A Tale of Two States

IT WAS THE BEST OF TIMES
IT WAS THE WORST OF TIMES

Presented by
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ATLANTA  |  CHARLESTON  |  CHARLOTTE  |  GREENSBORO  |  GREENVILLE  |  RALEIGH  |  WILMINGTON
Smiling Faces...Beautiful Places

- Catherine Heigel named Director of SCDHEC
- Shelly Kelly named SCDHEC Director of Health Regulations
- Christian Soura named Director of DHHS (prior interim director)
IMPLICATIONS OF THE “LIMBO PERIOD”

- Line-item veto of CON program funding
- Ex-Director Templeton’s letter to regulated community
- SC Supreme Court challenge/decision
- Practical impact on providers/facilities who began projects during “limbo period”
CERTIFICATE OF NEED

- Margaret (Maggie) Murdock – Director of CON Program as of 9/1/15
- Staffing still lean
- Online application process on hold (regulation proposed)
- Online application process/feedback
- Staff reviews – “in flux”
- New “Pending List” online
CERTIFICATE OF NEED

• New State Health Plan (FINALLY)-8/13/15

• Biggest changes:
  – New electronic format/hyperlinks/
  – New opportunities for home health agencies/New need methodology
  – Psychiatric services
PROPOSED LEGISLATION-CON

H. 3250 –

• Repeal state laws that establish and regulate the CON program in South Carolina beginning in 2018.
• Includes additional reforms to make program less burdensome in interim, including:
  
1. Exemption threshold increased to $5m
2. Existing acute care hospitals, SNFs, rehabilitation facilities, and psychiatric facilities can add beds freely without CON approval
3. Existing healthcare facilities making capital expenditures to expand existing health services and associated equipment exempted if previous CON awarded within one-mile radius
4. CON only required for medical equipment that is “new and emerging technology.”
5. Eliminates pre-application public notice
6. Awards attorneys fees and costs to “loser” in ALJ
Proposed Legislation - CON

H. 3250 –

- Eliminates State Health Planning Committee

- STATUS:
  - April 2015 - S.C. House of Representatives passed the Bill by an overwhelming 103-1 vote.
    - Referred to Committee of Medical Affairs which issue a majority favorable, minority unfavorable report in June.
    - Sine Die 5pm first Thursday of June (exception if extension approved by 2/3 vote of both chambers)
Proposed Legislation:

• **Dueling Advanced Practice Nurses ("APRN") Bills:**
  
  – **H. 3078** – provides for full independent practice by APRNs with no physician supervision or oversight, by

  • amending both the Nurse Practice Act and the Medical Practice Act to remove all references to physician supervision or oversight of APRN practice.

  • removing the current statutory prohibition on APRNs prescribing Schedule II drugs.

  • prohibiting discrimination against APRNs by entities, including the State, administering health insurance or services.
Proposed Legislation:

- **Dueling Advanced Practice Nurses (“APRN”) Bills: (con.)**
  - **H. 3508** — bill introduced by the SCMA
    - extends to APRNs the same practice changes that physicians supported for Physician Assistants (“PAs”) in 2013:
      - increasing the supervision ratio from one physician to 3 APRNs to one physician to 3 full-time equivalent APRNs;
      - increasing the radius from 45 miles to 60 miles; and
      - providing limited ability to prescribe Schedule II drugs, such as opioid pain medications, for a brief period of time (APRNs are currently prohibited by statute from prescribing any Schedule II drugs).
Proposed Legislation:

• **Dueling Advanced Practice Nurses (“APRN”) Bills: (con.)**
  
  – H. 3078 v. H. 3508

  – **STATUS:** Bills failed to advance from House subcommittee.
  
  
  – Expected to be a battle in 2016
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BIG TICKET ITEMS-2016

• Telemedicine
• Lack of psychiatric beds
• Making DSS more responsive (APS and child services)
• Medicaid expansion (estimated 200k poor adults)
• Integration and closure of smaller hospitals
• USDOJ prosecution of fraud and abuse cases
• Catastrophe and disaster management