

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2020-21
TO THE PROVISO SUBCOMMITTEE**

SECTION 33 - J020 - DEPARTMENT OF HEALTH AND HUMAN SERVICES

33.15 **AMEND** (CHIP Enrollment and Recertification) Requires the department to enroll and recertify eligible children and households in the State Children’s Health Insurance Program using available state agency program data housed in the Revenue and Fiscal Affairs Office and the DSS Supplemental Nutritional Assistance Program (SNAP) program and allows the department to use the Department of Education’s poverty-related information. Directs the department to submit waivers to the Centers for Medicare and Medicaid Services and/or plan amendments to ensure that CHIP upper income limit is at least that of the average of states within CMS Region IV and to enroll children into the program accordingly.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to delete the requirement for the department to submit waivers to the Centers for Medicare and Medicaid Services and/or plan amendments.

33.15. (DHHS: CHIP Enrollment and Recertification) The Department of Health and Human Services shall enroll and recertify eligible children and households to the Children’s Health Insurance Program (CHIP) and/or Medicaid and must use available state agency program data including, but not limited to, that housed in the Revenue and Fiscal Affairs Office, the Department of Social Services’ Supplemental Nutritional Assistance Program (SNAP) and poverty-related information from the Department of Education. Use of this data and cooperative efforts between state agencies reduces the cost of outreach and eligibility activities. ~~In the current fiscal year and with funds available to it, the department shall submit to the Centers for Medicare and Medicaid Services such waivers and/or plan amendments necessary to ensure that the CHIP upper income limit is at least that of the average of the states within CMS Region IV and shall enroll children into the program accordingly.~~

33.20 **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; and (H) Publish Quarterly Progress Reports. **SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to delete the requirement that the department allocate \$3,600,000 for innovative care strategies. Change funding to FQHCs from \$5,000,000 to \$6,000,000.

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:

(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

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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~~ \$6,000,000 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 publish quarterly reports on the agency's website regarding the department's progress in meeting the goals established by this provision.

33.22 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. Authorizes Rural Health Initiative funds to be carried forward and used for the same purpose. 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. Allows the department to solicit proposals from and provide financial support for capital expenditures associated with the replacement of

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two or more rural hospitals; requires a hospital system to submit a consolidation plan; requires at least one of the advised facilities be designated as a critical access hospital in a county whose population is at certain levels; and directs the department to require written agreements to ensure proper use of the funds. Requires the department to submit an evaluation of the state's safety-net providers to the President of the Senate and Speaker of the House by January 1, 2019.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso (2) Rural Healthcare Coverage and Education to change department authorization from "\$1,000,000" to "\$2,000,000" to support staffing, programs, and collaborations. Change the amount of funds required to be spent in (4) Statewide Health Innovations from "\$2,000,000" to "\$2,500,000." Delete (B)(1), the authorization for the department to establish a DSH pool. Add new (B)(2) to direct that any facility or capital effort undertaken pursuant to (B) or a previous hospital transformation initiative be exempt from any DHEC Certificate of Need requirements or regulations. Require these facilities to participate in the Telemedicine network.

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 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. The department shall also expend \$5,000,000 in accordance with a graduate medical education plan developed cooperatively by the Presidents or their designees of the following institutions: the Medical University of South Carolina, the University of South Carolina, and Francis Marion University.

(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~~ \$2,000,000 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,

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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. Additionally, the department shall use up to \$200,000 of the recurring funds appropriated for the Department of Aging's Geriatric Physicians Loan Forgiveness program.

(4) Statewide Health Innovations - At least ~~\$2,000,000~~ \$2,500,000 must be expended by the department to contract with the USC School of Medicine 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 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)~~(1)The department may solicit proposals from and provide financial support for capital expenditures associated with the replacement of two or more rural hospitals, not to exceed one-quarter of the total project capital budget. Such a plan must be submitted by a hospital system approved to advise a rural transformation project, and the project must be subject to ongoing advisement by the submitting facility, or subject to acquisition by the advising facility. The advised facility 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.

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(2) Any facility or capital effort undertaken pursuant to section (B) of this or a previous hospital transformation initiative 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.

(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. Not later than January 1, ~~2019~~ 2021, the department shall submit to the President of the Senate and Speaker of the House of Representatives an evaluation of the state's safety-net providers that includes, at a minimum, Federally Qualified Health Centers, Rural Health Clinics, and to the extent applicable to funding received by the state, free clinics.

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, 2019, on the status of the department's efforts to bring the BabyNet program into compliance with federal requirements.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update calendar year reference to "2020."

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, ~~2019~~ 2020 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.

33.24 **AMEND** (Personal Emergency Response System) Directs the department to develop RFPs to provide for Personal Emergency Response Systems (PERS) to be issued to Medicaid recipients based on the department's Medicaid Home and Community-based waiver. Directs that PERS devices must include unlimited 24-7 live phone contact with RNs for triage services. Requires the PERS nurse triage call centers be accredited and separate from PERS emergency response call centers. Requires PERS devices comply with all FCC rules and regulations. Requires the department apply for any necessary waivers.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update fiscal year reference to "2020-21."

33.24. (DHHS: Personal Emergency Response System) With funds appropriated and authorized to the Department of Health and Human Services for Fiscal Year ~~2019-20~~ 2020-21, the department shall develop one or more Requests for Proposals, to provide for Personal Emergency Response Systems (PERS) to be issued to Medicaid recipients pursuant to the department's Medicaid Home and Community-based waiver. The PERS devices must include in addition to emergency response services, unlimited twenty-four hour, seven-day a week live phone contact with experienced registered nurses for triage services. A PERS nurse triage call center must be accredited and must be separate from the PERS emergency response call center. The PERS device must have a wireless radio transmitter and a console that is cellular and does not require a traditional land line. A PERS device that includes nurse triage services also must comply with the requirements of Federal Communications Commission rules, 47 C.F.R. Part 68; and be approved by the Underwriters

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Laboratory or Equipment Testing Laboratories as a health care signaling product. The Department of Health and Human Services shall apply for any waiver necessary under the department's Medicaid Home and Community-based waiver to implement these provisions.

SECTION 34 - J040 - DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

34.8 **AMEND** (Emergency Medical Services) Provides for the allocation of Emergency Medical Services funds to counties, EMS Regional Councils and the state EMS office. Prohibits funds appropriated for EMS from being transferred to other programs within the department's budget. Authorizes unexpended funds to be carried forward and specifies how the funds must be used. **SUBCOMMITTEE RECOMMENDATION:** Amend the proviso to delete the 50% restriction on the amount of carry forward funds that may be spent for administrative and operational support. Direct that after January 1, 50% of unclaimed funds used for aid to counties from the prior fiscal year be transferred to the SC EMS Association.

34.8. (DHEC: Emergency Medical Services) Funds appropriated herein for Emergency Medical Services, shall be allocated for the purpose of improving and upgrading the EMS system throughout the state. The monies allocated to the Counties are for the purpose of improving or upgrading the local EMS system through the licensed ambulance services, the monies allocated to the EMS Regional Councils are for the administration of training programs and technical assistance to local EMS organizations and county systems. All additional funds are to be allocated as follows: to the counties at the ratio of eighty-one percent of the additional funds appropriated herein, to the EMS Regions at a ratio of twelve percent of the additional funds appropriated herein and to the state EMS Office at the ratio of seven percent of the additional funds appropriated herein. The Department of Health and Environmental Control shall develop criteria and guidelines and administer the system to make allocations to each region and county within the state, based on demonstrated need and local match. Funds appropriated to Emergency Medical Services shall not be transferred to other programs within the department's budget. Unexpended funds appropriated to the program may be carried forward to succeeding fiscal years, and ~~fifty percent~~ may be expended for administrative and operational support and for temporary and contract employees to assist with duties related to improving and upgrading the EMS system throughout the state, including training of EMS personnel and administration of grants to local EMS providers. After January 1st of the current fiscal year, ~~the remaining fifty percent of unexpended~~ unclaimed funds carried forward *utilized for aid to counties from the prior fiscal year* shall be transferred to the South Carolina EMS Association to promote and encourage education of emergency medical technicians and directors of emergency medical services; to collect, analyze, and distribute information about emergency medical services; to promote the improvement of patient care; to cooperate with other organizations; and to effect more efficient administration of emergency medical services in the State of South Carolina. In addition, when instructed by the Executive Budget Office or the General Assembly to reduce funds by a certain percentage, the department may not reduce the funds appropriated for EMS Regional Councils or Aid to Counties greater than such stipulated percentage.

34.53 **AMEND** (HIV/AIDS Treatment and Prevention) Authorizes funds for HIV and AIDS prevention and treatment be used to develop partnerships to provide services to all patients, regardless of their ability to pay. Specifies partnership development with the Joseph H. Neal Health Collaborative and CAN Community Health, Inc. and include a plan for prevention and treatment of Hepatitis C. Directs the department to ensure that the funds are spent solely for testing and treatment services. Allows funds to be used to enhance services provided through

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federal funds allocation or the state's AIDS Drug Assistance Program rebate funds. Directs Ryan White Part B Grants funds be included in the funds allowed to enhance services.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to delete reference to "CAN Community Health, Inc." and direct the department to spend \$500,000 with the Joseph H. Neal Health Collaborative.

34.53. (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, the department shall develop ~~partnerships~~ a partnership with the Joseph H. Neal Health Collaborative ~~and CAN Community Health, Inc.~~ and expend \$500,000 to provide comprehensive medical, psychological and educational services to all patients, regardless of their financial situation, insurance status, or ability to pay. ~~In addition, CAN Community Health, Inc. shall develop a plan for the treatment and prevention of Hepatitis C.~~ The department shall ensure the funds are expended solely for testing, treatment, and follow-up services of HIV/AIDS and Hepatitis C. Funds may be used to enhance the services provided through a combination of Ryan White Part B Grant funds and other federal funds or the state's AIDS Drug Assistance Program rebate funds.

34.54 **AMEND** (State Trauma Registry) Directs the department, through the State Trauma Registry to require all state verified trauma centers to submit relevant patient care data and direct the department to develop appropriate policies or regulations by January 1, 2020, to ensure the trauma centers collect the data.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update policy and regulation due date to January 1, "2021."

34.54. (DHEC: State Trauma Registry) From the funds appropriated or authorized in the current fiscal year, the Department of Health and Environmental Control, through the State Trauma Registry, shall direct that all state verified trauma centers are required to submit relevant patient care data. The department shall develop appropriate policies or regulations no later than January 1, ~~2020~~ 2021, to ensure data is collected by all trauma centers.

34.dnc **ADD** (Development of Nursing Curriculum) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct the department to use funds appropriated for development of nursing curriculums as a pilot to develop and enhance nursing curriculums at the Technical College of the Lowcountry.

34.dnc. (DHEC: Development of Nursing Curriculum) The department shall use the funds appropriated for the development of nursing curriculums as a pilot to support the Technical College of the Lowcountry to develop and enhance their nursing curriculum.

34.re **ADD** (Reimbursement of Expenditures) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to authorize the department to collect, spend, retain, and carry forward all funds received in the current fiscal year as reimbursement of expenditures that were incurred in the current or prior fiscal year.

34.re. (DHEC: Reimbursement of Expenditures) The Department of Health and Environmental Control is authorized to collect, expend, retain, and carry forward for general operating purposes all funds received in the current fiscal year as reimbursement of expenditures incurred in the current or prior fiscal year.

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SECTION 36 - J160 - DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

- 36.14** **AMEND** (Beaufort DSN Facility) Provides for the department to retain the proceeds from the sale of the local DSN Board of Beaufort County property and to use the funds to purchase a new property. Authorizes unexpended funds to be carried forward and used for the same purpose. Requires the department provide a status report to the Beaufort County Legislative Delegation by June 30, 2019.
- SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to update fiscal year reference to “2020-21” and Beaufort County Legislative Delegation status report due date to June 30, “2020.”

36.14. (DDSN: Beaufort DSN Facility) For Fiscal Year ~~2018-19~~ 2020-21, 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, ~~2019~~ 2020, detailing the retention of any sale proceeds and/or the expenditures of those funds.

SECTION 38 - L040 - DEPARTMENT OF SOCIAL SERVICES

- 38.1** **AMEND** (Fee Retention) Requires DSS to recoup all refunds and identified program overpayments in accordance with established collection policy. Requires \$800,000 of Child Support Enforcement Program (Title IV D) funds collected to be remitted to the State Treasurer and credited to the general fund and authorizes the department to retain all funds collected above \$800,000 and use the funds for Self-Sufficiency and Family Preservation and Support initiatives.
- SUBCOMMITTEE RECOMMENDATION:** Amend proviso to delete the directive that \$800,000 of refunds and overpayments collected be sent to the State Treasurer and credited to the General Fund. Authorize the department to retain all refunds and overpayments recouped and allow the funds to be used toward FTI and PII data security and child support operations.

38.1. (DSS: Fee Retention) The Department of Social Services shall recoup all refunds and identified program overpayments and all such overpayments shall be recouped in accordance with established collection policy. ~~Funds of \$800,000 collected under the Child Support Enforcement Program (Title IV D) which are state funds shall be remitted to the State Treasurer and credited to the General Fund of the State.~~ All state funds above \$800,000 shall be retained by the department and may be used to fund Self-Sufficiency and Family Preservation and Support initiatives, to make improvements to the security of FTI and PII data, and for child support operations.

- 38.17** **DELETE** (Child Support Enforcement System) Requires the department to prepare a detailed report on the status of the Child Support Enforcement System. Requires the report include actions being undertaken to become compliant with federal requirements and the cost required to meet minimum federal guidelines; total funds spent on the system to date; the amount of fines assessed for noncompliance; and expenditures required to satisfy actions taken by the state judicial system or other entities that may have altered the amount required for meeting minimum federal guidelines. Require the report be submitted to the General Assembly by August 31st.

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SUBCOMMITTEE RECOMMENDATION: DELETE proviso.

~~38.17. (DSS: Child Support Enforcement System) From the funds appropriated in Part IA, Section 38 (H.F.), the Department of Social Services shall prepare a detailed report on the status of the Child Support Enforcement System. The report shall include, but not be limited to, actions currently being undertaken to become compliant with federal government requirements; the cost required to meet minimum federal guidelines; total funds spent so far on the system; the amount of fines assessed by the federal government associated with noncompliance; how much has been spent to satisfy actions taken by the state judicial system; and how much has been spent related to actions taken by any other entity which may have altered the amount required for meeting minimum federal guidelines. The report shall be submitted to the General Assembly by August thirty first of the current fiscal year.~~

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 “2020-21.”

38.24. (DSS: Internal Child Fatality Review Committees) For Fiscal Year ~~2019-20~~ 2020-21, 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.

38.30 **DELETE** (Comprehensive Child Welfare Information System) Directs DSS to use a portion of their recurring funds to issue a RFP by 9/30/18 for a vendor to implement a comprehensive case management data and analysis system.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso

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~~38.30. (DSS: Comprehensive Child Welfare Information System) A portion of the recurring funds appropriated to the department shall be used to issue a request for proposal, no later than September 30, 2018, for a vendor to implement a comprehensive case management data and analysis system.~~

SECTION 41 - L800 - DEPARTMENT OF CHILDREN'S ADVOCACY

41.2 AMEND (Guardian Ad Litem Program) Requires the Guardian ad Litem Program and funds be administered separately from other programs within the Department of Children's Advocacy and that program funds be used exclusively for the program. Directs the Department of Revenue reduce the rate of interest paid on eligible refunds by 2 percentage points and to deposit these funds into the S.C. Guardian ad Litem Trust Fund. Authorizes program funds to be carried forward.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to delete the requirement that the Guardian ad Litem Program and funds be administered separately from other programs within the Department of Children's Advocacy and that program funds be used exclusively for the program.

~~41.2. (DCA: Guardian Ad Litem Program) Both the program and the funds appropriated to the Department of Children's Advocacy, Guardian ad Litem Program must be administered separately from other programs within the Department of Children's Advocacy and must be expended for the exclusive use of the Guardian ad Litem Program.~~

For the current fiscal year, the Department of Revenue is directed to reduce the rate of interest paid on eligible refunds by two percentage points. The revenue resulting from this reduction must be used exclusively for operations of the Guardian ad Litem program and be deposited in the State Treasury in a separate and distinct fund known as the "South Carolina Guardian ad Litem Trust Fund." Unexpended revenues in this fund carry forward to succeeding fiscal years, and earnings in this fund must be credited to it. The Guardian ad Litem program may carry forward the other funds authorized herein for its operations from the prior fiscal year into the current fiscal year.

SECTION 103 - E500 - REVENUE AND FISCAL AFFAIRS OFFICE

103.3 AMEND (SC Health & Human Services Data Warehouse) Establishes the South Carolina Health and Human Services Data Warehouse within the Revenue and Fiscal Affairs Office to ensure that health and human services agencies operations may be enhanced by coordination and integration of client information; defines client data; provides guidelines for operation of the data warehouse; and specifies agencies which are required to report client information.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to include "other electronic health record system" in DHEC's exemption from using the integrated client management system and the analytic query tools.

103.3. (RFAO: SC Health & Human Services Data Warehouse) There is hereby established within the Revenue and Fiscal Affairs Office, the South Carolina Health and Human Services Data Warehouse. The purpose of the Warehouse is to ensure that the operation of health and human services agencies may be enhanced by coordination and integration of client information. Client data is defined as person-level data that is created, received, and/or maintained by state agencies and other entities required to report client information to the Revenue and Fiscal Affairs Office under this provision. To integrate client information, client data from health and human

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services state agencies will be linked to improve client outcome measures, enabling state agencies to analyze coordination and continuity of care issues. The addition of these data will enhance existing agency systems by providing client data from other state agency programs to assist in the provision of client services. Certain client information shall be delivered to the Revenue and Fiscal Affairs Office in order to assist in the development and maintenance of this Warehouse. The following agencies shall report client information:

- Departments of:
 - (1) Health and Human Services;
 - (2) Health and Environmental Control;
 - (3) Mental Health;
 - (4) Alcohol and Other Drug Abuse Services;
 - (5) Disabilities and Special Needs;
 - (6) Social Services;
 - (7) Vocational Rehabilitation;
 - (8) Education;
 - (9) Juvenile Justice;
 - (10) Corrections;
 - (11) Probation, Parole and Pardon Services;
- Department of Children's Advocacy:
 - (1) Children's Foster Care Review Board;
 - (2) Continuum of Care;
- Department on Aging;
- South Carolina School for the Deaf and the Blind;
- Commission for the Blind; and
- Other entities as deemed necessary by the Revenue and Fiscal Affairs Office.

These agencies and departments shall collect and provide client data in formats and schedules to be specified by the Revenue and Fiscal Affairs Office (Office). The Office shall establish a Memorandum of Agreement with each agency, department or division. These Memorandums of Agreement shall specify, but are not limited to, the confidentiality of client information, the conditions for the release of data that may identify agencies, departments, divisions, programs and services, or clients, any restrictions on the release of data so as to be compliant with state and federal statutes and regulations on confidentiality of data, conditions under which the data may be used for research purposes, and any security measures to be taken to insure the confidentiality of client information.

To ensure accountability and the coordinated, efficient delivery of health and human services, the Office shall implement, in consultation with state health and human services agencies and other entities as deemed necessary by the Office, an integrated data system that includes client data from all participating agencies.

In order to provide for inclusion of other entities into the South Carolina Health and Human Services Data Warehouse and other research and analytic-oriented applications that will assist the state in the efficient and effective provision of services, the Office shall have the authority to enter into agreements or transactions with any federal, state or municipal agency or other public institution or with any private individual, partnership, firm, corporation, association or other entity to provide statistical, research and information dissemination services including, but not limited to, program and outcomes evaluation, program monitoring/surveillance, projects to determine the feasibility of data collection and/or analyses, information dissemination and research. The confidentiality of data collected under these initiatives shall comply with applicable state and federal laws governing the privacy of data. The Office shall have the power to promulgate regulations, policies and procedures, in consultation with the participating

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agencies, for the development, protection and operation of the Data Warehouse, other research and analytic-oriented applications, and their underlying processes.

The Office shall develop internet-accessible secure analytic query tools (such as analytic cubes) using integrated client data from the Warehouse. All agencies shall cooperate with the Office in the development of these analytic tools. It is the intent of this provision that the analytic tools developed under this provision shall be made available to members of the South Carolina General Assembly and their research staff members, state agencies, and researchers. To that end, the Office shall, in consultation with the participating agencies, promulgate regulations addressing access to and use and release of information generated through use of the query tools.

All state agencies participating in the Warehouse shall utilize it and its associated software applications in the day-to-day operation of their programs and for coordination, collaboration, program evaluation and outcomes analysis. The Department of Health and Environmental Control shall be exempt from usage of the integrated client management system and the analytic query tools in the day-to-day operation of their Client Automated Record and Encounter System *or other electronic health record system* and their South Carolina Community Assessment Network, but shall provide the Warehouse with client data from the system and network.

No state agency shall duplicate any of the responsibilities of this provision.

For purposes of this subsection, all state laws, regulations, or any rule of any state agency, department, board, or commission having the effect or force of law that prohibits or is inconsistent with any provision of this subsection is hereby declared inapplicable to this subsection.

SECTION 108 - F500 - PUBLIC EMPLOYEE BENEFIT AUTHORITY

108.3 AMEND (Health Plan Tobacco User Differential) Authorizes the board to differentiate between tobacco users and nonusers regarding rates charged to enrollees in its health plans by imposing a surcharge on enrollee rates based upon tobacco use. Directs that the surcharge for tobacco use may not exceed \$40 per month per subscriber or \$60 per month per subscriber and dependent(s). **SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to include e-cigarette usage.

108.3. (PEBA: Health Plan Tobacco User Differential) For health plans adopted under the authority of Section 1-11-710 of the 1976 Code by the Public Employee Benefit Authority during the current fiscal year, the board is authorized to differentiate between tobacco *or e-cigarette* users and nonusers regarding rates charged to enrollees in its health plans by imposing a surcharge on enrollee rates based upon tobacco *or e-cigarette* use. The surcharge for tobacco *or e-cigarette* use may not exceed \$40 per month per subscriber or \$60 per month per subscriber and dependent(s).

SECTION 117 - X900 - GENERAL PROVISIONS

117.119 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, 2019. Directs affected agencies to provide information upon request so that the first recommendation contained in the 2011 LAC audit report may be implemented. **SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to update calendar year reference to “July 15, 2020.”

117.119.(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

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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, ~~2019~~ 2020. 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.

117.120 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 DHHS and PEBA to review federal additions to telehealth coverage established under specific federal legislation and to each submit a report by October 1, 2019, to the Governor and the Chairmen of the Senate Finance and House Ways and Means Committees on how they intend to broaden their service-based coverage to align with the federal changes and to improve sustainability of telehealth services.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso (C) to delete PEBA from the requirement to review federal additions to telehealth coverage in certain federal legislation and/or regulation. Direct DHHS to continue to identify and implement telehealth benefits and policies that are aligned with the needs of Medicaid recipients and submit a report by October 1st on policy and benefit changes it has implemented to further this goal. Add (D) to require the department to contract with Palmetto Care Connections (PCC) in an amount not less than \$225,000 to support research and activities that prevent Medicaid recipients from access to telehealth services. Require PCC provide a report by January 15 to the Chairmen of the Senate Finance and House Ways and Means Committees that identifies area that lack high-speed broadband, beneficiaries knowledge of the FCC's Lifeline program, other reasons beneficiaries are not subscribed. Require the department to establish an initiative to make beneficiaries aware of the program's eligibility criteria and benefits. Direct the department and PCC to prioritize outreach to eligible households that include school age children.

117.120.(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 \$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

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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) The Department of Health and Human Services and the Public 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.~~ 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 furtherance of this goal and as part of its ongoing effort to improve the sustainability of telehealth services.

(D) Of the funds appropriated for Telemedicine or otherwise available to the Department of Health and Human Services, the department shall contract with Palmetto Care Connections (PCC) in an amount no less than \$225,000 to support targeted research and information activities that are intended to identify and overcome barriers that prevent Medicaid beneficiaries from receiving access to telehealth services.

(1) In consultation with the department and no later than January 15th, PCC shall provide the Chairman of the House Ways and Means Committee and the Chairman of the Senate Finance Committee with an interim report that identifies areas where a lack of connectivity is the principal barrier because high-speed broadband is not currently offered by any provider. This report must also use survey or other comparable data to illustrate why, where broadband services are available, Medicaid beneficiaries have not subscribed. The report must specifically address beneficiaries' levels of awareness of the Federal Communications Commission's Lifeline program and supply various explanations for non-enrollment. The department and/or PCC may provide a subsequent report with recommendations for mitigating identified connectivity issues.

(2) In partnership with its contracted health plans, its enrollment broker, and/or any other relevant stakeholders, and with the support of PCC, the department shall establish an initiative to make Medicaid beneficiaries aware of the Lifeline program's eligibility criteria and program benefits. This initiative shall be intended to promote enrollment among those who are eligible for subsidies and electing to subscribe, to improve access to home-based telehealth services and to enable beneficiaries to address social determinants of health such as by pursuing their education or engaging in job-seeking activities online. In developing the initiative, and in light of research showing a positive effect of internet usage on educational attainment, the department and PCC shall prioritize outreach to eligible households that include school-age children.

117.134 AMEND (Medical Marijuana Research) Authorizes the USC College of Pharmacy and MUSC, to the extent permitted and in accordance with federal laws and regulations, to acquire pharmaceutical grade marijuana, and similar compounds to use for research and clinical trials to develop potential therapeutic agents for certain illnesses. Authorizes USC and MUSC to work with other public and private entities to conduct the research and clinical trials as permitted by federal law and regs. Directs USC and MUSC, by the first day of the 2020 legislative session, to provide the General Assembly with a written summary of actions taken and material findings, if any, resulting from these activities.

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SUBCOMMITTEE RECOMMENDATION: AMEND proviso to change “2020” to “2021” legislative session.

117.134.(GP: Medical Marijuana Research) With funds provided in this fiscal year, the University of South Carolina College of Pharmacy and the Medical University of South Carolina are authorized, to the extent permitted by and in accordance with federal laws and regulations, to undertake the following actions: acquire pharmaceutical grade marijuana, marijuana extracts, semi-pure isolates, and purified compounds, including, but not limited to, THC, CBD, CBO, cannabitol, and cannabigerol for use in research and clinical trials to develop potential therapeutic agents for epilepsy, Dravet’s Syndrome, chronic pain, cancer, reduction of nausea, and vomiting induced by chemotherapy, glaucoma, obesity, multiple sclerosis, drug abuse, inflammation, and autoimmune disorders, including encephalomyelitis.

The University of South Carolina and the Medical University of the South Carolina are further authorized to form collaborations, agreements, and partnerships with other public and private entities in order to conduct this research and clinical trials, to the extent permitted by and in accordance with federal laws and regulations, as well as to pursue both public and private funding. Further, the University of South Carolina and the Medical University of South Carolina are directed to provide to the members of the South Carolina General Assembly, on or before the first day of the ~~2020~~ 2021 legislative session, with a written summary of the actions they have undertaken pursuant to this proviso and the material findings, if any, resulting from such activities.

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