scope of practice and authority between EMT and paramedic; and

(3) practice under the supervision of a medical director.

(C) An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state as may be defined in the rules of the Commission.

(D) Except as provided in subsection (C), an individual practicing in a remote state will be subject to the remote state's authority and laws. A remote state may, in accordance with due process and that state's laws, restrict, suspend, or revoke an individual's privilege to practice in the remote state and may take any other necessary actions to protect the health and safety of its citizens. If a remote state takes action it shall promptly notify the home state and the Commission.

(E) If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

(F) If an individual's privilege to practice in any remote state is restricted, suspended, or revoked the individual shall not be eligible to practice in any remote state until the individual's privilege to practice is restored.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.

SECTION 44-61-750. Conditions of practice in a remote state.

An individual may practice in a remote state under a privilege to practice only in the performance of the individual's EMS duties as assigned by an appropriate authority, as defined in the rules of the Commission, and under the following circumstances:

(1) the individual originates a patient transport in a home state and transports the patient to a remote state;

(2) the individual originates in the home state and enters a remote state to pick up a patient and provide care and transport of the patient to the home state;

(3) the individual enters a remote state to provide patient care and/or transport within that remote state;

(4) the individual enters a remote state to pick up a patient and provide care and transport to a third-member state; or

(5) other conditions as determined by rules promulgated by the Commission.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.

SECTION 44-61-760. Relationship to Emergency Management Assistance Compact.

Upon a member state's governor's declaration of a state of emergency or disaster that activates the Emergency Management Assistance Compact (EMAC), all relevant terms and provisions of EMAC shall apply and to the extent any terms or provisions of this compact conflicts with EMAC, the terms of EMAC shall prevail with respect to any individual practicing in the remote state in response to such declaration.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.

SECTION 44-61-770. Veterans, service members separating from active duty military, and their spouses.

(A) Member states shall consider a veteran, active military service member, and member of the National Guard and Reserves separating from an active duty tour, and a spouse thereof, who holds a current valid and unrestricted NREMT certification at or above the level of the state license being sought as satisfying the minimum training and examination requirements for such licensure.

(B) Member states shall expedite the processing of licensure applications submitted by veterans, active military service members, and members of the National Guard and Reserves separating from an active duty tour, and their spouses.

(C) All individuals functioning with a privilege to practice under this section remain subject to the Adverse Actions provisions of Section 44-61-780.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.

SECTION 44-61-780. Adverse actions.

(A) A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state.

(B)(1) If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

(2) All home state adverse-action orders shall include a statement that the individual's compact privileges are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the home state and remote state's EMS authority.

(3) An individual currently subject to adverse action in the home state shall not practice in any remote state without prior written authorization from both the home state and remote state's EMS authority.

(C) A member state shall report adverse actions and any occurrences that the individual's compact privileges are restricted, suspended, or revoked to the Commission in accordance with the rules of the Commission.

(D) A remote state may take adverse action on an individual's privilege to practice within that state.

(E) Any member state may take adverse action against an individual's privilege to practice in that state based on the factual findings of another member state, so long as each state follows its own procedures for imposing such adverse action.

(F) A home state's EMS authority shall investigate and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the home state. In such cases, the home state's law shall control in determining the appropriate adverse action.

(G) Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the member state's laws. Member states must require individuals who enter any alternative programs to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.

SECTION 44-61-790. Additional powers invested in a member state's EMS authority.

A member state's EMS authority, in addition to any other powers granted under state law, is authorized under this compact to:

(1) issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a member state's EMS authority for the attendance and testimony of witnesses, and/or the production of evidence from another member state, shall be enforced in the remote state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state EMS authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and

(2) issue cease and desist orders to restrict, suspend, or revoke an individual's privilege to practice in the state.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.

SECTION 44-61-800. Establishment of the Interstate Commission for EMS Personnel Practice.

(A)(1) The compact states hereby create and establish a joint public agency known as the Interstate Commission for EMS Personnel Practice.

(2) The Commission is a body politic and an instrumentality of the compact states.

(3) Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

(4) Nothing in this compact shall be construed to be a waiver of sovereign immunity.

(B)(1) Each member state shall have and be limited to one delegate. The responsible official of the state EMS authority or his or her designee shall be the delegate to this compact for each member state. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the member state in which the vacancy exists. In the event that more than one board, office, or other

agency with the legislative mandate to license EMS personnel at and above the level of EMT exists, the Governor of the state will determine which entity will be responsible for assigning the delegate.

(2) Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

(3) The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

(4) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Section 44-61-820.

(5) The Commission may convene in a closed, nonpublic meeting if the Commission must discuss:

- (a) noncompliance of a member state with its obligations under the compact;
- (b) the employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees, or other matters related to the Commission's internal personnel practices and procedures;
- (c) current, threatened, or reasonably anticipated litigation;
- (d) negotiation of contracts for the purchase or sale of goods, services, or real estate;
- (e) accusing any person of a crime or formally censuring any person;
- (f) disclosure of trade secrets or commercial or financial information that is privileged or confidential;
- (g) disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
- (h) disclosure of investigatory records compiled for law enforcement purposes;
- (i) disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or
- (j) matters specifically exempted from disclosure by federal or member state statute.

(6) If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

(C)(1) The Commission shall by a majority vote of the delegates, prescribe bylaws and/or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including, but not limited to:

- (a) establishing the fiscal year of the Commission;
- (b) providing reasonable standards and procedures:
 - (i) for the establishment and meetings of other committees; and

(ii) governing any general or specific delegation of any authority or function of the Commission;

(c) providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings, and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each member with no proxy votes allowed;

(d) establishing the titles, duties and authority, and reasonable procedures for the election of the officers of the Commission;

(e) providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any member state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;

(f) promulgating a code of ethics to address permissible and prohibited activities of Commission members and employees; and

(g) providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the compact after the payment and/or reserving of all of its debts and obligations.

(2) The Commission shall publish its bylaws and file a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any.

(3) The Commission shall maintain its financial records in accordance with the bylaws.

(4) The Commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.

(D) The Commission shall have the following powers:

(1) the authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all member states;

(2) to bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state EMS authority or other regulatory body responsible for EMS personnel licensure to sue or be sued under applicable law shall not be affected;

(3) to purchase and maintain insurance and bonds;

(4) to borrow, accept, or contract for services of personnel including, but not limited to, employees of a member state;

(5) to hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(6) to accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

(7) to lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;

(8) to sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

(9) to establish a budget and make expenditures;

(10) to borrow money;

(11) to appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

(12) to provide and receive information from, and to cooperate with, law enforcement agencies;

(13) to adopt and use an official seal; and

(14) to perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of EMS personnel licensure and practice.

(E)(1) The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

(2) The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

(3) The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.

(4) The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.

(5) The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

(F)(1) The members, officers, executive director, employees, and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or wilful or wanton misconduct of that person.

(2) The Commission shall defend any member, officer, executive director, employee, or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope

of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or wilful or wanton misconduct.

(3) The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or wilful or wanton misconduct of that person.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.

SECTION 44-61-810. Coordinated database.

(A) The Commission shall provide for the development and maintenance of a coordinated database and reporting system containing licensure, adverse action, and significant investigatory information on all licensed individuals in member states.

(B) Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the coordinated database on all individuals to whom this compact is applicable as required by the rules of the Commission, including:

- (1) identifying information;
- (2) licensure data;
- (3) significant investigatory information;
- (4) adverse actions against an individual's license;
- (5) an indicator that an individual's privilege to practice is restricted, suspended, or revoked;
- (6) nonconfidential information related to alternative program participation;
- (7) any denial of application for licensure, and the reason(s) for such denial; and
- (8) other information that may facilitate the administration of this compact, as determined by the rules of the Commission.

(C) The coordinated database administrator shall promptly notify all member states of any adverse action taken against, or significant investigative information on, any individual in a member state.

(D) Member states contributing information to the coordinated database may designate information that may not be shared with the public without the express permission of the contributing state.

(E) Any information submitted to the coordinated database that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the coordinated database.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.

SECTION 44-61-820. Rulemaking.

(A) The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(B) If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact, then such rule shall have no further force and effect in any member state.

(C) Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

(D) Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a notice of proposed rulemaking:

- (1) on the website of the Commission; and
- (2) on the website of each member state EMS authority or the publication in which each state would otherwise publish proposed rules.

(E) The Notice of Proposed Rulemaking shall include:

- (1) the proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
- (2) the text of the proposed rule or amendment and the reason for the proposed rule;
- (3) a request for comments on the proposed rule from any interested person; and
- (4) the manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

(F) Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

(G) The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

- (1) at least twenty-five persons;
- (2) a governmental subdivision or agency; or
- (3) an association having at least twenty-five members.

(H)(1) If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

(2) All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

(3) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(4) No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.

(5) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

(I) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

(J) The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

(K) If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

(L) Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

- (1) meet an imminent threat to public health, safety, or welfare;
- (2) prevent a loss of Commission or member state funds;
- (3) meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
- (4) protect public health and safety.

(M) The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.

SECTION 44-61-830. Oversight; dispute resolution; enforcement.

(A)(1) The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent.

(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities, or actions of the Commission.

(3) The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this compact, or promulgated rules.

(B)(1) If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the Commission shall:

(a) provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and

(b) provide remedial training and specific technical assistance regarding the default.

(2) If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the member states, and all rights, privileges, and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

(3) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

(4) A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

(5) The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the Commission and the defaulting state.

(6) The defaulting state may appeal the action of the Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

(C)(1) Upon request by a member state, the Commission shall attempt to resolve disputes related to the compact that arise among member states and between member and nonmember states.

(2) The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

(D)(1) The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

(2) By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

(3) The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.

SECTION 44-61-840. Date of implementation; associated rules; withdrawal; amendment.

(A) The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth-member state. The provisions, which become effective at that time, shall be limited to the powers

granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

(B) Any state that joins the compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the compact becomes law in that state.

(C)(1) Any member state may withdraw from this compact by:

(a) enacting a statute repealing the same; or

(b) by action of the Governor.

(2) A member state's withdrawal shall not take effect until six months after enactment of the repealing statute or withdrawal by the Governor.

(3) Withdrawal shall not affect the continuing requirement of the withdrawing state's EMS authority to comply with the investigative and adverse-action reporting requirements of this act prior to the effective date of withdrawal.

(D) Nothing contained in this compact shall be construed to invalidate or prevent any EMS personnel licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this compact.

(E) This compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.

SECTION 44-61-850. Construction and severability.

This compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held contrary to the constitution of any member state thereto, the compact shall remain in full force and effect as to the remaining member states. Nothing in this compact supersedes state law or rules related to licensure of EMS agencies.

HISTORY: 2018 Act No. 248 (H.4486), Section 1, eff May 18, 2018.