



SOUTH CAROLINA REVENUE AND FISCAL AFFAIRS OFFICE
STATEMENT OF ESTIMATED FISCAL IMPACT
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Bill Number: H. 3999 As signed by the Governor on June 3, 2016
Author: Henderson
Subject: Health Care Decisions
Requestor: House of Representatives
RFA Analyst(s): Stein, Gardner, and Wren
Impact Date: July 13, 2016

Estimate of Fiscal Impact

	FY 2016-17	FY 2017-18
State Expenditure		
General Fund	\$0	\$0
Other and Federal	\$0	\$0
Full-Time Equivalent Position(s)	0.00	0.00
State Revenue		
General Fund	\$0	\$0
Other and Federal	\$0	\$0
Local Expenditure	Undetermined	\$0
Local Revenue	\$0	\$0

Fiscal Impact Summary

This bill would have no expenditure impact on the General Fund, Federal Funds or Other Funds. The Revenue and Fiscal Affairs Office did not receive any responses from the counties surveyed and the potential local expenditure impact is undetermined.

Explanation of Fiscal Impact

Explanation of Bill Amended by the Senate on June 1, 2016

State Expenditure

The amended bill amends Section 44-66-30, which establishes priorities among persons who may make health care decisions for a person who is unable to do so. The amended bill separates persons with different relationships to the patient into their own priority group when they were previously grouped together into one. When there are multiple persons who may make a decision within a priority group, the amended bill provides for a decision by a majority who are reasonably available for consultation. In addition, the amended bill adds a requirement that efforts to locate a decision maker must be recorded in the patient's medical record. The amended bill would not have an expenditure impact on the General Fund, Federal Funds, or Other Funds.

State Revenue

N/A

Local Expenditure

The local expenditure impact of the bill remains unchanged from that reported for the original bill filed on April 16, 2015.

Local Revenue

N/A

Explanation of Bill Filed April 16, 2015**State Expenditure**

House Bill 3999 amends the Adult Health Care Consent Act by expanding the number of categories of persons who may serve as an alternative health care decision-maker for a patient who is unable to provide consent to his physician. The bill itemizes combined categories of alternative decision-makers. If multiple candidates are available in each category, the choice of the majority prevails. The bill adds three new categories of alternative health care decision-makers: close friends, a social worker approved by the provider's bioethics committee, and a guardian graduated from any court-approved guardianship program. The patient's health care provider must make available a second physician to assist the decision-maker to understand the patient's treatment options. All efforts to identify and select an alternative decision-maker are to be documented and included in the patient's medical record.

Department of Health and Environmental Control. The department reports that this bill will have no expenditure impact on the General Fund, Federal Funds, or Other Funds.

Department of Mental Health. The department indicates that procedures involved in determining an appropriate decision maker would involve a minimal increase in General Fund expenditures, which could be absorbed by the agency.

State Revenue

N/A

Local Expenditure

The Revenue and Fiscal Affairs Office contacted the eight counties in South Carolina that operate county-owned hospitals regarding the expenditure impact of this bill. Since our office received no responses from the counties surveyed, we cannot determine an expenditure impact.

Local Revenue

N/A



Frank A. Rainwater, Executive Director