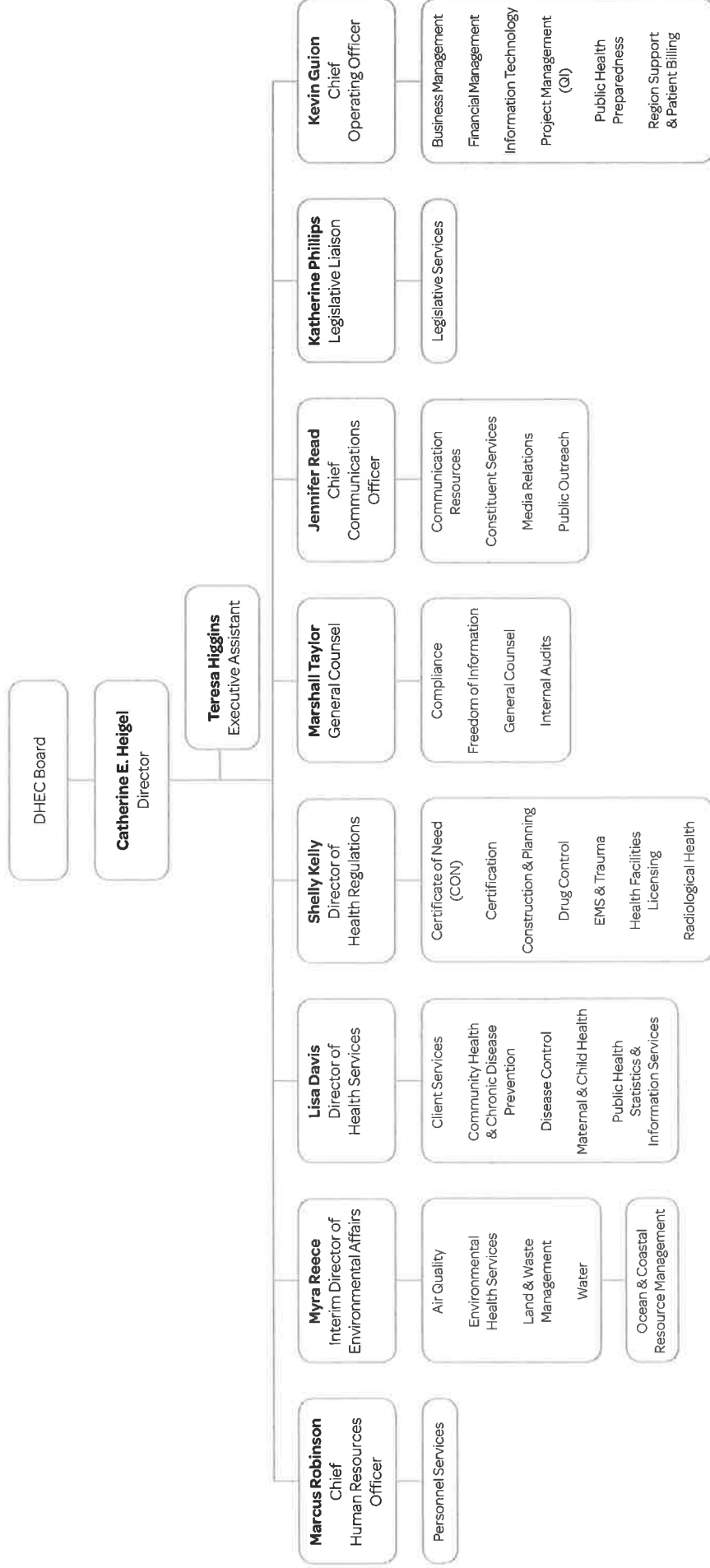




# Organizational Chart

October 30, 2015



## **Major Program Areas**

### **Environmental Affairs**

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DHEC Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.

#### **Bureau of Air Quality (BAQ)**

Develops and implements strategies to maintain the quality of South Carolina's air. BAQ provides a variety of services including:

- Reviewing permit applications and issuing air quality construction and operating permits to industrial, commercial and institutional facilities
- Supporting permitting through modeling, technical assistance and daily ozone forecasts
- Implementing federal and state air toxics programs by offering technical and compliance assistance to staff and industry
- Conducting compliance assistance and assurance through routine monitoring, review of operational and emissions reports and periodic inspections

#### **Bureau of Environmental Health Services (BEHS)**

Supports DHEC's air, land and water programs through regional offices and a central laboratory. BEHS is also responsible for emergency response activities. The services they provide include:

- Inspecting permitted facilities and issuing food and septic tank permits
- Responding to foodborne outbreak investigations
- Responding to citizen complaints about any actual or potential release of pollutants into the air, land or water
- Responding to chemical and oil spills, fish kills and open burning of items such as tires, plastic, copper wire and asbestos covered material

#### **Bureau of Land & Waste Management (BLWM)**

Coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. BLWM provides a variety of services including:

- Providing technical assistance for the proper management of solid and hazardous waste, technical review of sampling protocols and analytical data
- Issuing permits for solid waste and mining activities as well as underground storage tanks
- Promoting waste reduction and recycling through technical assistance and education/awareness programs to local governments, schools, businesses and the public
- Overseeing the investigation, remediation and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks and brownfield sites

**Bureau of Water (BOW)**

Helps ensure that South Carolina's waters are drinkable, swimmable and fishable through regulatory and voluntary programs to control sources of pollution. BOW provides a variety of services including:

- Permitting wastewater discharges from industrial and domestic sources and as well as on-site wastewater systems (septic tanks)
- Issuing stormwater permits through the National Pollutant Discharge Elimination System for construction sites, municipal systems and industrial sites
- Developing state water quality standards, issuing the bi-annual list of the state's polluted waters and developing corrective action plans for those waters and controlling nonpoint sources of pollution through grants, voluntary measures and technical assistance
- Implementing and overseeing the state's dam safety program for more than 2,300 dams statewide

**Office of Ocean & Coastal Resource Management (OCRM)**

Preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties. OCRM offers a variety of services including:

- Implementing the Coastal Zone Management Program to manage wetland alterations, stormwater and land disturbance activities, certify all federal and state permits and direct federal actions and all alterations of tidally influenced critical area lands, waters and beaches
- Preserving sensitive natural, historic and cultural resources through regulatory oversight and guidance
- Providing technical expertise to resolve complex coastal management issues
- Encouraging low impact and alternative development to preserve water quality and environmental integrity

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**Health Services**

DHEC Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services. Health Services works with the four health regions, the Centers for Disease Control and Prevention, and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.

**Maternal and Child Health (MCH)**

Promotes the health of women, children, and infants by providing health care services and programs, linking community services, and facilitating systems of care for pregnant women and infants. MCH is comprised of five divisions: Children's Health, Women's Health, Women, Infants and Children (WIC), Research and Planning, and Oral Health.

**Community Health and Chronic Disease Prevention (CHCDP)**

Houses community-oriented prevention services and works with the CDC, local health departments, and stakeholders to prevent disease and injury and promote healthy lifestyles. CHCDP is comprised of five divisions: Health Equity, Promotion and Wellness; Injury and Violence Prevention; Cancer Prevention and Control; Chronic Disease Epidemiology; and Tobacco Prevention and Control.

**Disease Control**

Works to prevent and control communicable diseases and illnesses in South Carolina. Disease Control is comprised of three divisions: Acute Disease Epidemiology (DADE), STD/HIV, and Immunizations.

**Client Services**

Responsible for assuring the implementation of public health services across the state. Client Services is comprised of four health regions across the state, the Bureau of Laboratory, the Primary Care Office, and the Office of Public Health Nursing.

**Public Health Statistics and Information Services (PHSIS)**

Houses vital statistics operations as well as the core elements needed to assist in carrying out the agency's surveillance and assessment responsibilities. The office is also responsible for conducting Institutional Review Board (IRB) oversight on all research conducted by the agency to ensure the protection of human subjects involved in research.

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**Health Regulations**

DHEC Health Regulation's primary purpose is to work with health care facilities and services to protect the public's health by assuring that safe, quality care is provided.

**Health Facilities Licensing and Certification**

Licensing and certification of health care facilities is critical to ensuring that established standards are met by hospitals, ambulatory surgical centers, hospice programs, and other health care facilities. Rules and regulations are developed to ensure that South Carolinians receive safe, high quality health care.

**Certificate of Need (CON)**

Authorizes the implementation or expansion of health care facilities and services in South Carolina. A certificate of need is based on a calculation of need for a particular medical service from the South Carolina Health Plan. A CON authorizes a person or facility to provide a portion of that calculated need in a county or service area, which may comprise several counties.

**Emergency Medical Services (EMS) and Trauma**

Develops and regulates systems for quality emergency medical care in South Carolina. This ensures EMS providers are fully trained and that their medical vehicles are properly equipped.

**Radiological Health**

Energy emitted from a source is generally referred to as radiation. Radiation exists in the natural environment (e.g., heat and light from the sun), as well as being generated by man-made devices (e.g., X-rays). The Radiological Health program works to protect South Carolinians from unnecessary exposure to radiation, which can come from a variety of sources such as X-ray equipment, radioactive materials, and tanning beds.

**Construction, Fire and Life Safety**

Reviews plans, specifications, and construction for health care facilities licensed by the state. The program also conducts periodic fire and life safety surveys of facilities to ensure continued compliance with appropriate codes, standards, and regulations.

**Drug Control**

Aims to promote and protect public health through enforcement of South Carolina's Controlled Substances Act. The program administers the state's prescription drug monitoring program (known as SCRIPTS), which tracks the prescribing and dispensing of all Schedule II, III and IV controlled substances by licensed professionals such as doctors, pharmacists, dentists, and veterinarians.

AGENCY NAME:

South Carolina Department of Health &amp; Environmental Control

AGENCY CODE:

J040

SECTION:

34



## Fiscal Year 2014-15 Accountability Report

### SUBMISSION FORM

#### AGENCY MISSION

##### Our Mission:

To improve the quality of life for all South Carolinians by protecting and promoting the health of the public and the environment.

##### Our Vision:

Healthy people living in healthy communities

##### Our Values:

- Pursuing Excellence
- Inspiring Innovation
- Promoting Teamwork
- Embracing Service

Please identify your agency's preferred contacts for this year's accountability report.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
<b>PRIMARY CONTACT:</b>	Bruce C. Busbee	803-898-3388	Busbeebc@dhec.sc.gov
<b>SECONDARY CONTACT:</b>	J. Daniel Edens	803-898-3390	Edensjd@dhec.sc.gov

I have reviewed and approved the enclosed FY 2014-15 Accountability Report, which is complete and accurate to the extent of my knowledge.

**AGENCY DIRECTOR**

**(SIGN/DATE):**

*Catherine E. Heigel*

**(TYPE/PRINT NAME):**

Catherine E. Heigel, Director S.C. Department of Health and Environmental Control

**BOARD/CMSN CHAIR**

**(SIGN/DATE):**

*Allen Amsler*

**(TYPE/PRINT NAME):**

Allen Amsler, Chairman, SC Board of Health and Environmental Control

AGENCY NAME:	South Carolina Department of Health & Environmental Control		
AGENCY CODE:	J040	SECTION:	34

## AGENCY'S DISCUSSION AND ANALYSIS

The South Carolina Department of Health and Environmental Control (DHEC) is an agency undergoing transformation – new leadership, new priorities, and a new approach to the way we do business.

Over the last three months, under the leadership of Director Catherine Heigel, DHEC has established a new executive management team that is in the process of creating a strategic plan to guide our 3,400 employees in fulfilling our vision of healthy people living in healthy communities. This new roadmap will chart a path towards modernization in service delivery, build on our existing successes, and aim to establish DHEC as a model of operational excellence in state government.

Our goal: To be the preeminent state public health and environmental protection agency in the nation.

To do this, we will need to rebuild our team, reinvest in our infrastructure, and strengthen our partnerships across the state. Our primary areas of focus – both from a budgetary and programmatic perspective – center on the following five priority areas:

- **Information Access:** Leveraging new technologies to increase accessibility and timeliness of health and environmental information to both internal and external customers.
- **Customer Service:** Promoting continuous improvement and innovation goals for improving customer service delivery, policies, and practices.
- **Infrastructure Stabilization:** Expanding the capacity and increasing the reliability of our IT infrastructure.
- **Facility Improvement:** Ensuring workspaces for our teams across the state are functional, safe, clean, cost-effective, and environmentally conscious.
- **Preferred Employer:** Maximizing the job satisfaction of current teams and providing an efficient and welcoming recruitment and onboarding process for new and future team members.

As we work to complete our new strategic plan, we are also developing a corresponding budget to ensure that we have adequate resources to address these priority areas and fulfill our mission of promoting and protecting the health of the public and the environment. The new strategic plan and agency budget will be completed in Fall 2015.

South Carolina Department of Health and Environmental Control  
Appropriations Balance Sheet: FY 12; FY13; FY14; FY15; FY 16  
Expenditures pulled from SCEIS 424

	FY 12	FY 12	FY 13	FY 13	FY 14	FY 14	FY 15	FY 15	FY 16
	Budget	Expended	Budget	Expended	Budget	Expended	Budget	Expended	Budget
State Base	89,358,686	88,657,131	91,847,984	92,639,854	99,623,924	97,776,945	100,480,255	104,572,403	106,860,927
Pay Plan	788,836		2,718,255				1,849,672		376,255
ADJ	(1,224,325)		-		(50,001)				5
State NonRecurring	100,000	100,000	1,800,000	1,800,000					
Supplemental			953,680	953,677	5,050,000	2,402,737	6,550,700	7,279,024	2,425,001
Federal	272,573,646	234,761,936	279,140,200	230,799,586	286,140,200	211,637,162	286,140,200	237,667,612	286,140,200
Earmarked	169,535,207	136,286,499	179,230,229	135,040,325	179,230,229	134,641,109	175,589,511	144,303,814	175,589,511
Restricted	21,669,503	10,388,283	21,669,503	9,508,246	21,669,503	9,378,312	25,310,221	17,048,514	25,310,221
	<u>552,801,553</u>	<u>470,193,849</u>	<u>577,359,851</u>	<u>470,741,688</u>	<u>591,663,855</u>	<u>455,836,265</u>	<u>595,920,559</u>	<u>510,871,367</u>	<u>596,702,115</u>

1. Loss of Babynet
2. Bleeding Disorder
3. Community Health Centers
4. Dental program not funded
5. Fringe distribution



**FY 15 Carry Forward Into FY 16**

10% Carry forward amount	\$ 4,123,344.64
Office upfitting	\$ (10,000.00)
Data systems - contractual obligations	\$ (664,990.62)
Flooding expenses - contractors	\$ (209,456.89)
Current Balance (12/1/2015)	<u>\$ 3,238,897.13</u>

Note: Amounts expended will increase as agency continues to pay for flood-related costs while waiting for FEMA reimbursements.

**Prioritized Summary of FY 2016-17 Budget Request**

	Form B - "Recurring"	Form C Non- Recurring
<b><u>State/Federal Regulatory Requirements:</u></b>		
8281 (formally 6287) Fringe Benefits (increments) Required	376,255	
6305 Electronic Medical Record-Federal Requirement	3,800,000	
8186 Electronic Medical Record-Federal Requirement		5,781,600 *
7889 SC Ambient Air Quality-Federal Requirement	464,000	
7883 NPL Gold Mine Sites	450,000	
<b><u>Mission Critical / High Risk to State:</u></b>		
7895 Dam Safety and Agricultural Permitting	661,500	
6277 Data Center / Infrastructure	11,200,000	
6280 Data Center/ Infrastructure		3,600,000 *
8284 (formally 6274) Public Health Nursing Salary	1,836,471	
6290 Infectious Disease TB Control	1,752,625	
7840 Mine Program Staffing	275,000	
6296 Project Management Office/Quality Assurance	1,329,660	
<b><u>Foundational / High Priority:</u></b>		
6293 Infectious Disease- Epidemiology	500,037	
7892 SC Ambient Water Quality Monitoring	945,000	
8205 EQC Labs		1,145,618
7886 EQC Laboratories Budget Request	321,897	
7837 Facility Security Support	302,375	
8202 State Park Facilities		260,000
8189 Facility Security Support		200,000
6299 EMS - Stroke Prevention	68,138	
8208 Removal of out of Compliance Underground Storage		291,000
<b>Sub Totals Recurring &amp; One-Time Budget Requests</b>	<b>24,282,958</b>	<b>11,278,218</b>
<b>Total Budget Request</b>		<b>35,561,176</b>

## DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL BUDGET REQUEST SUMMARY

### State/Federal Regulatory Requirements

Item	Summary	Amount	Recurring/ Nonrecurring	FTEs
<b>8281 Fringe Benefits (formerly 6287)</b>	State allocation of Fringe Benefit Increments to offset the increased health insurance costs.	\$376,255	Recurring	NO
<b>6305 Electronic Medical Records</b>	In order to be compliant with the HITECH Act's requirements for meaningful use of electronic health information, DHEC is legally required to adopt a CMS-certifiable EMR. Adopting an EMR will: protect patient information; improve staff productivity; improve clinical decision making and securely transfer records.	\$3,800,000	Recurring	NO
<b>8186 Electronic Medical Records</b>	Nonrecurring funds are required to support initial implementation of an electronic medical record (EMR) for DHEC clinics. These are estimated one-time implementation costs associated with the EMR, based on comparable health agencies in other areas of the country. Cost breakdown: \$1.2 M core system setup; \$2.5M configuration for all sites; \$963K custom interface and reporting and \$1M hardware.	\$5,781,600	Nonrecurring	NO
<b>7889 SC Ambient Air Quality</b>	The Environmental Protection Agency (EPA) recently conducted a Technical Systems Audit (TSA) of the agency's ambient air quality monitoring network in July 2015. The TSA revealed several significant findings that must be resolved as quickly as possible. The program has monitoring instruments that are over 20 years old and must be replaced. The EPA recommended a seven-year lifespan for most instruments. The age of the monitoring equipment is now starting to create problems with data completeness and overall data quality.	\$464,000	Recurring	NO
<b>7883 NPL Gold Mine Sites</b>	The Brewer Gold Mine Site is a Federal National Priority Lists Site. The site is a source of highly acidic mine drainage that will seep into Little Fork Creek and ultimately the Lynches River if not treated. The Barite Hill NPL site is still in an investigative phase so its future costs and liability to the state are not clearly known. However, within 10 years it will pose a similar challenge for the state to meet its obligations with EPA.	\$450,000	Recurring	NO

### Mission Critical/High Risk to State

Item	Summary	Amount	Recurring/ Nonrecurring	FTEs
<b>7895 Dam Safety and Agricultural Permitting</b>	The Dam Safety Program provides oversight of 2,370 regulated dams in the state. Many dams have passed their initial design lives and often need maintenance and repair. DHEC's main responsibilities and commitments to the federal oversight agency (FEMA) are to perform inspections of these dams.	\$661,500	Recurring	8
<b>6277 Data Center/ Infrastructure</b>	The DHEC data center is classified as a low Tier I with dedicated site infrastructure to support information technology capabilities for the 3,400+ DHEC teammates, located at 80+ service and office locations statewide. The center houses mission-critical agency applications as well as highly sensitive patient, constituent, vital record, and employee-related data. The DHEC data center has lacked necessary investments for over a decade, and is now unable to reliably, securely, and efficiently provide the required technology services.	\$11,200,000	Recurring	NO
<b>6280 Data Center/ Infrastructure</b>	To mitigate the risks of a major data breach, to eliminate service interruptions to patients and constituents, and to improve productivity of the DHEC teammates agency-wide, DHEC must migrate its infrastructure technology to a third-party facility offering proper controls and technical support necessary for the types of systems and sensitive data utilized and maintained by DHEC.	\$3,600,000	Nonrecurring	NO
<b>8284 Public Health Nursing Salary</b>	Registered nurses are the primary care providers in each county health department. DHEC's compensation levels for registered nurses has failed to keep pace with private industry nurses and other state agency nurses. As a result, retention is a significant and growing concern. Turnover has reached 15.2%, with an average of 25 nursing vacancies at any given time. The number is expected to continue growing.	\$1,836,471	Recurring	NO

<b>6290 Infectious Disease TB Control</b>	Without additional funding, not only will DHEC be unable to support the current TB program (a reduction in workforce and services would be imminent), but also the state will not be fulfilling the CDC recommended surveillance protocols for this highly contagious disease. More specifically, a reduction in the TB program due to a lack of needed funding will have a negative impact on DHEC's ability to respond in a timely manner to new disease diagnoses, increases the likelihood of an outbreak, and raises the potential of South Carolinians dying from TB.	\$1,752,625	Recurring	NO
<b>7840 Mine Program Staffing</b>	The current yearly funding stream is insufficient to support a robust inspection program where each mine is inspected annually. Central Office staff are focused on permitting activities, so of the 570 mines in South Carolina, only 209 were inspected during FY14. Additionally, regional and central office staff need to spend more time enforcing the statutory requirements of the Mining Act with unpermitted facilities.	\$275,000	Recurring	2
<b>6296 Project Management Office/Quality Assurance</b>	DHEC does not have a formalized project management organization to lead the agency through the complexities of change and ensure standard project management principles are adhered to during large capital expenditures. This void in the organizational design has historically contributed to significant delays or project management issues.	\$1,329,660	Recurring	14

### Foundational/High Priority

Item	Summary	Amount	Recurring/ Nonrecurring	FTEs
<b>6293 Infectious Disease Epidemiology</b>	This funding request addresses activities that have to be performed to satisfy the epidemiologic surveillance and response mandate for conditions on the List of Reportable Conditions. Not receiving funding would cause delayed response to outbreaks and other events of public health importance.	\$500,037	Recurring	3
<b>7892 SC Ambient Water Quality Monitoring</b>	Data of sufficient quality and frequency is needed to support permitting decisions that affect industry and municipalities and to make evaluations of general water quality. This data is also used to meet required submittals to the federal Environmental Protection Agency (EPA). Representative locations in a waterbody were previously sampled monthly, but were reduced to sampling every other month due to budget cuts.	\$945,000	Recurring	16
<b>8205 EQC Labs</b>	The Environmental Affairs Laboratories have lacked necessary investments for over a decade, and are now unable to reliably, securely, and efficiently provide the required technology/laboratory services.	\$1,145,618	Nonrecurring	NO
<b>7886 EQC Laboratories Budget Request</b>	The required environmental analyses have increased and become more complex, requiring highly trained and qualified Laboratory Certification Officers. Because of the complexity of these analyses, the laboratory evaluations take additional time to perform and are labor intensive due to increased data and lab competency requirements.	\$321,897	Recurring	3
<b>7837 Facility Security Support</b>	Services were ended in 2012, except at Hayne Laboratory, to reduce costs. This has been a negative impact on staff morale. There have been theft and property damage incidents that likely would have been prevented or minimized with on-site security support. Also, DHEC houses some of the most sensitive data within state government as part of its health and environmental regulatory authority and requirements.	\$302,375	Recurring	No

<b>8202 State Park Facilities</b>	State Park buildings #5, #20 and #23 have built-up (flat) roofs that are over 30 years old. All have exceeded their normal life span by 5 to 10 years. They have all been patched to address urgent water intrusion, but are in severe need of replacement to prevent equipment damage, structural damage, and loss of occupancy. Within Building #5 alone, the cost of a unique radioactivity calibration instrument is over \$500,000. The result of not addressing this critical maintenance need would expose the agency to damage to the structures, damage to equipment and loss of usability costs far exceeding the replacement costs of these three roof structures.	\$260,000	Nonrecurring	No
<b>8189 Facility Security Support</b>	This is for the replacement of the existing 15 year-old analog camera system located in four DHEC buildings. The existing system has had problems with the cameras and DVRs, is recording at standard definition, and only a few cameras have night time illumination. Since the system is analog and records only in standard definition when an incident occurs, it is typically difficult to determine specific details to aid in an investigation.	\$200,000	Nonrecurring	No
<b>6299 Stroke Prevention - EMS</b>	DHEC EMS seeks to implement evidence-based medicine decisions to improve stroke systems of care in the pre-hospital setting across SC.	\$68,138	Recurring	1
<b>8208 Removal of Underground Storage Tanks</b>	The UST Management Division continues to pursue closure of many of these facilities through the enforcement and legal process; but, efforts have proven unsuccessful for some facilities due to non-viable or deceased tank owners and/or land owners.	\$291,000	Nonrecurring	NO
<b>TOTAL</b>		<b>\$35,561,176</b>		<b>47</b>

## FTE Request for FY 17

### **Dam Safety Program**

1 Environmental Health Manager I  
1 Environmental Health Manager II  
1 Engineer I  
5 Engineer II  
**8**

### **Ambient Water Quality**

10 Environmental Health Manager I  
4 Environmental Health Manager II  
1 Chemist I  
1 Chemist II  
**16**

### **Infectious Waste Epidemiology**

2 Epidemiologists  
1 Assistant State Epidemiologist  
**3**

### **EMS- Stroke Prevention**

1 Stroke/STEMI/Sepsis Coordinator

### **Mine Program Staffing**

2 Environmental Health Manager II

### **EQC Laboratory**

3 Environmental Health Manager II

### **Project Management Office**

4 Project Managers  
1 Program Manager  
2 Process Improvement Specialists  
3 Business Analysts  
4 Change Management Specialists  
**14**

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**47 Total FTEs Requested**



## **Proviso Requests**

### **Proviso 34.11 Sickle Cell Programs**

**Amend**

The MCH Bureau (MCH) requests this proviso be amended to enable DHEC to share results of positive newborn screenings for sickle cell trait or other similar blood traits directly with the Community Based Sickle Cell Programs (CBSCP). In turn, this will allow the CBSCP to offer counseling, additional testing for families and other support services.

### **Proviso 34.25 Health Facility Monetary Penalties**

**Amend**

The Division of Health Facility Construction (DHFC) can only initiate an enforcement through the Bureau of Health Facilities Licensing (BHFL) and by the procedures prescribed by BHFL's regulations. Therefore, the retained monetary penalties should fall under BHFL. The nursing home staffing ratio should be updated with the current fiscal year and should remain in the proviso under BHFL's purview.

**New**

### **EMS and Trauma Monetary Penalties**

**Add**

In recent years, the bureau now known as the Bureau of Health Facilities Licensing used to include the Division of EMS and Trauma. There was a proviso that allowed EMS to retain portion of monetary penalties when it was under that Bureau. Because of the organization's restructuring, EMS is no longer under that Bureau and is now to retain any monetary penalties collected unlike the several other program areas in Health Regulation.

### **Proviso 34.43 Residential Treatment Facilities Swing Beds**

**Delete**

This proviso conflicts with Medicare Certification regulations and should be removed. Swing beds are certified units in hospitals and Critical Access hospitals that are rural. These units are separately certified from the hospital and must meet specific regulations found under the Code of Federal Regulations, Sections 482.58 and 483.10 through 483.55(b). Also, age limitations for Psychiatric Residential Treatment Facilities (PRTF) would not allow adult patients to be admitted into a PRTF: Code of Federal Regulations Section 441.151 specify that the service must be provided before the individual reaches 21, or if the individual was receiving services just prior to turning 21 and that the services must cease at the time the individual no longer requires services or the date at which the individual reaches 22.

**Proviso 34.48 Birthing Center Inspections****Amend**

This proviso provides that birthing centers accredited during a specified date range are required to register on-call agreements and policies with DHEC. As written, this proviso is only applicable to birthing centers in existence and accredited by the Commission on Accreditation of Birth Centers on or before July 1, 2014. Currently, this proviso only captures one of the five licensed birthing centers. The agency wants to update the language to make it applicable to all birthing centers accredited on or before the first day of the fiscal year.

**Proviso 34.49 Abortion Clinic Certification****Amend**

This proviso requires all licensed abortion clinic facilities to file with DHEC a report of physicians that performed abortions and did not have admitting privileges at a local certified hospital. The dates of the proviso need to be updated.