Amendment: 19

Representative HERBKERSMAN proposes the following amendment:

GENERAL PROVISIONS

Amend Further

117.119. (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) To address critical care physician shortages within South Carolina Telehealth Alliance supported tele-ICU operations, the Department of Labor, Licensing and Regulation and the appropriate licensing board or boards may issue a temporary waiver for out-of-state physician collaborations with Advanced Practice Registered Nurses or Physician Assistants on a case-by-case basis, if the physician is licensed to practice medicine in South Carolina and provides services within the applicable scope of practice.

(B) (C) During the current fiscal year the Department of Health and Human Services shall contract with the MUSC Hospital Authority in the amount of \$5,000,000 to lead the development and operation of a statewide, open access South Carolina Telemedicine Network. <u>At the request of the department, MUSC</u> <u>shall provide the department with all information and materials necessary to seek</u> <u>federal medical assistance for this contract.</u> The MUSC Hospital Authority shall

Ways and Means Committee Amendment

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 guarterly 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.

The Department of Health and Human Services and the Public (C) (D) Employee Benefit Authority shall each review federal additions to telehealth coverage established under the Bipartisan Budget Act of 2018, the SUPPORT for Patients and Communities Act, and other recent federal legislation and/or regulation shall continue to identify and implement telehealth benefits and policies that are evidence-based, cost efficient, and aligned with the needs of the Medicaid population. The department must also continue to review the temporary telephonic and telehealth flexibilities it has adopted to address the COVID-19 public health emergency and make permanent those that are suitable for inclusion in the Medicaid benefit. No later than October 1, 2019, both of these agencies the department shall submit a report to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee on how they intend to broaden their service-based coverage to align with these federal changes and to improve policy and benefit changes it has introduced in the furtherance of this goal and as part of its ongoing effort to *improve* the sustainability of telehealth services.