

**SENATE FINANCE COMMITTEE
HEALTH AND HUMAN SERVICES SUBCOMMITTEE
PROVISO RECOMMENDATIONS FOR FY 2018-19**

SECTION 32 - H730 - DEPARTMENT OF VOCATIONAL REHABILITATION

- 32.6** **ADD** (Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance) **WMC:** ADD new proviso to allow Vocational Rehabilitation to establish a fund for deferred maintenance appropriations. Requested by Department of Vocational Rehabilitation.
HOU: ADOPT new proviso.
SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

32.6. (VR: Deferred Maintenance, Capital Projects, Ordinary Repair and Maintenance) The Department of Vocational Rehabilitation is authorized to establish an interest bearing fund with the State Treasurer to deposit funds appropriated for deferred maintenance and other one-time funds from any source. After receiving any required approvals, the department is authorized to expend these funds for the purpose of deferred maintenance, capital projects, and ordinary repair and maintenance. These funds may be carried forward from the prior fiscal year into the current fiscal year to be used for the same purpose.

- 32.7** **ADD** (Licensing Requirements for Disability Examiners) **WMC:** ADD new proviso to waive the licensing requirements for physicians employed by Disability Determination Services who only perform claimant determinations in order to expedite determinations for services.
HOU: ADOPT new proviso.
SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

32.7. (VR: Licensing Requirements for Disability Examiners) For the current fiscal year, the licensing requirements for physicians employed by Disability Determination Services for evaluation of medical evidence for disability benefits claims shall be waived, provided that physicians do not perform examinations or have any contact with claimants, and only perform Disability Determination Services in order to allow the agency to expedite determinations for services provided through funding appropriated and authorized in this act.

SECTION 33 - J020 - DEPARTMENT OF HEALTH AND HUMAN SERVICES

- 33.20** **CONFORM TO FUNDING / AMEND** (Medicaid Accountability and Quality Improvement Initiative) Directs the department to implement accountability and quality improvements initiatives for: (A) Healthy Outcomes Initiative; (B) Improve Community Health; (C) Rural Hospital DSH Payment; (D) Primary Care Safety Net; (E) Obesity Education; (F) Provider Eligibility Data; (G) Pilot of All-Inclusive Health Intervention for Vulnerable Mental Health Patients; (H) Pilot Program to Expand Medication Assisted Treatment (MAT); and (I) Publish Quarterly Progress Reports.
WMC: AMEND proviso, Section (D), to direct the department to allocate up to \$4 million for capital improvements to the Act 301 facilities through consultation with DAODAS to ensure funds are provided on a needs based approach. Delete Section (H), the MAT pilot program.
HOU: ADOPT proviso as amended.
SUBCOMMITTEE RECOMMENDATION: CONFORM to funding recommendation.

33.20. (DHHS: Medicaid Accountability and Quality Improvement Initiative) From the funds appropriated and authorized to the Department of Health and Human Services, the department is authorized to implement the following accountability and quality improvement initiatives:

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(A) Healthy Outcomes Initiative - The Department of Health and Human Services may tie Disproportionate Share Hospital (DSH) payments to participation in the Healthy Outcomes Initiative and may expand the program as DSH funding is available.

(B) To improve community health, the department may explore various health outreach, education, patient wellness and incentive programs. The department may pilot health interventions targeting diabetes, smoking cessation, weight management, heart disease, and other health conditions. These programs may be expanded as their potential to improve health and lower costs are identified by the department.

(C) Rural Hospital DSH Payment - Medicaid-designated rural hospitals in South Carolina may be eligible to receive up to one hundred percent of costs associated with uncompensated care as part of the DSH program. Funds shall be allocated from the existing DSH program. To be eligible, rural hospitals must participate in reporting and quality guidelines published by the department and outlined in the Healthy Outcomes Initiative. In addition to the requirements placed upon them by the department, rural hospitals must actively participate with the department and any other stakeholder identified by the department, in efforts to design an alternative health care delivery system in these regions.

(D) Primary Care Safety Net - The department shall implement a methodology to reimburse safety net providers participating in a hospital Healthy Outcomes Initiative program to provide primary care, behavioral health services, and pharmacy services for chronically ill individuals that do not have access to affordable insurance. Qualifying safety net providers are approved, licensed, and duly organized Federally Qualified Health Centers (FQHCs and other entities receiving funding under Section 330 of the Public Health Services Act), Rural Health Clinics (RHCs), local alcohol and drug abuse authorities established by Act 301 of 1973, Free Clinics, other clinics serving the uninsured, and Welvista. The department shall formulate a methodology and allocate \$3,600,000 for innovative care strategies for qualifying safety net providers. The department shall formulate a separate methodology and allocate \$5,000,000 of funding to FQHCs, at least \$1,500,000 of funding for Free Clinics, and \$1,500,000 of funding for local alcohol and drug abuse authorities created under Act 301 of 1973 and up to \$4,000,000 for capital improvements to the Act 301 facilities through consultation with the Department of Alcohol and Other Drug Abuse Services, to ensure funds are provided on a needs based approach. The department may continue to develop and implement a process for obtaining encounter-level data that may be used to assess the cost and impact of services provided through this proviso. Any newly established Community Health Center/FQHC shall receive an amount equivalent to the average disbursement made to all centers/FQHCs.

(E) The department shall allocate funds to be used for obesity education for patients, reimbursement payments for providers, and continuing education for all providers through partnerships with the Department.

(F) To be eligible for funds in this proviso, providers must provide the department with patient, service and financial data to assist in the operation and ongoing evaluation of both the initiatives resulting from this proviso, and other price, quality, transparency and DSH accountability efforts currently underway or initiated by the department. The Revenue and Fiscal Affairs Office shall provide the department with any information required by the department in order to implement this proviso in accordance with state law and regulations.

(G) The department may pilot a behavioral health intervention program for wrap-around care to vulnerable mental health patients who frequent the emergency room in hotspots and underserved areas within the state. The pilot program must provide reports detailing progress on the target population and health outcomes achieved. These programs may be expanded as their potential to improve health and lower costs are identified by the department.

~~(H) The department shall provide funding not to exceed \$1,500,000 to establish a pilot program to expand medication-assisted treatment (MAT) services for prescription opioid~~

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~~dependency and addiction, including such medical and behavioral health services necessary to support MAT interventions. The department shall consider evidence-based interventions, recommendations made in the December 2014 State Plan to Prevent and Treat Prescription Drug Abuse, and scalability in the design of the pilot program. In consultation with the Department of Alcohol and Drug Abuse Services and the MUSC Hospital Authority, the department may contract with such providers that are necessary to ensure impact in a geographical area of critical need.~~

(I H) The department shall publish quarterly reports on the agency's website regarding the department's progress in meeting the goals established by this provision.

- 33.22 CONFORM TO FUNDING / AMEND** (Rural Health Initiative) Directs the department to partner with various state agencies, institutions, and other key stakeholders to implement components of the Rural Health Initiative to address the needs of medically underserved communities and to leverage federal funds to implement the initiative. Authorize Rural Health Initiative funds to be carried forward and used for the same purpose. Directs the department ensure rural physician coverage through the following: (A)(1) Rural and Underserved Area Provider Capacity; (A)(2) Rural Healthcare Coverage and Education; (A)(3) Rural Medicine Workforce Development; and (A)(4) Statewide Health Innovation. (B) Directs the department to investigate the potential use of DSH and/or other allowable and appropriate sources of funds to improve access to emergency medical services in communities whose access has been degraded due to a hospital's closure during the past five years and to establish a DSH pool for this purpose.

WMC: AMEND proviso Section (A)(4) to delete the requirement that the department spend at least \$1 million to contract with the MUSC Hospital Authority. Add (B)(2) to allow the department to solicit proposals from and provide financial support for capital expenditures associated with the consolidation of two or more rural hospitals; require a hospital system to submit a consolidation plan; require at least one of the facilities be designated as a critical access hospital in a county whose population is at certain levels; and direct the department to require written agreements to ensure proper use of the funds.

HOU: ADOPT proviso as amended.

SUBCOMMITTEE RECOMMENDATION: CONFORM to funding recommendation.

33.22. (DHHS: Rural Health Initiative) From the funds appropriated to the Department of Health and Human Services for the Rural Health Initiative *in the current fiscal year*, the department shall partner with the following state agencies, institutions, and other key stakeholders to implement these components of a Rural Health Initiative to better meet the needs of medically underserved communities throughout the state. The department may leverage any and all available federal funds to implement this initiative. Recurring and non-recurring funding for the Rural Health Initiative may be carried forward by the department and expended for the same purpose.

(A) The Department of Health and Human Services shall incentivize the development of primary care access in rural and underserved areas, leverage Medicaid spending on Graduate Medical Education (GME) by implementing methodologies that support recommendations contained in the January 2014 report of the South Carolina GME Advisory Group, and continue to leverage the use of teaching hospitals to ensure rural physician coverage in counties with a demonstrated lack of adequate access and coverage through the following provisions:

(1) Rural and Underserved Area Provider Capacity - the department shall partner with the University of South Carolina School of Medicine to develop a statewide Rural Health Initiative to identify strategies for significantly improving health care access, supporting physicians, and reducing health inequities in rural communities. In addition, the department shall

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also contract with the MUSC Hospital Authority in the amount of \$1,000,000, and the USC School of Medicine in the amount of \$2,000,000 to further develop statewide teaching partnerships.

(2) Rural Healthcare Coverage and Education - The USC School of Medicine, in consultation with the South Carolina Office of Rural Health, shall continue to operate a Center of Excellence to support and develop rural medical education and delivery infrastructure with a statewide focus, through clinical practice, training, and research, as well as collaboration with other state agencies and institutions. The center's activities must be centered on efforts to improve access to care and expand healthcare provider capacity in rural communities. The department shall authorize at least \$1,000,000 to support center staffing as well as the programs and collaborations delivering rural health research, the ICARED program, workforce development scholarships and recruitment, rural fellowships, health education development, and/or rural practice support and education. Funding released by the department pursuant to this section must not be used by the recipient(s) to supplant existing resources already used for the same or comparable purposes. No later than February first of the current fiscal year, the USC School of Medicine shall report to the Chairman of the House Ways and Means Committee, the Chairman of the Senate Finance Committee, and the Director of the Department of Health and Human Services on the specific uses of funds budgeted and/or expended pursuant to this provision.

(3) Rural Medicine Workforce Development - The department, in consultation with the Medical Education Advisory Committee (MEAC), shall support the development of additional residency and/or fellowship slots or programs in rural medicine, family medicine, and any other appropriate primary care specialties that have been identified by the department as not being adequately served by existing Graduate Medical Education programs. The department shall ensure that each in-state member of the Association of American Medical Colleges is afforded the opportunity to participate in MEAC. New training sites and/or residency positions are subject to approval as specified by the Accreditation Council for Graduate Medical Education (ACGME). The department may also accept proposals and award grants for programs designed to expose resident physicians to rural practice and enhance the opportunity to recruit these residents for long-term practice in these rural and/or underserved communities. Up to \$500,000 of the recurring funds appropriated to the department for the Rural Health Initiative may be used for this purpose.

(4) Statewide Health Innovations - At least \$2,000,000 must be expended by the department to contract with the USC School of Medicine ~~and at least \$1,000,000 to the MUSC Hospital Authority~~ to develop and continue innovative healthcare delivery and training opportunities through collaborative community engagement via ICARED and other innovative programs that provide clinical services, mental and behavioral health services, children's health, OB/GYN services, and/or chronic disease coverage gaps. In consultation with the Office of Rural Health, the department must ensure collaborative efforts with the greatest potential for impact are prioritized.

(B) The department shall continue to investigate the potential use of DSH and/or any other allowable and appropriate source of funds in order to improve access to emergency medical services in one or more communities identified by the department in which such access has been degraded due to a hospital's closure during the past five years.

(1) In the current fiscal year, the department is authorized to establish a DSH pool, or carry forward DSH capacity from a previous period as federally permissible, for this purpose and/or if deemed necessary to implement transformation plans for which conforming applications were filed with the department pursuant to this or a previous hospital transformation or rural health initiative proviso, but for which additional negotiations or development were required. An emergency department that is established within 35 miles of its sponsoring hospital pursuant to

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this or a previous hospital transformation or rural health initiative proviso and which receives dedicated funding pursuant to this proviso shall be exempt from any Department of Health and Environmental Control Certificate of Need requirements or regulations. Any such facility shall participate in the South Carolina Telemedicine Network.

(2) The department may solicit proposals from and provide financial support for capital expenditures associated with the consolidation of two or more rural hospitals, not to exceed one-quarter of the total capital budget for the consolidation. Such a consolidation plan must be submitted by a hospital system approved to advise a rural transformation project, and the consolidation must be subject to ongoing advisement by the submitting facility. At least one of the facilities subject to consolidation must be designated as a critical access hospital in a county experiencing not less than four percent decrease in population between the most recent decennial censuses and have been deemed eligible to participate in the rural transformation pool in a prior fiscal year. The department shall require such written agreements which may require project milestone, last-dollar funding, and other stipulations deemed necessary and prudent by the department to ensure proper use of the funds.

(C) The Revenue and Fiscal Affairs Office and the Area Health Education Consortium's Office of Healthcare Workforce Analysis and Planning shall provide the department with any information required by the department in order to implement this proviso in accordance with state law and regulations.

33.23 AMEND (BabyNet Compliance) Directs the department to report to the Governor and the Chairmen of the Senate Finance and House Ways and Means Committees by December 31, 2017, on the status of the department's efforts to bring the BabyNet program into compliance with federal requirements.

WMC: AMEND proviso to update calendar year reference from "2017" to "2018." Requested by Department of Health and Human Services.

HOU: ADOPT proviso as amended.

SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

33.23. (DHHS: BabyNet Compliance) With the funds available to the department, the Department of Health and Human Services shall report to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee no later than December 31, ~~2017~~ 2018 on the status of the department's efforts to bring the BabyNet program into compliance with federal requirements. This report must specifically address areas in which the BabyNet program has received low performance scores and include any relevant correspondence from the U.S. Department of Education. The report must explain the department's plan for bringing BabyNet into compliance, including specific steps and the associated timeline.

SECTION 34 - J040 - DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

34.42 AMEND (Tuberculosis Outbreak) Allows the department, upon discovering a tuberculosis outbreak, to expend any available funds for related surveillance, investigation, containment, and treatment. Stipulates procedures for DHEC to follow for notifying the community or specific individuals regarding any tuberculosis contact investigation.

WMC: AMEND proviso to delete the language in Subsection (B) requiring the "patient's community" be notified and replace with requirements for the department to conduct a contact investigation in order to alert the appropriate healthcare providers and community members.

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Agency requests changes to limit automatic alerts to providers that do not provide primary care or treat tuberculosis. Requested by Department of Health and Environmental Control.

HOU: ADOPT proviso as amended.

SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

34.42. (DHEC: Tuberculosis Outbreak) (A) Upon discovery of a tuberculosis outbreak, the Department of Health and Environmental Control may expend any funds available to the agency, for the purpose of surveillance, investigation, containment, and treatment activities related thereto.

(B) ~~During an investigation of an index tuberculosis patient, the Department of Health and Environmental Control, through the South Carolina Health Alert Network, must notify the patient's community that a tuberculosis contact investigation is being conducted into the possible exposure to tuberculosis. This subsection only applies if the investigation of the patient has met all of the following criteria:~~

~~(1) abnormal chest x rays;~~

~~(2) positive Acid Fast Bacilli (AFB) sputum results; and~~

~~(3) first round of contact investigation completed with results of individuals testing positive outside of the index patient's family. Upon identification of a tuberculosis outbreak, the department will conduct a comprehensive contact investigation and implement control measures consistent with guidance from the Centers for Disease Control and Prevention. As part of the investigation and control of the outbreak, the department will alert the appropriate healthcare providers and community members using the most effective means available.~~

(C) Upon being informed of or having reason to suspect a case of tuberculosis that is capable of transmitting tubercle bacilli at a school or child care center involving a student, teacher, employee, volunteer, or an individual working at the school or child care center for an employer providing services to the school or child care center, the department immediately shall notify:

(1) if the case is at a school, the principal, and the Superintendent of the school district if the school is a public school; and

(2) if the case is at a child care center, the director of the child care center; and

(D) When informing the principal of a school or the director of a child care center about a known or suspected case of tuberculosis that is capable of transmitting tubercle bacilli as provided for in subsection (C), the department shall provide:

(1) an update addressing the:

(a) status of the investigation, including the steps the department is taking to identify the source and extent of the exposure and the risks of additional exposure; and

(b) steps the school or child care center must take to assist the department in controlling the spread of the tuberculosis infection; and

(2) information and other resources to distribute to parents and guardians that discuss how to assist the department in identifying and managing the tuberculosis infection.

34.52 DELETE (Lake Conestee Dam and Reservoir) Directs DHEC to appropriate up to \$185,000 to the Conestee Foundation to conduct an expert dam engineering study to examine alternatives to rehabilitate and/or replace the Lake Conestee Dam.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. *Funds have been appropriated.*

34.52. (DHEC: Lake Conestee Dam and Reservoir) ~~Of the funds appropriated and authorized to the Department of Health and Environmental Control, the department shall appropriate up to \$185,000 to the Conestee Foundation, the owner of the Lake Conestee Dam, to conduct an expert dam engineering study. The objective of this study shall be to examine~~

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~~alternatives for the rehabilitation and/or replacement of the present Lake Conestee Dam. The study shall include all inspection, survey, engineering analysis, risk calculations, sampling and environmental testing activities, and hydrologic modeling necessary to evaluate all viable alternatives, and related construction and long term care costs and other related requirements necessary to compare the alternatives in accordance with appropriate state and federal agency requirements, and customary dam engineering requirements. The study shall identify a Final Recommended Alternative appropriate for final design and construction.~~

~~The contractor conducting the study on behalf of the Conestee Foundation shall be selected in a manner similar to state procurement standards. The panel selecting the contractor shall be made up of one representative of the Conestee Foundation, one representative from the Department of Health and Environmental Control, one representative appointed by the Greenville County Legislative Delegation, one representative appointed by the Greenwood County Legislative Delegation, and one representative appointed by the Laurens County Legislative Delegation. The study must meet all regulatory requirements, and the Department of Health and Environmental Control will provide review of the study and scope of work. The funding of this study does not obligate the State of South Carolina in any way to the future costs of the anticipated rehabilitation or replacement of the dam.~~

- 34.55 CONFORM TO FUNDING** (Best Chance Network/Colon Cancer Prevention) Directs \$500,000 be used for the Best Chance Network and \$500,000 be used as matching funds for the Colon Cancer Prevention Network.

SUBCOMMITTEE RECOMMENDATION: CONFORM to funding recommendation.

34.55. (DHEC: Best Chance Network/Colon Cancer Prevention) Of the funds appropriated to the department for Best Chance Network and Colon Cancer Prevention, the department shall utilize \$500,000 for the Best Chance Network and \$500,000 as matching funds for the Colon Cancer Prevention Network.

- 34.57 DELETE NEW PROVISO** (Water Quality Initiative) **WMC:** ADD new proviso to require the department to spend funds remaining from prior State Beachfront Management and Beach Renourishment appropriations as follows: \$1,000,000 to the City of Myrtle Beach and \$1,000,000 to the City of North Myrtle Beach for the Ocean Water Quality Outfall Initiative; and \$187,291 to Horry County for Socastee Creek Flood Control. Authorize unexpended funds to be carried forward and used for the same purpose.

HOU: ADOPT new proviso.

SUBCOMMITTEE RECOMMENDATION: DELETE new proviso.

~~34.57. (DHEC: Water Quality Initiative) The department shall expend the funds remaining from appropriations to the department for State Beachfront Management and Beach Renourishment in prior fiscal years as follows: \$1,000,000 to the City of Myrtle Beach for the Ocean Water Quality Outfall Initiative \$1,000,000 to the City of North Myrtle Beach for the Ocean Water Quality Outfall Initiative and \$187,291 to Horry County for Socastee Creek Flood Control. Unexpended funds may be carried forward from the prior fiscal year into the current fiscal year to be expended for the same purpose.~~

- 34.58 CONFORM TO FUNDING / ADD** (HIV/AIDS Treatment and Prevention) **HOU:** ADD new proviso to authorize at least \$500,000 of HIV and AIDS prevention and treatment funds to be used for the Joseph H. Neal Wellness Center and CAN Community Health, Inc. to provide services to all patients, regardless of ability to pay. Allow funds to be used to enhance services

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provided through federal funds allocation or the state's AIDS Drug Assistance Program rebate funds. Sponsors: Reps. G.M. Smith, Clyburn, Bales, Brawley, King and Cobb-Hunter.

SUBCOMMITTEE RECOMMENDATION: CONFORM to funding recommendation.

34.58. (DHEC: HIV/AIDS Treatment and Prevention) From the funds appropriated to the Department of Health and Environmental Control in the current fiscal year for HIV and AIDS prevention and treatment, no less than \$500,000 shall be authorized for the Joseph H. Neal Wellness Center and CAN Community Health Inc. to develop a partnership to provide comprehensive medical, psychological and educational services to all patients, regardless of their financial situation, insurance status, or ability to pay. The department shall ensure the funds are expended solely for testing and treatment services. Funds may be used to enhance the services provided through any allocation of federal funds or the state's AIDS Drug Assistance Program rebate funds.

SECTION 35 - J120 - DEPARTMENT OF MENTAL HEALTH

35.4 CONFORM TO FUNDING / AMEND (Crisis Intervention Training) Directs the department to use \$170,500 for the National Alliance on Mental Illness (NAMI) SC for Crisis Intervention Training.

SUBCOMMITTEE RECOMMENDATION: CONFORM to funding recommendation / AMEND proviso to change "\$170,500" to "\$275,000."

35.4. (DMH: Crisis Intervention Training) Of the funds appropriated to the department, ~~\$170,500~~ \$275,000 shall be utilized for the National Alliance on Mental Illness (NAMI) SC for Crisis Intervention Training (CIT).

SECTION 36 - J160 - DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

36.8 DELETE (Pervasive Developmental Disorder) Directs that since DDSN is the agency authorized to treat autistic disorder, it is the agency designated for a Medicaid project to treat children diagnosed by 8 years of age with a pervasive developmental disorder; provides guidelines for project participation, treatment, and reimbursement; and defines "pervasive developmental disorder." Directs DDSN and DHHS to develop a transition plan for PDD waiver services to Medicaid State Plan services.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. *The Waiver has transitioned to a Medicaid State Plan Service.*

36.8. (DDSN: Pervasive Developmental Disorder) ~~The Department of Disabilities and Special Needs, as the agency authorized to treat autistic disorder, is designated for a Medicaid project to treat children who have been diagnosed by eight years of age with a pervasive developmental disorder. The project must target the youngest ages feasible for treatment effectiveness, treatment for each individual child shall not exceed three years without a special exception as defined in the waiver, and reimbursement for each individual participant may not exceed \$50,000 per year. The Department of Disabilities and Special Needs and the Department of Health and Human Services will determine the areas of the State with the greatest need and availability of providers. Children participating in the project will be selected based upon an application system developed in compliance with the Medicaid waiver. Treatment will be provided as authorized and prescribed by the department according to the degree of the developmental disability. In authorizing and prescribing treatment the department may award~~

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~~grants or negotiate and contract with public or private entities to implement intervention programs, which must comply with Medicaid reimbursement methodologies, for children who have been diagnosed with a pervasive developmental disorder. "Pervasive developmental disorder" means a neurological condition, including autistic disorder and Asperger's syndrome, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association. The department shall report semi-annually to the General Assembly and the Governor on the developmental progress of the children participating in the project and the fiscal status of the project, to include expenditure data and appropriation balances. This provision does not establish or authorize creation of an entitlement program or benefit.~~

~~The Department of Disabilities and Special Needs and the Department of Health and Human Services shall develop a plan to transition children in the Pervasive Developmental Disorder Program (PDD) to Medicaid State Plan services in a manner that minimizes any break in service. Private insurance benefits which include Autism Spectrum Disorder services shall be sought prior to the expenditure of Medicaid or State funds for these services. For children not Medicaid eligible, the Department of Disabilities and Special Needs shall develop a sliding fee scale based on a means test for determining payment by a family for PDD services.~~

~~As children transition from the waiver to the Medicaid State Plan, the Department of Disabilities and Special Needs shall permanently transfer, on a quarterly basis, all uncommitted Medicaid matching funds to the Department of Health and Human Services to be used for Applied Behavioral Analysis lead and line therapist services to ensure access to care. The Department of Disabilities and Special Needs shall provide a report to the House Ways and Means Committee and the Senate Finance Committee within thirty days after the close of the fiscal year on the amount of funds transferred to the Department of Health and Human Services.~~

- 36.15** **AMEND** (Beaufort DSN Facility) Authorizes the department to retain the full amount of proceeds from the sale of the local DSN Board of Beaufort County property and to use the funds to purchase new property for the local board that better meets the needs of those served. Authorizes unexpended funds to be carried forward and used for the same purpose. Directs the department to provide a status report to the Beaufort County Legislative Delegation by June 30, 2018 that details the retention of any sale proceeds and/or expenditures of the funds.

WMC: AMEND proviso to update fiscal year reference to "2018-19" and status report due date to June 30, "2019."

HOU: ADOPT proviso as amended.

SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

36.15. (DDSN: Beaufort DSN Facility) For Fiscal Year ~~2017-18~~ 2018-19, the Department of Disabilities and Special Needs is authorized to retain the full amount of proceeds from the sale of the local Disabilities and Special Needs Board of Beaufort County property. The funds retained from this sale must be used by the department to purchase a new property for the local Disabilities and Special Needs Board in Beaufort County that more appropriately meets the needs of the individuals served. Unexpended funds may be carried forward into the current fiscal year and used for the same purpose. The department must provide a status report to the Beaufort County Legislative Delegation by June 30, ~~2018~~ 2019, detailing the retention of any sale proceeds and/or the expenditures of those funds.

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SECTION 37 - J200 - DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES

37.4 CONFORM TO FUNDING / ADD (Carry Forward Unexpended Funds) **WMC:** ADD new proviso to authorize the department to carry forward unexpended funds in excess of 10% of its general fund appropriations and use the funds for opioid addiction services and addiction programs.

HOU: ADOPT new proviso.

SUBCOMMITTEE RECOMMENDATION: CONFORM to funding recommendation.

37.4. (DAODAS: Carry Forward Unexpended Funds) The Department of Alcohol and Other Drug Abuse Services is authorized to carry forward from the prior fiscal year into the current fiscal year unexpended funds in excess of ten percent of the agency's general fund appropriations to continue to fund prevention, treatment and recovery services for opioid addiction services and addiction programs as prioritized by the department.

SECTION 38 - L040 - DEPARTMENT OF SOCIAL SERVICES

38.24 AMEND (Internal Child Fatality Review Committees) Requires the Director of the Department of Social Services to create and fund Internal Child Fatality Review Committees to allow for rapid and expeditious review of child fatalities that are reported to the Department.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update fiscal year reference to "2018-19."

38.24. (DSS: Internal Child Fatality Review Committees) For Fiscal Year ~~2017-18~~ 2018-19, the Director of the Department of Social Services shall create and fund Internal Child Fatality Review Committees (internal committees) pursuant to the authority granted in Sections 43-1-60(3), 43-1-80, and 63-7-910(E) of the 1976 Code to allow for the rapid and expeditious review of reported child fatalities that are reported to the Department of Social Services on suspicion of abandonment, child abuse, neglect or harm as defined in Section 63-7-20. This review process will enable the department to respond to the safety needs of any surviving siblings and will lead to improvement in the department's efforts to prevent child fatalities caused by abandonment, child abuse, neglect or harm. Each internal committee shall be composed of a board-certified child abuse pediatrician, an agent from the State Law Enforcement Division, a local law enforcement officer, a representative from the local coroner's office, and representatives from the Department of Social Services. The internal committee may invite other service provider organizations as deemed necessary. The department is authorized to provide reasonable compensation for board-certified child abuse pediatricians serving on an internal committee. Internal committees shall have access to information and records maintained by a provider of medical care regarding a child whose death is being reviewed by the internal committee, including information on prenatal care; all information and records maintained by any state, county, or local government agency, including, but not limited to, birth certificates, law enforcement investigation data, county coroner or medical examiner investigation data, parole and probation information and records, and information and records of health agencies that provided services to the child or family. The meetings, information obtained by, reports prepared by, and statements made before the internal committees are confidential and protected from disclosure pursuant to the Freedom of Information Act, criminal and civil proceedings, and subpoenas as set forth in Sections 63-7-940 and 63-7-1990.

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- 38.29** **ADD** (Faith-Based Private Child Placing Agencies) **HOU:** ADD new proviso to direct the department to make and promulgate rules and regulations relating to licensing standards for faith-based private child placing agencies. Define a child placing agency for purposes of the regulation. Direct that the regulation must not discriminate based on a faith based child placing agency's religious belief or moral conviction. Sponsors: Reps. G.R. Smith and Erickson.
SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

38.29. (DSS: Faith-Based Private Child Placing Agencies) From the funds appropriated to the Department of Social Services, the department shall make and promulgate such rules and regulations relating to licensing standards and other matters as may be necessary to carry out the purposes of Title 63, Chapter 11, Article 1 of the 1976 Code as applied to faith-based private Child Placing Agencies. For purposes of these regulations, any person or entity who holds legal or physical custody of a child for the purpose of placement for foster care or adoption or a private placement and, which for the purposes of these regulations, retain their own system of foster homes, is a child placing agency as defined in S.C. Code of Regulations 114-550. Such regulation must not discriminate or suggest the taking of any adverse action against a faith-based child-placing agency or an agency seeking to become a child-placing agency on the basis, wholly or partly, that a faith-based child placing agency has declined or will decline to provide any service that conflicts with, or provide any service under circumstances that conflict with, a sincerely-held religious belief or moral conviction of the faith-based child placing agency.

- 38.30** **ADD** (Foster Care Child Placements) **HOU:** ADD new proviso to direct the department to implement the following child placement provisions: (A) Require an attachment assessment be obtained of a child and current foster parents when the foster parents are willing to adopt the child after 9 consecutive months of being placed in the home. Direct that a qualified attachment expert must conduct the assessment; (B) Direct the department develop a transition plan for a child reunification with a parent or caregiver, with input from the Guardian Ad Litem and a child-focused mental health professional; (C) Require a termination of parental rights petition if a child has been placed in foster care for 15 of the last 22 months unless there are specific extenuating circumstances; and (D) Require a petition for termination of parental rights within 60 days of a family court order designating the child's permanent plan or concurrent plan as termination of parental rights and adoption. Sponsors: Reps. Simrill and G.M. Smith.
SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

38.30. (DSS: Foster Care Child Placements) With funds appropriated and authorized to the Department of Social Services for Fiscal Year 2018-19, the department shall ensure that the following provisions are implemented related to child placements. The department shall promulgate any necessary rules or regulations to implement these provisions:

(A) If a child in foster care has been placed within the same foster home for at least 9 consecutive months and if the foster parents are willing to provide permanency through adoption for the child, the department must obtain an attachment assessment of the child and current foster parents before selecting a different adoptive placement or other alternative setting. The attachment assessment must be conducted by a qualified attachment expert. Qualified attachment experts may include individuals who can demonstrate training and or education in attachment theory, developmental psychology, and measures of attachment in addition to a minimum of ten completed attachment assessments.

(B) If a child's permanency plan includes reunification with a parent or caregiver, the department shall develop a transition plan for the child, with input from the Guardian ad Litem and a child-focused mental health professional. The department's proposed transition plan must include sufficient visitation with the permanent guardian to promote a successful and emotionally

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healthy transition for the child, facilitate a positive relationship between caregiver and child, and lessen trauma that may result from the move. If the department pursues placement with a natural parent, relative, or other adult with whom the child has never lived, as determined to be in the child's best interest, the department's proposed transition plan must be progressive and include increased overnight visitation with ongoing assessment of the plan and the child's adjustment by the Guardian ad Litem and child focused mental health professional. Modifications to the plan must be driven by the child's adjustment to the transition.

(C) In accordance with Section 63-7-1710, the department must file a Termination of Parental Rights petition if a child has been in foster care for 15 of the last 22 months unless there are extenuating circumstances as follows:

(1) When the child is over the age of 16 and the department has identified another planned permanent living arrangement.

(2) The department asserts to the court that the child may be safely returned to the parent because the parent has remedied the conditions that caused the removal, with or without supervision by the department for up to 12 months.

(3) The department's proposed treatment plan can be extended up to 18 months but only if: (a) the department presents compelling and persuasive evidence of how the parent has demonstrated due diligence in completing the plan; (b) the department can articulate for the court specific reasons to believe the parent will timely remedy the conditions which led to the removal; (c) the department affirms that the return of child to the parent would not cause unreasonable risk of harm; (d) the department has compelling reasons to assert that a Termination of Parental Rights is not in the best interests of the child; (e) the department has compelling reasons to assert the best interests of the child will be served by the extension.

(4) If the department assesses the viability of adoption and determines that adoption is not a viable option and has compelling reasons to assert that Termination of Parental Rights is not in the best interests of the child, then the department may pursue a permanent plan of custody or legal guardianship to relative or other person.

(D) In accordance with Sections 63-7-1640(G) and 1700(E), the department must file the petition for a Termination of Parental Rights within sixty days of the family court order designating the child's permanent plan or concurrent plan as Termination of Parental Rights and adoption.

SECTION 93 - D500 - DEPARTMENT OF ADMINISTRATION

93.19 AMEND (Sale of Surplus Real Property) Provides guidelines for the retention and use of revenue derived from the sale of surplus real properties.

WMC: AMEND proviso to delete authorization for Vocational Rehabilitation to retain the net proceeds from the sale of 3.205 acres in Clinton. Agency states the property was sold and the proceeds were designated to capital project #9554, Lyman VR Center. Requested by Department of Vocational Rehabilitation.

HOU: ADOPT proviso as amended.

SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

93.19. (DOA: Sale of Surplus Real Property) Up to fifty percent of the proceeds, net of selling expenses, from the sale of surplus real properties shall be retained by the Department of Administration and used for the deferred maintenance of state-owned buildings. The remaining fifty percent of the net proceeds shall be returned to the agency that the property is owned by, under the control of, or assigned to and shall be used by that agency for nonrecurring purposes. This provision applies to all state agencies and departments except: institutions of higher

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learning; the Public Service Authority; the Ports Authority; the MUSC Hospital Authority; the Myrtle Beach Air Force Redevelopment Authority; the Department of Transportation; the Columbia State Farmers Market; the Department of Agriculture's Columbia Metrology Lab building and property; the Charleston Naval Complex Redevelopment Authority; the Department of Commerce's Division of Public Railways; the Midlands Technical College Enterprise Campus Authority; the Trident Technical College Enterprise Campus Authority; the Commissioners residence at the Department of Corrections and the Educational Television Commission's Key Road property.

The Educational Television Commission shall be authorized to retain the net proceeds from the sale of its property on Key Road, and such proceeds may be used for the renovation of the ETV Telecommunications Center and other maintenance and operating expenses. If it is determined that sufficient net proceeds are not to be derived from the sale of its property on Key Road to cover the cost of all renovations of the Telecommunications Center, the property on Key Road shall not be sold. Any proposed sale hereunder shall, prior to said sale, be submitted to the Department of Administration for approval as being in compliance with the requirements of this subsection.

The Department of Corrections shall be authorized to retain the net proceeds from the sale of the residence provided for the Commissioner of the Department of Corrections and use such proceeds for deferred maintenance needs at the Department of Corrections.

The Forestry Commission shall be authorized to retain the net proceeds from the sale of surplus land for use in firefighting operations and replacement of firefighting equipment.

The Department of Natural Resources shall be authorized to retain the net proceeds from the sale of existing offices originally purchased with a federal grant or with restricted revenue from hunting and fishing license sales for the improvement, consolidation, and/or establishment of regional offices and related facilities.

~~The Department of Vocational Rehabilitation shall be authorized to retain the net proceeds from the sale of 3.205 acres located at 22861 Highway 76 East in Clinton, South Carolina to be used for capital projects and deferred maintenance.~~

The Department of Agriculture, the Educational Television Commission, the Department of Corrections, the Department of Natural Resources, the Forestry Commission, and the Department of Vocational Rehabilitation shall annually submit a report, within sixty days after the close of the fiscal year, to the Senate Finance Committee and the House Ways and Means Committee on the status of the sale of the identified property and a detailed accounting on the expenditure of funds resulting from such sale.

This provision is comprehensive and supersedes any conflicting provisions concerning disposition of state-owned real property whether in permanent law, temporary law or by provision elsewhere in this act.

Any unused portion of these funds may be carried forward into succeeding fiscal years and used for the same purposes.

SECTION 104 - E550 - STATE FISCAL ACCOUNTABILITY AUTHORITY

104.4 AMEND (Insurance Coverage for Aging Entity Authorized) Authorizes the Insurance Reserve Fund to provide insurance coverage for certain local aging entities. Directs that the IRF and the State shall not be liable for any coverage insufficiencies.

WMC: AMEND proviso to update fiscal year reference to "2018-19."

HOU: ADOPT proviso as amended.

SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

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104.4. (SFAA: Insurance Coverage for Aging Entity Authorized) The State Fiscal Accountability Authority, through the Insurance Reserve Fund, for Fiscal Year ~~2017-18~~ 2018-19, is also authorized to offer insurance coverage to an aging entity and its employees serving clients countywide which previously obtained its tort liability insurance coverage through the board. The Insurance Reserve Fund and the State of South Carolina shall not be liable to any person or entity, including an insured, for any insufficiencies of coverage provided hereunder.

SECTION 108 - F500 - PUBLIC EMPLOYEE BENEFIT AUTHORITY

108.6 CONFORM TO FUNDING / AMEND (State Health Plan) Directs that for the 2018 State Health Plan, employer premiums will increase 3.3%; subscriber premiums and co-payments will not increase. Authorizes PEBA to adjust the plan, benefits, or contributions during Plan Year 2018 to ensure the plan remains fiscally stable.

WMC: AMEND proviso to update the employer premium increase from “3.3” to “7.4” percent. Allow copayments to be increased to the extent permitted to maintain the grandfathered plan status under the Affordable Care Act. Update plan year references from “2018” to “2019.”

HOU: ADOPT proviso as amended.

SUBCOMMITTEE RECOMMENDATION: CONFORM to funding recommendation.

108.6. (PEBA: State Health Plan) Of the funds authorized for the State Health Plan pursuant to Section 1-11-710(A)(2) of the 1976 Code, an employer premium increase of ~~3.3~~ 7.4 percent and a subscriber premium increase of zero percent for each tier (subscriber, subscriber/spouse, subscriber/children, full family) will result for the standard State Health Plan in Plan Year ~~2018~~ 2019. Copayments for participants of the State Health Plan in Plan Year ~~2018~~ 2019 ~~shall not may~~ be increased to the extent permitted to maintain status as a grandfathered plan under the federal Affordable Care Act. Notwithstanding the foregoing, pursuant to Section 1-11-710(A)(3), the Public Employee Benefit Authority may adjust the plan, benefits, or contributions of the State Health Plan during Plan Year ~~2018~~ 2019 to ensure the fiscal stability of the Plan.

108.13 ADD (Non-Revocation of Beneficiary Designations) **WMC:** ADD new proviso to suspend the revocation of benefits for beneficiaries affected by divorce for the administration of employee benefit plans established in Article 5, Chapter 11, Title 1 [EMPLOYEES AND RETIREES INSURANCE ACCOUNTING FOR POST-EMPLOYMENTS BENEFITS], Chapter 23, Title 8 [RETIREMENT SYSTEMS] and Title 9 [DEFERRED COMPENSATION PROGRAM].

HOU: ADOPT new proviso.

SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

108.13. (PEBA: Non-Revocation of Beneficiary Designations) For the payment of benefits during Fiscal Year 2018-19, the provisions of Section 62-2-507 of the 1976 Code related to the revocation of beneficiary designations upon divorce are hereby suspended for the administration of the employee benefit plans established pursuant to Article 5 of Chapter 11 of Title 1, Chapter 23 of the Title 8, or Title 9 of the 1976 Code.

108.14 ADD (Removal of Notarization Requirement for Retirement Systems) **WMC:** ADD new proviso to suspend the requirement that written beneficiary designations be duly acknowledged pursuant to multiple provisions in the Retirement Systems code section. Suspend requirement that PEBA member forms concerning requirements for revoking spousal retirement benefits be notarized.

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HOU: ADOPT new proviso.

SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

108.14. (PEBA: Removal of Notarization Requirement for Retirement Systems) The provisions in Sections 9-1-1650, 9-9-70(A), 9-9-100(2), 9-11-110(1), 9-11-170(5) and 9-11-170(6) of the 1976 Code requiring a written beneficiary designation to be “duly acknowledged” are hereby suspended for Fiscal Year 2018-19. The requirement that a PEBA form or other writing signed by a member be “notarized” pursuant to Section 9-9-70(B) is hereby suspended for Fiscal Year 2018-19.

- 108.15** **ADD** (Suspension of Fiduciary Audit) **WMC:** ADD new proviso to suspend the requirement that a private audit firm submit a fiduciary audit of PEBA by January 15, 2019.

HOU: ADOPT new proviso.

SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

108.15. (PEBA: Suspension of Fiduciary Audit) The provision of Section 9-4-40 of the 1976 Code requiring the performance and completion of a fiduciary audit of the Public Employee Benefit Authority by January 15, 2019, is hereby suspended for Fiscal Year 2018-19.

SECTION 117 - X900 - GENERAL PROVISIONS

- 117.97** **AMEND** (BabyNet Quarterly Reports) Requires certain quarterly reports be submitted and directs First Steps to collaborate with the School for the Deaf and Blind, DDSN, DHHS, DMH, and DSS to develop a common reporting format.

WMC: AMEND proviso to delete reference to First Steps and to delete directive for agencies to develop a common template. *Agency states the template has been developed and BabyNet is now with DHHS.* Requested by Department of Health and Human Services.

HOU: ADOPT proviso as amended.

SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

117.97. (GP: BabyNet Quarterly Reports) ~~First Steps to School Readiness, the~~ *The* School for the Deaf and Blind, the Department of Disabilities and Special Needs, the Department of Health and Human Services, the Department of Mental Health and the Department of Social Services shall each provide on a common template ~~developed by the agencies,~~ a quarterly report to the Chairman of the House Ways and Means Committee and the Chairman of Senate Finance outlining all programs provided by them for BabyNet; all federal funds received and expended on BabyNet and all state funds expended on BabyNet. Each entity and agency shall report on its share of the state’s ongoing maintenance of effort as defined by the US Department of Education under IDEA Part C.

- 117.129** **AMEND** (BabyNet) Directs EBO to conduct an inventory of all BabyNet related spending and submit it to the Governor and the Chairmen of the Senate Finance and House Ways and Means Committees by July 15, 2017.

WMC: AMEND proviso to update calendar year reference from “2017” to “2018.” Requested by Department of Health and Human Services.

HOU: ADOPT proviso as amended.

SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

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117.129. (GP: BabyNet) From funds available in the current fiscal year for budgetary analysis and oversight, the Executive Budget Office shall conduct an inventory of all BabyNet-related spending, which shall be submitted to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee no later than July 15, ~~2017~~ 2018. All affected agencies shall support the Executive Budget Office in this effort by providing information upon request, so that the first recommendation of the Legislative Audit Council's 2011 report on BabyNet may be implemented.

117.130 DELETE (Equestrian Center Therapy Program) Directs Vocational Rehab to transfer \$500,000 to Lander University for the Lander Equestrian Center to provide equine assisted psychotherapy geared towards the treatment of PTSD. Directs that the funds must be used for the center and may not be transferred and used for other purposes.

WMC: DELETE proviso. *Agency states they do not have authority in the general fund appropriation to cover this expenditure without reducing services and losing matching federal funds.*

HOU: ADOPT deletion of proviso.

SUBCOMMITTEE RECOMMENDATION: ADOPT deletion of proviso.

~~**117.130.** (GP: Equestrian Center Therapy Program) The Department of Vocational Rehabilitation shall transfer \$500,000 to Lander University for the Lander Equestrian Center. These funds shall be used for the operation of the Equestrian Center and to create a Herd 2 Human pilot program to provide equine assisted psychotherapy geared towards military members as a method of treating post-traumatic stress disorder (PTSD) and other similar disorders. These funds shall be used solely for the Equestrian Center and shall not be transferred and used for any other purpose.~~

117.131 CONFORM TO FUNDING / AMEND (South Carolina Telemedicine Network) Directs the MUSC Hospital Authority and the Department of Health and Human Services to continue to develop the SC Statewide Telemedicine Network. Directs the SC Telehealth Alliance to submit a proposal to the authority and to DHHS to determine which entities are best suited for Telemedicine partnerships. Section (A) directs DHHS to develop or continue a program to leverage the use of teaching hospitals to provide rural physician coverage by expanding the use of telemedicine and to amend telemedicine reimbursement policies to include Act 301 Behavioral Health Centers as a referring site for covered telemedicine services. Section (B) directs DHHS to use \$9,000,000 to contract with the MUSC Hospital Authority to lead the statewide, open access, South Carolina Telemedicine Network; directs the authority to contract with each Regional Support Hub to ensure funding and support of strategic plans; directs that at least \$1,000,000 of these funds must be allocated toward Palmetto Care Connections and other hospitals in the state; directs the authority to provide DHHS with quarterly reports on the allocation of funds and the progress of telemedicine transformation efforts and networks. Section (C) allows an Advanced Practice Registered Nurse (APRN) working in a telehealth program to provide services pursuant to approved written protocol to a patient in another location with or without an intervening practitioner. Section (D) directs the authority to publish a summary progress report on the telemedicine transformation and submit it to the Governor and General Assembly by April 1, 2018.

WMC: AMEND proviso Section (B) to change “9,000,000” to “\$5,000,000.” Amend Section (D) to update report due date to April 1, “2019.”

HOU: ADOPT proviso as amended.

SUBCOMMITTEE RECOMMENDATION: CONFORM to funding recommendation.

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117.131. (GP: South Carolina Telemedicine Network) From the funds appropriated to the Medical University of South Carolina for the MUSC Hospital Authority for Telemedicine and the funds appropriated and authorized for the Department of Health and Human Services, the agencies must continue the development of the South Carolina Statewide Telemedicine Network. The South Carolina Telehealth Alliance shall submit a proposal to the MUSC Hospital Authority and the Department of Health and Human Services to determine which hospitals, clinics, schools or other entities are best suited for Telemedicine partnerships.

(A) The Department of Health and Human Services shall develop or continue a program to leverage the use of teaching hospitals to provide rural physician coverage by expanding the use of Telemedicine, to include new applications such as School Based Telehealth, and Tele-ICU. The department shall also amend its policy related to reimbursement for telemedicine to add Act 301 Behavioral Health Centers as a referring site for covered telemedicine services.

(B) During the current fiscal year the Department of Health and Human Services shall contract with the MUSC Hospital Authority in the amount of ~~\$9,000,000~~ \$5,000,000 to lead the development and operation of a statewide, open access South Carolina Telemedicine Network. The MUSC Hospital Authority shall contract with each Regional Support Hub to ensure funding and support of strategic plans submitted by the Regional Support Hubs and approved by both the MUSC Hospital Authority and the Department of Health and Human Services. Institutions and other entities participating in the network must be afforded the opportunity to meaningfully participate in the development of any annual refining to the initiative's strategic plan. Working with the department, the MUSC Hospital Authority shall collaborate with Palmetto Care Connections to pursue this goal. No less than \$1,000,000 of these funds shall be allocated toward support of Palmetto Care Connections and other hospitals in South Carolina. The MUSC Hospital Authority must provide the department with quarterly reports regarding the funds allocation and progress of telemedicine transformation efforts and networks. These reports must include an itemization of the ultimate recipients of these funds, whether vendors, grantees, specific participating institutions, or the Medical University of South Carolina, and must distinguish between funds allocation to the university as a participating institution as opposed to those retained and used by the university in its capacity as the administering entity for the network.

(C) An Advanced Practice Registered Nurse (APRN), as defined in Section 40-33-20(5) of the 1976 Code, working in a telehealth program may provide services pursuant to a written protocol approved by the South Carolina Board of Medical Examiners as required by Sections 40-33-34 and 40-47-195 using electronic communications, information technology, or other means to a patient in another location with or without an intervening practitioner. APRNs practicing telehealth will be held to the same standard of care as in-person medical care. Except as provided herein, this shall not be construed to allow an APRN to perform services beyond the scope of what is authorized by Title 40, Chapter 33 and Title 40, Chapter 47.

(D) The MUSC Hospital Authority shall publish a summary report to the Governor and the General Assembly indicating the overall progress of the state's telemedicine transformation by April 1, ~~2018~~ 2019.

117.132 DELETE (Adult Protective Services Coordination Teams) Directs the Department of Social Services Adult Protective Services Program to develop county level multi-agency interdisciplinary Adult Protective Services Coordination Teams to develop and implement strategies to ensure appropriate services are available to vulnerable adults during the investigation and adjudication of the report of alleged abuse, neglect and exploitation. Directs DSS to submit a progress report to the Governor and Chairmen of the House Ways and Means and Senate Finance Committees by January 1, 2018.

WMC: DELETE proviso. *Team evaluations and report have been completed.*

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HOU: ADOPT deletion of proviso.

SUBCOMMITTEE RECOMMENDATION: ADOPT deletion of proviso.

117.132. (GP: Adult Protective Services Coordination Teams) ~~In order to best coordinate services for the South Carolina vulnerable adult population, the Adult Protective Services Program at the Department of Social Services shall develop county level multi-agency interdisciplinary Adult Protective Services Coordination Teams. These teams must develop and implement strategies to ensure appropriate services are available and provided to vulnerable adults during the investigation and adjudication of the report of alleged abuse, neglect, and exploitation of vulnerable adults.~~

~~The following agencies are required to participate and/or designate a local entity to serve on the Adult Protective Services Coordination Teams to address abuse and neglect and to prevent or delay institutionalization: Department of Health and Human Services, Department of Disabilities and Special Needs, Department of Mental Health, and with advice and resources from the Lt. Governor's Office on Aging. Participating agencies may expend necessary funds as authorized and/or appropriated in the current fiscal year, to develop the APS Coordination Teams. The teams must give priority for services for assessment of mental and physical conditions, eligibility for services, home and community based services waivers, home health, hospice, targeted case management, Optional State Supplementation & OSCAP, service coordination, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), behavioral health programs such as community mental health programs, inpatients psychiatric services, nursing facility care, and other home and community based services such as home delivered meals and transportation.~~

~~The Department of Social Services shall submit a report on the progress of the implementation and any necessary funding requests to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee by January 1, 2018.~~

117.139 CONFORM TO FUNDING / AMEND (SCRS & PORS Contribution Rates) Directs that if the employer contribution rates for SCRS and PORS increase by more than one percentage point for FY 2017-18, the funds appropriated to PEBA for SCRS and PORS Trust Funds shall be credited toward the contributions due from participating employers for that fiscal year. Prohibits a participating employer from receiving a credit that exceeds the employer contributions due.

WMC: AMEND proviso to delete the FY 2017-18 directive for if employer contribution rates increase by more than one percentage point. Direct that for FY 2018-19, each employer's credit be determined at the same rate as calculated by PEBA for FY 2017-18 pension funding allocation credit. Requested by Public Employee Benefit Authority.

HOU: ADOPT proviso as amended.

SUBCOMMITTEE RECOMMENDATION: CONFORM to funding recommendation.

117.139. (GP: SCRS & PORS Contribution Rates) ~~If the employer contribution rates for the South Carolina Retirement System (SCRS) and the Police Officers' Retirement System (PORS) increase by more than one percentage point for Fiscal Year 2017-18, the *The* funds appropriated to the Public Employee Benefit Authority (PEBA) for the South Carolina Retirement System Trust Fund and the Police Officers' Retirement System Trust Fund in Part IA, Section 108 of this act shall be credited toward the contributions due from participating employers in SCRS and PORS for Fiscal Year 2017-18 2018-19. *Each employer's credit shall be determined at the same rate as calculated by PEBA for the pension funding allocation credit for Fiscal Year 2017-18.* In no event shall a A participating employer *shall not* receive a credit that exceeds the employer contributions due from the employer.~~

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- 117.142 CONFORM TO FUNDING / AMEND NEW PROVISO** (Opioid Abuse Prevention and Treatment Plan) **WMC:** ADD new proviso to direct the Departments of Alcohol and Other Drug Abuse Services and Health and Human Services to establish a coalition of state agencies, providers, and other related entities to coordinate opioid abuse prevention and treatment services throughout the state. (A) Direct DAODAS, SLED, and DHHS to establish an advisory board to provide oversight and administrative direction to the coalition. Require the advisory board to consider recommendations made in the 2018 report by S.C. House of Representatives Opioid Abuse Prevention Study Committee and by the S.C. Behavioral Health Coalition and to create a plan to ensure appropriate recommendations are implemented. (B) Allow DHHS to leverage any federal funds possible to implement enhanced treatment services and resources. Allow the department to develop a waiver application through CMS to cover treatment for other populations. (C) Allow DHHS, in consultation with DAODAS and the MUSC Hospital Authority to expand the Medication-Assisted Treatment services pilot program to additional providers. (D) Direct DAODAS and DHHS to assist DHEC with funding to implement necessary programmatic enhancements to the Prescription Monitoring Program. (E) Direct DAODAS to solicit potential coordination from law enforcement, solicitors, and Magistrate and Circuit Courts to establish a diversion program in at least one judicial circuit. (F) Direct DAODAS and DHHS to coordinate with at least one 4-year college or university and one 2-year technical college with on-campus dorms to establish a Collegiate Recovery Program pilot program to target student intervention and retention. (G) Direct the advisory board provide to the Chairmen of the Senate Finance and House Ways and Means Committee and to the Governor by January 31, 2019 a report on the development of the plan and implementation of recommendations.
- HOU:** AMEND new proviso to include in Subsection (A) the SC Primary Health Care Association in the advisory board. Amend Subsection (B) to direct the department to ensure that IMDs are considered an "in lieu of" service in its managed care contracts, when medically appropriate, until a waiver is approved. Amend Subsection (C) to direct that medications proven to be effective in treating opioid addiction shall be considered as viable options on a case by case basis. Sponsor: Rep. G.M. Smith.
- SUBCOMMITTEE RECOMMENDATION:** CONFORM to funding recommendation.

117.142. (GP: Opioid Abuse Prevention and Treatment Plan) From the funds appropriated and authorized to the Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services in the current fiscal year, the agencies shall establish a coalition of state agencies, providers and other related entities to combat the opioid epidemic in a collaborative manner and ensure that appropriate services and treatments are made available statewide. This initiative should include efforts to coordinate funding for the provision of treatment with an assessment of current programs and funding levels, to enhance available prevention, treatment and recovery services; expand provider capacity; and enable workforce development for substance use disorder services. General Funds appropriated to any state agency for Opioid Abuse Prevention and Treatment may be carried forward and expended for the same purpose.

(A) The Department of Alcohol and Other Drug Abuse Services, the State Law Enforcement Division, and the Department of Health and Human Services shall establish an advisory board with representation from both agencies, to provide both oversight and administrative direction to the coalition. The advisory board may also include representation from the Department of Health and Environmental Control, the Department of Mental Health, the Medical University of South Carolina, the University of South Carolina's School of Medicine, the Department of Labor Licensing and Regulation, the Department of Corrections, state and local law enforcement agencies, the judicial branch, the South Carolina Hospital Association, the South Carolina Medical Association, the South Carolina Primary Health Care Association, Behavioral Health

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Centers and other related entities. The advisory board must consider recommendations made in the 2018 report by the South Carolina House of Representatives Opioid Abuse Prevention Study Committee, as well as any recommendations made by the South Carolina Behavioral Health Coalition related to substance use disorders and create a plan to ensure implementation of appropriate recommendations.

(B) The Department of Health and Human Services may leverage any and all available federal funds to implement enhanced treatment services and resources for this coalition. The department may also develop a waiver application through the Centers for Medicaid and Medicare Services that could provide coverage for populations that have a substance use disorder diagnosis. Until a waiver is approved to expand access to substance use treatment in Institutions of Mental Disease (IMD), the department shall ensure that IMDs are considered an "in lieu of" service in its managed care contracts, when medically appropriate. The department must also work with Medicaid Managed Care Organizations to ensure policies governing the clinical review, utilization management, and determinations of medical necessity for Medication-Assisted Treatment (MAT) for opioid use disorder are consistent with American Society for Addiction Medicine (ASAM) criteria.

(C) In consultation with the Department of Alcohol and Other Drug Abuse Services and the Medical University of South Carolina Hospital Authority, the Department of Health and Human Services shall review and evaluate outcomes data from the 2018 pilot program for MAT services for prescription opioid dependency and addiction established by Act 97 of 2017. Based on the success rate and ability to replicate this pilot, the department may provide funding not to exceed \$2,500,000 to continue and expand the program to additional providers that are necessary to ensure greater impact in geographical areas of critical need. All medications proven to be effective in treating opioid addiction shall be considered as viable options on a case by case basis to ensure the greatest level of success for individuals in the program.

(D) The Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services shall assist the Department of Health and Environmental Control with any funding required to implement necessary programmatic enhancements to the Prescription Monitoring Program. The departments must consider changes to strengthen risk assessments and patient support tools, as well as the potential integration of Electronic Health Record systems. To the extent possible, the program must be expanded to include the administration of naloxone and other opioid overdose antidotes.

(E) In order to provide comprehensive treatment, from the point of incarceration, to individuals charged with criminal offenses who suffer from any substance use disorder that is treatable with medication, the Department of Alcohol and Other Drug Abuse Services must solicit potential cooperation from law enforcement, the state's solicitors, Magistrate Courts and Circuit Courts, to establish a diversion program in at least one judicial circuit. This program shall provide both behavioral and medical treatment, consultations with peer support specialists, and continued supervision of participants who are released, which may include electronic monitoring.

(F) The Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services shall also coordinate with at least one four-year college or university and one two-year technical college with on-campus dormitories to establish pilot programs for Collegiate Recovery Programs to target intervention and the retention of students. These programs must offer academic support in designated spaces that provide for group meetings, clinical support, technology access, and academic advising, to assist students in recovery.

(G) The advisory board shall provide a report on the success of the development of the plan and the implementation of recommendations to the Chairman of the Senate Finance Committee, the Chairman of the House Ways & Means Committee, and the Governor no later than January

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31, 2019. The report may also include proposals for amending existing recommendations or the establishment of new policies to combat the opioid epidemic.

- 117.143 DELETE NEW PROVISO** (Adult Protective Services Study Committee) **WMC:** ADD new proviso to establish a study committee to make recommendations for the best method to fund coordinated services for adult protective services. Direct that recommendations include, but not be limited to, whether or not adult protective services should be within one state agency, and if so what agency; creation and oversight of a public guardianship program; establishment of standards and oversight for private guardians; determination of appropriate jurisdiction; and creation of an adult abuse registry. Require recommendations be submitted to the Senate Finance and House Ways and Means Committees by November 1, 2018. Direct the study committee to invite specific agencies and associations to participate.
HOU: ADOPT new proviso.
SUBCOMMITTEE RECOMMENDATION: DELETE new proviso.

~~117.143. (GP: Adult Protective Services Study Committee) A study committee shall be established to study and make recommendations regarding the best and most efficient method for the State to appropriate and authorize funding that will best coordinate services available for the needs and protection of the vulnerable adult population of South Carolina. Recommendations shall include but are not limited to: creation and/or reorganization of a state agency focused on the protection of and services for vulnerable adults; establishment of a single point of entry for vulnerable adult services; creation and oversight of a public guardianship program; establishment of standards and oversight for private guardians; determination of the appropriate jurisdiction for Adult Protective Services cases; creation of an adult abuse registry; and identification and development of any other services to best protect vulnerable adults from physical and/or financial abuse and exploitation.~~

~~The primary focus of the study committee shall be to develop and make recommendations regarding the establishment of a state agency or entity where these services can be consolidated. Recommendations shall be made no later than November 1, 2018 to the Senate Finance Committee and House Ways and Means Committee.~~

~~The study committee shall invite participation from the following agencies and associations: Department Social Services, Department of Disabilities and Special Needs, Lieutenant Governor's Office on Aging, Department of Mental Health, Department of Health and Human Services, SC Probate Judges Association, SC Family Court Judges Association, SC Bar, Commission on Indigent Defense, Attorney General's Office, South Carolina Law Enforcement Division Vulnerable Adult Unit, South Carolina Crime Victims Council, AARP South Carolina, South Carolina Sheriff's Association, Adult Protection Coordinating Council, Prosecution Coordination Commission, SC Law Enforcement Officers' Association, South Carolina Protection and Advocacy for People with Disabilities, and South Carolina Legal Services. The study committee shall also invite participation from the United States Social Security Administration, the Veteran's Administration, the SC Hospital Association and the SC Health Care Association.~~

- 117.151 DELETE NEW PROVISO** (SHP for Volunteer Firefighters) **HOU:** ADD new proviso to allow active volunteer firefighters and their eligible dependents to participate in the State Health and Dental Insurance Program if the firefighter is eligible for the income tax deduction in Section 12-6-1140 [DEDUCTIONS FROM INDIVIDUAL TAXABLE INCOME] upon paying the full premium costs determined by PEBA. Sponsors: Reps. Forrest and Ott.
SUBCOMMITTEE RECOMMENDATION: DELETE new proviso.

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~~**117.151.** (GP: SHP for Volunteer Firefighters) *For the current fiscal year, active volunteer firefighters who are eligible for the income tax deduction pursuant to Section 12-6-1140 of the 1976 Code, and their eligible dependents, are eligible to participate in the State Health and Dental Insurance Plan, upon paying the full premium costs as determined by the Public Employee Benefit Authority.*~~

SECTION 118 - X910 - STATEWIDE REVENUE

118.5 **AMEND** (Health Care Maintenance of Effort Funding) Directs DHHS to use the revenue collected from the 50 cent cigarette surcharge that is deposited into the S.C. Medicaid Reserve Fund for the Medicaid program. Authorizes unexpended funds appropriated by this provision to be carried forward and used for the same purpose.

WMC: AMEND proviso to reference “established by Act 170 of 2010 and any other funds deposited into the fund.” Specify that these funds are “deemed appropriated for use” by DHHS rather than “utilized” by DHHS.

HOU: ADOPT proviso as amended.

SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

118.5. (SR: Health Care Maintenance of Effort Funding) The revenue collected from the fifty cent cigarette surcharge and deposited into the South Carolina Medicaid Reserve Fund ~~and established by Act 170 of 2010 and any other funds deposited into the fund~~ shall be ~~utilized~~ deemed appropriated for use by the Department of Health and Human Services for the Medicaid program. ~~By this provision these funds are deemed to have been received and are available for appropriation.~~ Unexpended funds appropriated pursuant to this provision may be carried forward to succeeding fiscal years and expended for the same purposes.

118.9 **AMEND** (Tax Relief Reserve Fund) Creates the Tax Relief Reserve Fund; directs that accrued interest remain in the fund; and directs the State Treasurer, on December 31, 2017, to transfer from the General Fund any funds identified in this act designated for the Tax Relief Reserve Fund. Directs that the fund may only be used to provide tax relief to businesses and individuals as provided by law and authorizes these funds to be retained, carried forward, and used for the same purpose.

WMC: AMEND proviso to update calendar year reference from “2017” to “2018.”

HOU: ADOPT proviso as amended.

SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

118.9. (SR: Tax Relief Reserve Fund) There is created the Tax Relief Reserve Fund, which shall be separate and distinct from the General Fund. Interest accrued by the fund must remain in the fund. Notwithstanding any other provision of law, on December 31, ~~2017~~ 2018, the State Treasurer shall transfer funds identified in this act from the General Fund to the Tax Relief Reserve Fund. These funds may only be used to provide tax relief to businesses and individuals as provided by law. Funds within the Tax Relief Reserve Fund shall be retained and carried forward to be used for the same purpose.

118.11 **AMEND** (Tobacco Settlement) Directs expenditure of Tobacco Master Settlement Agreement (MSA) funds for Fiscal Year 2017-18. Suspends the requirements of Section 11-11-170 [USE OF REVENUES PAYABLE PURSUANT TO MASTER SETTLEMENT AGREEMENT] for Fiscal Year 2017-18.

WMC: AMEND proviso to update fiscal year references from “2017-18” to “the current fiscal year.” Direct that the remaining balance be transferred to “a restricted account authorized solely

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for use by” DHHS for the Medicaid program. Require fund earnings to be credited to the fund and authorize balances to be carried forward and used for the same purpose.

HOU: ADOPT proviso as amended.

SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

118.11. (SR: Tobacco Settlement) (A) To the extent funds are available from payments received on behalf of the State by the Tobacco Settlement Revenue Management Authority from the Tobacco Master Settlement Agreement (“MSA”) ~~during Fiscal Year 2017-18~~ in the current fiscal year, the State Treasurer is authorized and directed, after transferring funds sufficient to cover the operating expenses of the Authority, to transfer the remaining funds as follows:

(1) \$1,253,000 to the Attorney General’s Office for Diligent Enforcement and Arbitration Litigation; \$450,000 to the State Law Enforcement Division for Diligent Enforcement; and \$325,000 to the Department of Revenue for Diligent Enforcement, all to enforce Chapter 47 of Title 11, the Tobacco Escrow Fund Act; and

(2) The remaining balance shall be transferred to a restricted account authorized solely for use by the Department of Health and Human Services for the Medicaid program. Earnings on this fund must be credited to the fund and balances may be carried forward from the prior fiscal year for the same purpose.

(B) The requirements of Section 11-11-170 of the 1976 Code shall be suspended for ~~Fiscal Year 2017-18~~ the current fiscal year.

118.13 DELETE (Nonrecurring Revenue) Appropriates non-recurring revenue to various agencies for Fiscal Year 2017-18, generated from specific sources.

WMC: DELETE proviso.

HOU: ADOPT deletion of proviso.

SUBCOMMITTEE RECOMMENDATION: ADOPT deletion of proviso.

118.13. (SR: Nonrecurring Revenue) ~~(A) The source of revenue appropriated in subsection (B) is nonrecurring revenue generated from the following sources:~~

~~(1) \$28,496,108 from Fiscal Year 2016-17 unobligated general fund revenue as certified by the Board of Economic Advisors;~~

~~(2) \$16,183,789 from the Litigation Recovery Account;~~

~~(3) \$4,526,031 from the South Carolina Farm Aid Fund Lapse;~~

~~(4) \$7,879,103 from Fiscal Year 2016-17 (X440) Excess Homestead Exemption;~~

~~(5) \$13,397,132 from Fiscal Year 2016-17 Debt Service Lapse; and~~

~~(6) \$17,800,000 redirected from Fiscal Year 2016-17 (D100) State Law Enforcement Division Forensic Building. The State Law Enforcement Division shall lapse to the General Fund the funds appropriated in Act 284 of 2016 by proviso 118.16, item (B)(31)(a) for a Forensic Building.~~

~~Any restrictions concerning specific utilization of these funds are lifted for the specified fiscal year. The above agency transfers shall occur no later than thirty days after the close of the books on Fiscal Year 2016-17 and shall be available for use in Fiscal Year 2017-18.~~

~~This revenue is deemed to have occurred and is available for use in Fiscal Year 2017-18 after September 1, 2017, following the Comptroller General’s close of the state’s books on Fiscal Year 2016-17.~~

~~(B) The appropriations in this provision are listed in priority order. Item (1) must be funded first and each remaining item must be fully funded before any funds are allocated to the next item. Provided, however, that any individual item may be partially funded in the order in which it appears to the extent that revenues are available.~~

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- (1) F310—General and Capital Reserve Funds
 - General Reserve Fund Contribution \$ 15,532,616
- (2) P280—Department of Parks, Recreation and Tourism
 - Statewide Coastal Beach Renourishment \$ 5,000,000
- (2.1) ~~The Department of Parks, Recreation and Tourism shall allocate the funds appropriated in item (2) for Statewide Coastal Beach Renourishment to local governments and state agencies for beach renourishment activities to repair damage caused by storm activity in 2015 and 2016 and to accelerate routine renourishment activities on beaches damaged by the storms. Local governments and state agencies shall make application for renourishment funds on a form and in the manner prescribed by the department and funds shall be allocated using a prioritization process developed by the department. The department shall report to the Governor, the Chairman of the House Ways and Means Committee and the Chairman of the Senate Finance Committee on applications received and the process for prioritizing renourishment funding no later than September 1, 2017.~~
- (3) P320—Department of Commerce
 - (a) Closing Fund \$ 16,100,000
 - (b) LocateSC \$ 8,000,000
 - (c) Applied Research Centers \$ 2,000,000
- (4) J040—Department of Health and Environmental Control
 - Pinewood Site Leachate Recovery \$ 1,848,000
- (5) J020—Department of Health and Human Services
 - Rural Hospital Transformation Plan \$ 4,000,000
- (5.1) ~~The funds appropriated to the Department of Health and Human Services in item (5) for the Rural Hospital Transformation Plan may only be utilized for site improvements associated with a hospital transformation plan approved by the Department of Health and Human Services.~~
- (6) P240—Department of Natural Resources
 - Outreach Programs \$ 400,000
- (7) P320—Department of Commerce
 - Military Base Task Force \$ 500,000
- (8) E240—Office of Adjutant General
 - SC Military Museum \$ 660,000
- (9) P320—Department of Commerce
 - 2015 Flood Non-CDBG Disaster Recovery \$ 250,000
- (10) U300—Division of Aeronautics
 - Security System \$ 100,000
- (11) D100—State Law Enforcement Division
 - (a) Counter Terrorism/Arson Equipment \$ 448,000
 - (b) First Responder PTSD Treatment \$ 500,000
- (12) P280—Department of Parks, Recreation and Tourism
 - Hurricane Matthew Revenue Loss \$ 2,238,206
- (13) P400—S.C. Conservation Bank
 - Conservation Bank Trust \$ 5,000,000
- (14) H730—Department of Vocational Rehabilitation
 - Lander Equestrian Center PTSD Pilot \$ 200,000
- (15) H750—School for the Deaf and the Blind
 - Campus Facility Plan \$ 150,000
- (16) R400—Department of Motor Vehicles
 - (a) Annual Leave Payouts \$ 140,000

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| | | |
|--|---|--------------|
| | (b) Disaster Recovery Integration | \$ 500,000 |
| (17) | A170—Legislative Services | |
| | IT Disaster Recovery | \$ 500,000 |
| (18) | H630—Department of Education | |
| | GSAH—Core Switch Replacement..... | \$ 60,000 |
| (19) | H710—Wil Lou Gray Opportunity School | |
| | (a) Underground Utilities..... | \$ 100,000 |
| | (b) HVAC | \$ 80,000 |
| (20) | E200—Office of the Attorney General | |
| | ICAC Equipment, Training, and Operations | \$ 150,000 |
| (21) | E240—Office of Adjutant General | |
| | (a) Shaw Airforce Base/City of Sumter Main Gate | |
| | Refurbishment | \$ 150,000 |
| | (b) SC State Guard Uniforms..... | \$ 100,000 |
| (22) | H870—State Library | |
| | Building Maintenance..... | \$ 90,000 |
| (23) | R520—State Ethics Commission | |
| | (a) Additional Office Space/Rent Increase | \$ 15,000 |
| | (b) New Administrative Assistants Operating Expenses | \$ 10,000 |
| (24) | H790—Department of Archives and History | |
| | Conservation of South Carolina's Constitutions..... | \$ 200,000 |
| (25) | E240—Office of Adjutant General | |
| | Youth Challenge—POST Challenge..... | \$ 500,000 |
| (26) | Y140—State Ports Authority | |
| | Jasper Ocean Terminal, Channel, and Supporting Infrastructure | \$ 1,000,000 |
| (27) | P280—Department of Parks, Recreation and Tourism | |
| | Parks Recreation Development Fund..... | \$ 3,000,000 |
| (28) | P120—Forestry Commission | |
| | Firefighter Safety and Public Protection—Equipment..... | \$ 1,000,000 |
| (29) | E240—Office of Adjutant General | |
| | 2014 Winter Storm Local Matching Funds | \$ 1,677,193 |
| (29.1) The funds appropriated to the Office of Adjutant General in item (29) for 2014 Winter Storm Local Matching Funds, shall be disbursed to eligible counties and municipalities to offset storm cleanup expenses associated with the 2014 Winter Storm during states of emergency declared by Executive Orders 2014 06 and 2014 11. A county or municipality is eligible for disbursement if the county or municipality was eligible for reimbursement by the Federal Emergency Management Agency (FEMA), but was not reimbursed due to local match requirements. The amount reimbursed to each eligible county or municipality shall not exceed more than thirty three percent of the county or municipality's remaining unreimbursed total non-federal aid share from the 2014 Winter Storm. | | |
| (30) | E240—Office of Adjutant General | |
| | Town of Nichols Loan | \$ 1 |
| (31) | D100—State Law Enforcement Division | |
| | (a) Forensics Equipment..... | \$ 1 |
| | (b) Alcohol Enforcement/Narcotics Equipment..... | \$ 1 |
| (32) | E280—Election Commission | |
| | Refresh of Current Statewide Voting System..... | \$ 1 |
| (C) Unexpended funds appropriated pursuant to this provision may be carried forward to succeeding fiscal years and expended for the same purposes. | | |

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- 118.15 CONFORM TO FUNDING / ADD** (Nonrecurring Revenue) **WMC:** ADD new proviso to (A) appropriate non-recurring revenue for FY 2018-19 generated from FY 2017-18 Debt Service Lapse and the Litigation Recovery Account; (B) appropriate funds to various agencies for specific purposes; add item 11.1 to direct that the \$500,000 appropriated to the Arts Commission for the SC Children's Theatre must be matched 2:1 by the organization and require the Arts Commission to verify the match before disbursing the funds; (C) authorize unexpended funds to be carried forward and spent for the same purpose.
SUBCOMMITTEE RECOMMENDATION: CONFORM to funding recommendation.

118.15. (SR: Nonrecurring Revenue) (A) The source of revenue appropriated in subsection (B) is nonrecurring revenue generated from the following sources:

- (1) \$16,567,887 from Fiscal Year 2017-18 Debt Service Lapse; and
- (2) \$4,119,137 from the Litigation Recovery Account.

Any restrictions concerning specific utilization of these funds are lifted for the specified fiscal year. The above agency transfers shall occur no later than thirty days after the close of the books on Fiscal Year 2017-18 and shall be available for use in Fiscal Year 2018-19.

This revenue is deemed to have occurred and is available for use in Fiscal Year 2018-19 after September 1, 2018, following the Comptroller General's close of the state's books on Fiscal Year 2017-18.

(B) The appropriations in this provision are listed in priority order. Item (1) must be funded first and each remaining item must be fully funded before any funds are allocated to the next item. Provided, however, that any individual item may be partially funded in the order in which it appears to the extent that revenues are available.

The State Treasurer shall disburse the following appropriations by September 30, 2018, for the purposes stated:

- (1) H630 - Department of Education
 - (a) Bus Lease..... \$ 2,527,812;
 - (b) Governor's School for the Arts and the Humanities
 - Fire Protection Component Upgrade..... \$ 480,000;
 - (c) Governor's School for the Arts and the Humanities
 - Core Switch Replacement..... \$ 65,000;
- (2) P320 - Department of Commerce
 - (a) Locate SC \$ 4,000,000;
 - (b) Applied Research Centers \$ 1,000,000;
 - (c) Military Base Task Force \$ 600,000;
- (3) P280 - Department of Parks, Recreation and Tourism
 - Parks and Recreation Development Fund \$ 4,119,137;
- (4) J020 - Department of Health and Human Services
 - Medical Contracts..... \$ 2,000,000;
- (5) P120 - Forestry Commission
 - Firefighting Equipment..... \$ 1,500,000;
- (6) J040 - Department of Health and Environmental Control
 - Water Quality..... \$ 1,000,000;
- (7) E280 - Election Commission
 - Special Election Fund Recoupment \$ 650,000;
- (8) H710 - Wil Lou Gray Opportunity School
 - Capital Improvements..... \$ 500,000;
- (9) P240 - Department of Natural Resources
 - Statewide Public Wildlife and Fisheries Management Projects.. \$ 500,000;
- (10) H210 - Lander University

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Lander Equestrian Center PTSD Program..... \$ 500,000;
(11) H910 - Arts Commission
SC Children's Theatre \$ 500,000;
(11.1) The funds appropriated to the Arts Commission in item (11) for the SC Children's
Theatre must be matched 2:1 by the organization and the Arts Commission must verify that the
organization has matched the funds prior to disbursement.
(12) H790 - Department of Archives and History
(a) Conservation of South Carolina's Constitutions..... \$ 200,000;
(b) Charleston Library Society Beaux Arts Building \$ 250,000;
(13) N120 - Department of Juvenile Justice
Child Advocacy Centers..... \$ 170,000;
(14) C050 - Administrative Law Court
Technology Upgrades..... \$ 80,000; and
(15) N200 - Law Enforcement Training Council
Criminal Justice Academy Clothing and Equipment for
Expansion of Training..... \$ 45,075.
(C) Unexpended funds appropriated pursuant to this provision may be carried forward to
succeeding fiscal years and expended for the same purposes.

Health and Human Services Subc Rec.docx