

SOUTH CAROLINA REVENUE AND FISCAL AFFAIRS OFFICE STATEMENT OF ESTIMATED FISCAL IMPACT (803)734-3780 • RFA.SC.GOV/IMPACTS

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Bill Number: H. 5018 Introduced on February 23, 2022

Author: D.C. Moss

Subject: Patient Visitation Rights

Requestor: House Medical, Military, Public, and Municipal Affairs

RFA Analyst(s): Boggs and Griffith Impact Date: March 14, 2022

Fiscal Impact Summary

the analysis is on governmental expenditure and revenue impacts and may not provide a comprehensive summary of the legislation.

This bill, the No Patient Left Alone Act, allows a patient or resident of a health care facility to receive visitors to the fullest extent permitted under any applicable rules, regulations, or guidelines adopted by either the Centers for Medicare and Medicaid Services (CMS) or the Centers for Disease Control and Prevention (CDC) or by any federal law. The bill will have no expenditure impact on the Department of Alcohol and Other Drug Abuse Services (DAODAS), the Department of Disabilities and Special Needs (DDSN), the Department of Health and Environmental Control (DHEC), the Department of Health and Human Services (DHHS), the Department of Mental Health (DMH), or the Vocational Rehabilitation Department because any potential expenses can be managed within the agencies' existing appropriations. Also, the Revenue and Fiscal Affairs Office (RFA) does not expect an expenditure impact on local health care facilities because we anticipate that facilities can manage the additional duties within the course of normal business.

The bill allows DHEC to impose a civil money penalty of no less than \$500 per instance of a violation of patient visitation rights. This penalty will be in addition to any fine or civil penalty that CMS or another federal agency may choose to impose. It is unknown how many violations will be committed. Therefore, the amount of revenue that will be directed to the General Fund is undetermined.

Explanation of Fiscal Impact

Introduced on February 23, 2022 State Expenditure

This bill, the No Patient Left Alone Act, allows a patient or resident of a hospital, nursing home, rehabilitation facility, community residential care facility, intermediate care facility for persons with intellectual disabilities, residential treatment facility for children and adolescents, residential facility for chemically dependent or addicted persons, or hospice facility to receive visitors to the fullest extent permitted under any applicable rules, regulations, or guidelines adopted by either the CMS or the CDC or by any federal law. In the event of a necessary complete closure of such a facility, the health care facility must develop alternate visitation protocols that would allow visitation to the greatest extent safely possible. The health care facilities listed in the bill are regulated by various state agencies, which may include DAODAS, DDSN, DHEC, DHHS,

DMH, and the Vocational Rehabilitation Department. These departments indicate that any expenditures as a result of the bill can be managed within existing appropriations. Therefore, this portion of the bill will have no expenditure impact on DAODAS, DDSN, DHEC, DMH, or the Vocational Rehabilitation Department.

Further, DHEC will be responsible for promulgating regulations to require a health care facility to have written policies and procedures for visitation. If a health care facility has violated any rule, regulation, guidance, or federal law relating to a patient's or resident's visitation rights, DHEC may issue a warning to the facility and give the facility not more than twenty-four hours to allow visitation. In the event of a complete closure and the facility's alternate protocols are found by the CMS, the CDC, or any other federal agency to violate any rule, regulation, guidance, or federal law, DHEC may impose a civil penalty of no less than \$500 for each instance on each day the facility was found to have a violation. The agency indicates that the duties enumerated in the bill can be managed within its existing appropriations. Therefore, this portion of the bill will have no expenditure impact on DHEC.

State Revenue

The bill allows DHEC to impose a civil penalty of no less than \$500 per instance of a violation of patient visitation rights. This penalty will be in addition to any fine or civil penalty that CMS or another federal agency may choose to impose. DHEC indicates that revenue from civil penalties are allocated to the General Fund if no other fund is specified in the bill. It is unknown how many violations will be committed. Therefore, the amount of revenue that will be directed to the General Fund is undetermined.

Local Expenditure

RFA contacted twenty-three county governments regarding the fiscal impact of this bill. Charleston County reports that the only cost they foresee is having to provide personal protective equipment to visitors who do not bring their own in order to follow visitation policies. While each local health care facility must provide notice of patient or resident visitation rights and may require compassionate care visitors to submit health screenings necessary to prevent the spread of infectious diseases, we expect that the facilities can manage this in the course of normal business. Therefore, we do not expect that this bill will have an expenditure impact on local health care facilities. We will update this impact statement if county governments provide a different response.

Local Revenue

N/A

Frank A. Rainwater, Executive Director