

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2024-25
TO THE PROVISO SUBCOMMITTEE**

SECTION 23 - H510 - MEDICAL UNIVERSITY OF SOUTH CAROLINA

- 23.3 DELETE** (MUSC: Children’s Hospital Infrastructure) Directs MUSC to establish the South Carolina Children’s Hospital Innovation Center. Directs the center to establish priorities and contract with qualifying children’s hospitals to fund the priorities. Establish criteria for qualifying hospitals. Directs the center to submit a report annually within 120 days of the end of the fiscal year to the Governor and the Chairmen of the House Ways and Means and Senate Finance Committees detailing infrastructure priorities and expenditures.
SUBCOMMITTEE RECOMMENDATION: DELETE proviso.

~~23.3. (MUSC: Children’s Hospital Infrastructure) Of the funds appropriated for South Carolina Children’s Hospitals infrastructure, the Medical University of South Carolina shall establish the South Carolina Children’s Hospital Innovation Center to ensure that all children in South Carolina have access to high quality medical services in a coordinated, cost effective manner. Under the direction of the South Carolina Children’s Hospital Collaborative, the center annually shall establish children’s healthcare infrastructure priorities, determining allocations for those priorities, and then contracting with qualifying children’s hospitals to fund established priorities. Qualifying South Carolina children’s hospitals must be not for profit systems providing comprehensive pediatric inpatient and outpatient services, serve as the regional perinatal center for their region, serve as training sites for the Medical University of South Carolina and the University of South Carolina medical schools, and participate in the South Carolina Telehealth Alliance pediatric telehealth workgroup. The center shall submit an annual report to the Governor, the Chairman of the House Ways and Means Committee, and the Chairman of the Senate Finance Committee within 120 days of the close of the fiscal year detailing established children’s healthcare infrastructure priorities and expenditures made to fund these priorities, specifying both innovation center funds and matching institutional funds.~~

SECTION 31 - J060 - DEPARTMENT OF PUBLIC HEALTH

- 31.aicr ADD** (DPH: Allocation of Indirect Cost and Recoveries) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to directs the department to deposit indirect cost recoveries for their portion of the Statewide Central Services Cost Allocation Plan into the general fund and to retain recoveries in excess of that amount.

31.aicr. (DPH: Allocation of Indirect Cost and Recoveries) The department shall continue to deposit in the general fund all indirect cost recoveries for the department's portion of the Statewide Central Services Cost Allocation Plan (SWCAP). The department shall retain recoveries in excess of the SWCAP amount to support the remaining administrative costs of the agency.

- 31.ga ADD** (DPH: Grant Authority) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to authorize the department to make grants to nonprofit organizations and governmental entities for public health and environmental programs. Directs the department to develop polices and procedures and promulgate regulations.

31.ga. (DPH: Grant Authority) The department is authorized to make grants to nonprofit organizations and governmental entities to further the objectives of its public health programs. The department shall develop policies and procedures and may promulgate regulations to assure compliance with state and federal requirements associated with the funds used for the grants and

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to assure fairness and accountability in the award and administration of these grants. The department shall be guided by the definitions of “grant” and “procurement” in the South Carolina Procurement Code and the principles of the Federal Grant and Cooperative Agreement Act, 33 U.S.C. 6301-6308, in determining whether an expenditure of funds will be in the form of a grant or a procurement.

31.rcf **ADD** (DPH: Revenue Carry Forward Authorization) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to authorize the Department to collect, expend, and carry forward revenues from the sale of goods and other products.

31.rcf. (DPH: Revenue Carry Forward Authorization) The Department of Public Health is hereby authorized to collect, expend, and carry forward revenues in the following programs: Sale of Goods (confiscated goods, arm patches, etc.), sale of meals at Camp Burnt Gin, sale of publications, brochures, photo copies and certificate forms including, but not limited to, pet rabies vaccination certificate books, sale of listings and labels, sale of State Code and Supplements, sale of films and slides, sale of maps, sale of items to be recycled including, but not limited to, used motor oil and batteries, sale and/or licensing of software products developed and owned by the department, and collection of registration fees for non-DPH employees. Any unexpended balance carried forward must be used for the same purpose.

31.dcm **ADD** (DPH: Data Center Migration) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct the department to use Data Center Migration funds for a variety of shared technology services offered by the DOA, Division of Technology Operations.

31.dcm. (DPH: Data Center Migration) Of the funds appropriated to the Department of Public Health for Data Center Migration, the department must utilize the Department of Administration, Division of Technology Operations for shared services including, but not limited to, mainframe services, application hosting, servers, managed servers, storage, network services, and disaster recovery services. Unexpended funds appropriated for the data center migration may be carried forward from the prior fiscal year and used for the same purpose.

SECTION 33 - J020 - DEPARTMENT OF HEALTH AND HUMAN SERVICES

33.22 **DELETE** (DHHS: IDEA Part C 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, 2023, on the status of the department’s efforts to bring the Individuals With Disabilities Education Act (IDEA) Part C program into compliance with federal requirements.
SUBCOMMITTEE RECOMMENDATION: DELETE proviso. Requested by DHHS.

~~**33.22.** (DHHS: IDEA Part C 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, 2023 on the status of the department’s efforts to bring the Individuals With Disabilities Education Act (IDEA) Part C program into compliance with federal requirements. This report must specifically address areas in which the IDEA Part C 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 the program into compliance, including specific steps and the associated timeline.~~

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- 33.28 AMEND** (DHHS: Brain Health Initiative) Directs HHS to contract with USC to develop and implement a rural brain health network. Provides guidelines for the network. Directs USC to collaborate with MUSC and Clemson University to use existing programs to meet dementia care needs in rural areas.. Directs the University to disseminate resources through DHEC’s “Take Brain Health to Heart” campaign. Direct the department to evaluate the initiative annually.
SUBCOMMITTEE RECOMMENDATION: AMEND to change reference from DHEC to the Department of Public Health

33.28. (DHHS: Brain Health Initiative) South Carolina has been identified as one of five states with the most significant gap between an available neurology workforce and the health needs of people with Alzheimer’s and other dementias. From funds appropriated, the Department of Health and Human Services is authorized to contract with the University of South Carolina to develop and implement a rural brain health network for the purpose of improving brain health, enhancing the quality of care, and increasing statewide access to dementia care. This includes advancing the clinical care of dementia, promoting translational research, improving cardiovascular and brain health, expanding and improving the Alzheimer’s Disease Registry provided for in Section 44-36-10, establishing training and fellowship programs for health care providers, and obtaining a better understanding of population risk factors. The University shall partner and collaborate with the Medical University of South Carolina (MUSC) and Clemson University to leverage existing programs to meet the unmet dementia care needs for citizens in rural areas throughout South Carolina including, but not limited to, providing informed clinical care, early detection, early diagnosis disclosure, caregiver support, healthy aging, and education of primary care providers. The University also shall utilize and disseminate the brain health resources through ~~DHEC’s~~ *the Department of Public Health’s* “Take Brain Health to Heart” campaign as a tool for community education. The department annually shall evaluate this initiative, including all partnerships and agreements, to assess its effectiveness in achieving expected outcomes.

- 33.31 CONFORM TO FUNDING/AMEND** (DHHS: Psychiatric Residency Program) Authorizes the department to expend funds for the psychiatric residency program. Suggests utilizing the funding to place an emphasis on program quality, post-residency retention, and training in rural areas. Requires the department to submit a report on the disposition of funds and progress of the residency program to the Chairmen of SFC and WMC by December 31.
SUBCOMMITTEE RECOMMENDATION: CONFORM TO FUNDING/AMEND proviso to update calendar year. Requested by the DHHS.

33.31. (DHHS: Psychiatric Residency Program) The department is authorized to expend funds appropriated for the psychiatric residency program in South Carolina. Funding should be directed in a manner that places emphasis on program quality, post-residency retention, and training in rural service areas. No later than December 31, ~~2023~~ 2024, the department shall provide to the Chairman of the House Ways and Means Committee and the Chairman of the Senate Finance Committee a report on the disposition of funds and progress of the residency program. This report shall include funding recommendations for future training classes.

- 33.chhi CONFORM TO FUNDING/ADD** (DHHS: Children’s Hospital and Healthcare Innovation)
SUBCOMMITTEE RECOMMENDATION: CONFORM TO FUNDING/ADD new proviso to direct the department to establish the SC Children’s Hospital and Healthcare Innovation Program. Directs the SC Children’s Hospital Collaborative to annually submit funding priorities to the department for approval. Provides directives for utilization of funds and qualifications for the program. Directs the department to provide a report on disposition of funds and progress of

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priorities to the Chairmen of House Ways and Means and Senate Finance by December 31 of each year.

33.chhi. (DHHS: Children's Hospital and Healthcare Innovation) From the funds appropriated for South Carolina Children's Hospital and Healthcare Innovation, the department shall establish the South Carolina Children's Hospital and Healthcare Innovation Program. The purpose of the program is to make strategic investments to ensure that children have in-state access to state-of-the-art children's hospitals and pediatric specialty services. The South Carolina Children's Hospital Collaborative, the state children's hospital association, will annually submit for approval by the department funding priorities for infrastructure, working in partnership with the department to additionally identify regional or statewide pediatric specialty service priorities. A minimum of 80% of funds shall be utilized for children's hospital infrastructure priorities, being divided equally between the qualifying children's hospitals unless otherwise agreed upon by the South Carolina Children's Hospital Collaborative. Funds not allocated to children's hospital infrastructure priorities will be utilized for pediatric specialty service priorities agreed upon by the department and the South Carolina Children's Hospital Collaborative. Qualifying children's hospitals must be nonprofit systems providing comprehensive pediatric inpatient and outpatient services, serve as the regional perinatal center for their perinatal region, and serve as training sites for the Medical University of South Carolina or the University of South Carolina medical schools. Annually, and no later than December 31st, the department will provide to the Chairman of the House Ways and Means Committee and the Chairman of the Senate Finance Committee a report on the disposition of the funds and progress made on identified priorities.

33.gme CONFORM TO FUNDING/ADD (DHHS: Graduate Medical Education) **SUBCOMMITTEE RECOMMENDATION:** CONFORM TO FUNDING/ADD new proviso to provide an assessment of supply, demand, and distribution of physicians and medical professionals in SC in order to make policy changes, set standards, and improve access to services. Provides criteria for the assessment. Authorizes the department to increase Medicaid GME state match spending up to an additional \$35 million in order to increase residency training slots and to implement incentives for residents to remain in SC after completion of their residency program.

33.gme. (DHHS: Graduate Medical Education) The Department of Health and Human Services shall perform, or contract to perform, an assessment of current and future supply, demand, and distribution of physicians and other medical professionals in the State. The assessment shall include examination of workforce trends, training programs, and financing policies as they relate to Graduate Medical Education (GME) programs. The department shall use information from this assessment to establish policies or make necessary policy changes to effectively measure GME economic cost benefit, set program standards, and improve access to services throughout the State, particularly in rural areas. From funds appropriated herein or from intergovernmental transfers, the department is authorized to increase Medicaid GME state match spending up to an additional \$35 million dollars provided that such spending is employed to increase residency training slots or to implement incentives that encourage residents to enter specialty training deemed important to the State or to remain in the state following completion of their residency program. In carrying out this provision, the department shall coordinate with residency programs, schools of medicine, and other entities it deems appropriate.

33.pers ADD (DHHS: Personal Emergency Response System) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct the department to develop RFPs to

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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.

33.pers. (DHHS: Personal Emergency Response System) With funds appropriated and authorized to the Department of Health and Human Services for Fiscal Year 2024-25, 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 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 35 - J120 - DEPARTMENT OF MENTAL HEALTH

35.10 AMEND (DMH: Orangeburg Crisis Stabilization Unit Facility) Authorizes the department to use up to \$2,000,000 of its available one-time funds to secure a site in Orangeburg County and prepare it for licensure as a Crisis Stabilization Unit Facility. Directs the department to provide a status report to the Chairmen of the Senate Finance, Senate Medical Affairs, House Ways and Means, and Medical, Military, Public, and Municipal Affairs Committees by January 10, 2024. **SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to update calendar year reference.

35.10. (DMH: Orangeburg Crisis Stabilization Unit Facility) The Department of Mental Health, through its Orangeburg Area Mental Health Center, is authorized to utilize up to two million dollars of its available one-time funds to secure an appropriate site for development, operations, or support of a Crisis Stabilization Unit Facility in Orangeburg County. The department shall provide a report on the status of its efforts to the Chairman of the Senate Finance Committee, the Chairman of the Senate Medical Affairs Committee, the Chairman of the House Ways and Means Committee, and the Chairman of the Medical, Military, Public, and Municipal Affairs Committee by January 10, ~~2024~~ 2025.

35.11 AMEND (DMH: 988 Call Centers) In the current fiscal year, from the funds appropriated in this act for 988 Call Centers, the department is authorized to provide grants to call centers under a current network agreement with the 988 Suicide and Crisis Lifeline in this State. Call centers qualifying for the grants shall utilize the funds for the costs associated with answering calls, chats, or texts to the 988 line. Grants may be made available for up to one year. By the end of each month, grant recipients shall provide a report on their expenditures of the granted funds to the department. The department shall provide a report on the use of funds to the Chairman of the

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Senate Finance Committee and the Chairman of the House Ways and Means Committee by June 30, 2024. Unexpended funds may be carried forward from the prior fiscal year into the current fiscal year to be expended for the same purposes by the department.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to change “2024” to “the current fiscal year.”

35.11. (DMH: 988 Call Centers) In the current fiscal year, from the funds appropriated in this act for 988 Call Centers, the department is authorized to provide grants to call centers under a current network agreement with the 988 Suicide and Crisis Lifeline in this State. Call centers qualifying for the grants shall utilize the funds for the costs associated with answering calls, chats, or texts to the 988 line. Grants may be made available for up to one year. By the end of each month, grant recipients shall provide a report on their expenditures of the granted funds to the department. The department shall provide a report on the use of funds to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee by June 30, ~~2024~~ *of the current fiscal year*. Unexpended funds may be carried forward from the prior fiscal year into the current fiscal year to be expended for the same purposes by the department.

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

37.5 **AMEND** (DAODAS: South Carolina Center of Excellence in Addiction) Directs that Clemson University, the University of South Carolina, the Medical University of South Carolina, DAODAS, and DHEC will collaborate to prevent and address opioid use and other substance use disorders through the SC Center of Excellence in Addiction.

SUBCOMMITTEE RECOMMENDATION: AMEND to change reference from DHEC to the Department of Public Health.

37.5. (DAODAS: South Carolina Center of Excellence in Addiction) Through the South Carolina Center of Excellence in Addiction, Clemson University, the University of South Carolina, the Medical University of South Carolina, DAODAS, and ~~DHEC~~ *Department of Public Health* will collaborate on research, training, program implementation, and service delivery for preventing and addressing opioid use disorder and other substance use disorders. The Center will offer statewide support for evidence-based practices and strategies to address the opioid crisis.

SECTION 38 - L040 - DEPARTMENT OF SOCIAL SERVICES

38.14 **CONFORM TO FUNDING/AMEND** (DSS: Family Foster Care Payments) Establishes the amount of monthly foster care payments for children under the department’s sponsorship and under kinship care.

SUBCOMMITTEE RECOMMENDATION: CONFORM TO FUNDING/AMEND proviso to update foster care payments. Requested by the DSS.

38.14. (DSS: Family Foster Care Payments) (A) The Department of Social Services shall furnish as Family Foster Care payments for individual foster children under their sponsorship and under kinship care, *as follows*:

- (1) ages 0 - 5 \$644 ~~\$670~~ per month
- (2) ages 6 - 12 \$752 ~~\$783~~ per month
- (3) ages 13+ \$794 ~~\$827~~ per month

(B) These specified amounts are for the basic needs of the foster children to include kinship care assistance. Basic needs within this proviso are identified as food (at home and away),

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clothing, housing, transportation, education, and other costs as defined in the U.S. Department of Agriculture study of “Annual Cost of Raising a Child to Age Eighteen”. Further, each agency shall identify and justify, as another line item, all material and/or services, in excess of those basic needs listed above, which were a direct result of a professional agency evaluation of clientele need. Legitimate medical care in excess of Medicaid reimbursement or such care not recognized by Medicaid may be considered as special needs if approved by the sponsoring/responsible agency and shall be reimbursed by the sponsoring agency in the same manner of reimbursing other special needs of foster children.

- 38.23** **AMEND** (DSS: 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. Requested by DSS.

38.23. (DSS: Internal Child Fatality Review Committees) For Fiscal Year ~~2023-24~~ 2024-25, the Department of Social Services shall continue the work of the 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.

- 38.25** **DELETE** (DSS: Federally Certified Child Support Enforcement System Project) Authorizes DSS to adopt the system and operating procedures of the Delaware Transfer System in order to expedite completion and certification of the Automated Child Support Enforcement System. Directs that if the Delaware system deviates from or is not compatible with South Carolina’s practice, the department is authorized to determine the best practice to comply with federal regulations. Direct DSS to work with Clerks of Courts to identify “and prepare for” changes involved in the implementation of the Transfer System. Require Clerks of Court to use the federally certifiable child support system and the state disbursement unit developed by the department to perform required child support functions. **SUBCOMMITTEE RECOMMENDATION:** DELETE proviso. Requested by DSS.

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~~38.25. (DSS: Federally Certified Child Support Enforcement System Project) In order to expedite the completion and certification of the Automated Child Support Enforcement System required by the Social Security Act (42 U.S.C. Section 654a), the Department of Social Services is authorized to adopt, to the fullest extent possible, the system and operating procedures of the Delaware Transfer System. To the extent the Transfer System operating processes deviate from, or are incompatible with, current South Carolina practice, the department is authorized to determine the most effective and efficient practice to comply with federal requirements. The department shall work with Clerks of Court to identify and prepare for the changes involved in the implementation of the Transfer System which may impact their current operating practices with regards to performance of required child support functions. Pursuant to the Social Security Act and S.C. Code Section 63-17-610, Clerks of Court shall utilize the federally certifiable child support system and the state disbursement unit developed by the department to perform required child support functions.~~

SECTION 40 - L060 - DEPARTMENT ON AGING

40.5 AMEND (AGING: Home and Community Based Services) Directs that Home and Community-Based Services state funds be used for services that most directly meet the goal of allowing seniors to live safely and independently at home. Defines allowable services; provide a methodology for allocating these funds to the Area Agencies on Aging; allow the AAAs to spend up to 10% for administrative services and the department to retain 1/4 of 1% to monitor and oversee the program; allows the department to retain up to 3% to be allocated for cases of a recognized emergency and/or natural disaster recognized by the Governor and directs that if the funds are not allocated they are to be treated as carry forward funds and reallocated to the AAA's; requires each AAA to submit a budget to the Department on Aging's for approval that indicates the services to be provided; authorizes these funds to be carried forward and used for the same purpose; and prohibits the funds from being transferred and used for any other purpose.
SUBCOMMITTEE RECOMMENDATION: AMEND proviso to add programs to promote social connection to allowable services.

40.5. (AGING: Home and Community-Based Services) State funds appropriated for Home and Community-Based Services shall be used to fund those services that most directly meet the goal of allowing seniors to live safely and independently at home. Allowable services as defined in the Department on Aging's State Plan include: programs to promote social connection, group dining, home delivered meals, transportation to group dining sites, transportation for essential trips, personal care, homemaker, Home Chore, Home Modification, Legal Assistance, and Assessments. Area Agencies on Aging (AAAs) may expend no more than ten percent for administrative services and one-quarter of one percent shall be retained by the Department on Aging to provide monitoring and oversight of the program. However, up to three percent of the annual state appropriation for Home and Community-Based Services may be retained at the Department on Aging to be allocated by the department to the affected regions in cases of an emergency and/or natural disaster recognized by the Governor. If these funds are not utilized in the fiscal year allocated, they are to be treated as carry forward funds and reallocated to the AAAs. The Intrastate Funding Formula shall be used as a guideline for the allocation of state funds appropriated for Home and Community-Based Services. The Department on Aging shall develop and implement a structured methodology to allocate the state Home and Community-Based Services funding. The methodology shall include flexibility to reallocate funds amongst the AAAs, and be composed of, at a minimum, the following factors: a minimum

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base amount, the fiscal year's federally allocated funds, federal and state carry forwards funds, and an appropriate weighted proportion that will achieve the mission of the Department on Aging to provide as many services as possible to the citizens of South Carolina. Each AAA shall submit a budget for approval by the Department on Aging indicating the services to be provided. Any unexpended Home and Community-Base Services funds in this program shall be carried forward by the Department on Aging and used for the same purposes. Funds may not be transferred from the Home and Community-Based special line item for any other purpose.

SECTION 55 – P500 - DEPARTMENT OF ENVIRONMENTAL SERVICES

55.rhmp ADD (DES: Radiological Health Monetary Penalties) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to allow the department to retain \$30,000 in monetary penalties to be utilized for radiological health programs. Requires the funds to be separately accounted for. Requested by DES.

55.rhmp. (DES: Radiological Health Monetary Penalties) The department shall retain up to the first \$30,000 of civil monetary penalties collected each fiscal year and these funds shall be utilized solely to carry out and enforce the provisions of regulations applicable to the radiological health programs in DES. These funds shall be separately accounted for in the department's fiscal records.

55.wrr ADD (DES: Water Recreational Resources Fund Transfer) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to require DNR to transfer \$708,000 from the special water recreational resources fund to DES for the hydrology and aquatics nuisance species program. Requested by DES.

55.wrr. (DES: Water Recreational Resources Fund Transfer) For the current fiscal year, notwithstanding the provisions of Section 12-28-2730(D), the Department of Natural Resources shall transfer the amount of \$708,000 from the special water recreational resources fund to the Department of Environmental Services to fund the hydrology and aquatics nuisance species programs transferred to and devolved upon the Department of Environmental Services pursuant to Act 60 of 2023.

55.hwfc ADD (DES: Hazardous Waste Fund County Account) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct the State Treasurer to release a county's Hazardous Waste Fund County Account upon written request of a majority of the legislative delegation that represents the economically depressed area of the county and direct that the funds be used for infrastructure in the depressed area. Defines "infrastructure" for this purpose.

55.hwfc. (DES: Hazardous Waste Fund County Account) Funds in each county's Hazardous Waste Fund County Account must be released by the State Treasurer, upon the written request of a majority of the county's legislative delegation representing the economically depressed area of the county and shall be used for infrastructure within the economically depressed area of that county. For purposes of this provision the definition of "infrastructure" includes, but is not limited to, improvements for water, sewer, gas, steam, electric energy, communication, and other ancillary services that may be made to a building or land which are considered necessary, suitable, or useful to an eligible project that has a documented impact on economic development.

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55.dcm **ADD** (DES: Data Center Migration) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct the department to use Data Center Migration funds for a variety of shared technology services offered by the DOA, Division of Technology Operations. Allows funds to be carried forward for the same purpose.

55.dcm. (DES: Data Center Migration) Of the funds appropriated to the Department of Environmental Services for Data Center Migration, the department must utilize the Department of Administration, Division of Technology Operations for shared services, including but not limited to, mainframe services, application hosting, servers, managed servers, storage, network services and disaster recovery services. Unexpended funds appropriated for the data center migration may be carried forward from the prior fiscal year and used for the same purpose.

55.aicr **ADD** (DES: Allocation of Indirect Cost and Recovery) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct the department to deposit all indirect cost recoveries for their portion of the SWCAP and to retain excess recoveries to support administrative costs. Requested by DES.

55.aicr. (DES: Allocation of Indirect Cost and Recovery) The department shall continue to deposit in the general fund all indirect cost recoveries for the department's portion of the Statewide Central Services Cost Allocation Plan (SWCAP). The department shall retain recoveries in excess of the SWCAP amount to support the remaining administrative costs of the agency.

55.ga **ADD** (DES: Grant Authority) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to authorize the department to make grants to nonprofit organizations and governmental entities for environmental programs. Directs the department to develop policies and procedures and promulgate regulations.

55.ga. (DES: Grant Authority) The department is authorized to make grants to nonprofit organizations and governmental entities to further the objectives of its environmental programs. The department shall develop policies and procedures and may promulgate regulations to assure compliance with state and federal requirements associated with the funds used for the grants and to assure fairness and accountability in the award and administration of these grants. The department shall be guided by the definitions of "grant" and "procurement" in the South Carolina Procurement Code and the principles of the Federal Grant and Cooperative Agreement Act, 33 U.S.C. 6301-6308, in determining whether an expenditure of funds will be in the form of a grant or a procurement.

55.rcf **ADD** (DES: Revenue Carry Forward Authorization) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to authorize the department to collect, expend, and carry forward revenues from the sale of goods and other products, and certain revenues. Allows unexpended funds to be carried forward and be used for the same purpose.

55.rcf. (DES: Revenue Carry Forward Authorization) The Department of Environmental Services is hereby authorized to collect, expend, and carry forward revenues in the following programs: Sale of Goods (confiscated goods, arm patches, sale of minerals, etc.), sale of publications, brochures, Spoil Easement Areas revenue, performance bond forfeiture revenue for restoring damaged critical areas, beach renourishment appropriations, photo copies and certificate forms including, but not limited to, sale of listings and labels, sale of State Code and Supplements, sale of films and slides, sale of maps, sale of items to be recycled including, but not

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limited to, used motor oil and batteries, sale and/or licensing of software products developed and owned by the department, and collection of registration fees for non-DES employees. Any unexpended balance carried forward must be used for the same purpose.

55.dsef **ADD** (DES: Dam Safety Emergency Fund) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to direct the department to establish the Dam Safety Emergency Fund. Directs the department to deposit up to \$250,000 at the beginning of fiscal year to be used for emergency actions and protection of life and property. Directs that funds be carried forward and used for the same purpose.

55.dsef. (DES: Dam Safety Emergency Fund) The Dam Safety Emergency Fund shall be utilized for emergency actions to protect life or property under Section 49 11 190(D). The Department shall deposit up to \$250,000 of appropriated funds into the fund at the beginning of each fiscal year. Fund balances shall be carried forward from each prior fiscal year into the current fiscal year and used for the same purpose. Expenses recovered from dam owners under Section 49 11 190(D) shall be deposited into the fund.

55.irb **ADD** (DES: Innovative Reusable Byproduct Pilot Program) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to create the Innovative Reusable Byproduct Pilot Program from funds appropriated to the department. Provides the purposes of the program and application process. Directs the department to submit a program report to the General Assembly by June 30, 2025.

55.irb. (DES: Innovative Reusable Byproduct Pilot Program) (A) Of the funds appropriated to the Department of Environmental Service, the department shall create the Innovative Reusable Byproduct Pilot Program. The purpose of the program is to determine whether innovations in manufacturing, food production, timber, and other similar industries regulated by the department can provide new opportunities to use byproduct which would otherwise require management as solid waste. The program shall not apply to: (1) hazardous waste; (2) infectious waste; (3) radioactive waste; or (4) refuse as defined and regulated pursuant to the South Carolina Mining Act.

(B) Interested parties may apply to be considered for participation in the pilot program, but no more than five applicants can be selected for participation at any one time. The terms and conditions for participation by the projects selected by the department shall be set forth in a written agreement which shall provide, at a minimum, that a selected project must cease to operate if it is having a significant adverse impact on the environment.

(C) The department shall submit a report on the program to the General Assembly no later than June 30, 2025. This report shall include any legislative recommendations to provide for the use of reusable byproducts.

SECTION 117 - X900 - GENERAL PROVISIONS

117.10 **AMEND** (GP: Federal Funds - DHEC, DSS, DHHS - Disallowances) Authorizes DHEC, DSS and DHHS to expend appropriations to cover prior fiscal years program operations where adjustments are necessary under federal regulations or audit exceptions. Require all federal disallowances or notices of disallowances be submitted to the State Auditor and the Senate Finance and House Ways and Means Committees within five days of receiving such actions. **SUBCOMMITTEE RECOMMENDATION:** Amend proviso to change reference from DHEC to the Department of Public Health and the Department of Environmental Services.

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117.10. (GP: Federal Funds – ~~DHEC~~ *DPH, DES*, DSS, DHHS - Disallowances) Amounts appropriated to the Department of *Public Health and Environmental Control, Department of Environmental Services*, Department of Social Services, and Department of Health and Human Services may be expended to cover program operations of prior fiscal years where adjustment of such prior years are necessary under federal regulations or audit exceptions. All disallowances or notices of disallowances by any federal agency of any costs claimed by these agencies shall be submitted to the State Auditor, the Senate Finance Committee and the House Ways and Means Committee, within five days of receipt of such actions.

- 117.24 AMEND** (GP: TEFRA-Tax Equity and Fiscal Responsibility Act) States the intent of the General Assembly that the State Medicaid Plan be amended to provide benefits for disabled children as allowed by the Tax Equity and Fiscal Responsibility Act (TEFRA) option. Directs state agencies, including but not limited to, the DSS-Continuum of Care, DHEC, DMH, DDSN, and DHHS to collectively review and identify existing state appropriations within their respective budgets that can be used as state match to serve these children. Directs that such funds be used effective 1/1/95 to implement TEFRA option benefits. Prohibits agencies from spending less in the current fiscal year than they spent in prior fiscal year to provide these services.
SUBCOMMITTEE RECOMMENDATION: Amend proviso to change reference from DHEC to the Department of Public Health.

117.24. (GP: TEFRA-Tax Equity and Fiscal Responsibility Act) It is the intent of the General Assembly that the State Medicaid Plan be amended to provide benefits for disabled children as allowed by the Tax Equity and Fiscal Responsibility Act (TEFRA) option. State agencies, including but not limited to, the Department of Social Services - the Continuum of Care, the Department of *Public Health and Environmental Control*, the Department of Mental Health, the Department of Disabilities and Special Needs, and the Department of Health and Human Services shall collectively review and identify existing state appropriations within their respective budgets that can be used as state match to serve these children. Such funds shall be used effective January 1, 1995 to implement TEFRA option benefits. Agencies providing services under the provisions of this paragraph must not spend less in the current fiscal year than expended in the previous fiscal year.

- 117.51 CONFORM TO FUNDING/AMEND** (GP: ISCEDC Funding Transfer) Directs DMH, DDSN, and DJJ to transfer a total of \$1,199,456 by September 30th to DSS to support the Interagency System for Caring for Emotionally Disturbed Children as follows: DMH - \$595,000, DDSN - \$379,456, and DJJ - \$225,000.
SUBCOMMITTEE RECOMMENDATION: CONFORM TO FUNDING/AMEND proviso to update the transfer amount for DSS and delete the funding transfer for the Department of Mental Health.

117.51. (GP: ISCEDC Funding Transfer) The departments of Mental Health, Disabilities and Special Needs, and Juvenile Justice are directed to transfer a total of ~~\$1,199,456~~ *\$604,456* in funds to the Department of Social Services for the support of the Interagency System for Caring for Emotionally Disturbed Children. Funding transfers shall be in the following amounts: ~~Department of Mental Health - \$595,000~~, Department of Disabilities and Special Needs - \$379,456; and Department of Juvenile Justice - \$225,000. The transfer of funds shall be accomplished by September thirtieth of the current fiscal year.

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117.73 AMEND (GP: Information Technology for Health Care) Directs DHHS to use funds appropriated and authorized to them to advance the use of health information technology and health information exchange by creating the capability of moving clinical information among different health care information systems. Directs the department to enter into agreements to facilitate the exchange of information and provides examples. Requires the department to incorporate measures to ensure patient data is safeguarded and in compliance with state and federal laws. Directs HHS to work with DHEC and any other stakeholders deemed appropriate. **SUBCOMMITTEE RECOMMENDATION:** Amend proviso to change reference from DHEC to the Department of Public Health.

117.73. (GP: Information Technology for Health Care) From the funds appropriated and authorized to the Department of Health and Human Services, the department shall advance the use of health information technology and health information exchange to improve quality and efficiency of health care by creating the capability of moving clinical information among different health care information systems.

The department shall procure, contract, and/or otherwise enter into agreements that it deems to be in furtherance of the recommendations of the Health Information Exchange Strategy Development Committee established pursuant to Act 94 of 2021 or other initiative it deems appropriate to facilitate the useful exchange of health information. Such initiatives may include allowing health care providers to appropriately access and securely share patient medical information, collecting statewide data on critical assets and workforce capacities, and implementing a Medicaid encounter notification system. Any systems should focus on providing connectivity to health care providers while minimizing administrative burden and allowing health care providers to maintain existing electronic health systems. The department shall incorporate measures to ensure that the confidentiality, integrity, and availability of patient data is always safeguarded and protected in accordance with state and federal laws. The department shall coordinate its efforts with the Department of Public Health and Environmental Control and other stakeholders the department deems appropriate.

117.101 AMEND (GP: Continuation of Teen Pregnancy Prevention Project Accountability) Specifies that qualifying organizations that apply for Continuing Teen Pregnancy Prevention funds must provide in their application a proposed annual budget and an agreement to provide quarterly reports to the grantor state agency that details expenditure of funds and specific project accomplishments. Requires the quarterly reports be submitted within 15 days of the end of each quarter and direct that failure to submit the reports within 30 days of the end of each quarter will result in termination of the grant. Allows unexpended funds to be carried forward and used for the same purpose. **SUBCOMMITTEE RECOMMENDATION:** AMEND proviso to add carry forward authority to the Department of Education relating to their Continuation of Teen Pregnancy Prevention projects. Delete reference to DHEC and change to the Department of Public Health.

117.101.(GP: Continuation of Teen Pregnancy Prevention Project Accountability) (A) Qualifying organizations applying for General Funds provided as a special item in this act and titled Continuation of Teen Pregnancy Prevention must include in its application a proposed annual budget and agreement to provide quarterly reports to the grantor state agency detailing the expenditure of funds and the project's accomplishments which shall include:

(1) Financial:

(a) personnel costs, including employer contributions, by position for each of the following areas: administration, training, and education, as well as for other positions as identified;

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- (b) operational costs identified in the application; and
- (c) one-time costs over \$500 for such items as supplies.

Administration costs may not exceed ten percent of the total project budget. For purposes of this provision, “administration” is defined as expenses other than educational.

- (2) Description of program and curriculum to be used;
- (3) Description of training;
- (4) Schedule and brief description of project activities for each quarter;
- (5) Participation reports on the following:
 - (a) number of persons who participated;
 - (b) total number of hours provided;
 - (c) number of train the trainer events; and
 - (d) other data regarding the activities of the project;
- (6) Description of the project evaluation to be used;
- (7) Copy of latest completed independent financial audit and agency’s response to any audit exceptions;
- (8) Qualifications of project personnel;
- (9) Best Practices to be used; and
- (10) Evidence Based Curriculum.

(B) An organization awarded a grant must provide these quarterly reports to the grantor state agency within fifteen days of the end of each quarter. Grantees failing to submit reports with thirty days of the end of each quarter shall have their grant terminated.

(C) Unexpended funds for Continuation of Teen Pregnancy Prevention projects under the Department of Social Services, the Department of Education, or under the Department of Public Health and Environmental Control shall be carried forward for the purpose of fulfilling the department’s contractual agreement.

117.104 AMEND (GP: Child Fatality Review) Directs DSS, SLED, DHEC, and the State Child Fatality Advisory Committee to implement recommendations contained in the LAC’s October 2014 “A Review of Child Welfare Services at the Department of Social Service” report. Requires specific agencies to report various statistics, make recommendations to revise DSS policies and practices, establish a cross check system, and review training provided to coroners. Directs the advisory committee to evaluate the feasibility of adopting the Child Death Review Case Reporting System developed by the National Center for the Review and Prevention of Child Deaths and submit their findings to the General Assembly by December 1, 2016.

SUBCOMMITTEE RECOMMENDATION: Amend proviso to change DHEC references to the Department of Public Health.

117.104.(GP: Child Fatality Review) (A) The agencies specified shall implement the following recommendations contained in the Legislative Audit Council’s October 2014 report “A Review of Child Welfare Services at the Department of Social Services”:

(1) Annually, the Department of Social Services and the State Child Fatality Advisory Committee shall jointly report statistics on child deaths from maltreatment and the number of those with prior Department of Social Services involvement.

(2) The Department of Social Services and the State Child Fatality Advisory Committee shall use their child fatality review findings to make recommendations to revise Department of Social Services policy or practice where appropriate.

(3) The Department of Social Services shall ensure that it includes child fatality statistics from all relevant sources when reporting to the National Child Abuse and Neglect Data System. These sources shall include, but not be limited to, law enforcement agencies and the Department of Public Health and Environmental Control.

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(4) The State Law Enforcement Division and the Department of Public Health and Environmental Control shall establish a system for cross checking child fatalities in the state to ensure that all fatalities are being properly reported to the State Law Enforcement Division.

(5) The State Law Enforcement Division and the State Child Fatality Advisory Committee shall review the training provided to coroners on the reporting of child fatalities to ensure that information is provided on which fatalities are to be reported and what procedure is to be followed for reporting the fatalities.

(6) The Department of Public Safety shall report statistics on all child fatalities to the State Child Fatality Advisory Committee.

(7) The State Child Fatality Advisory Committee shall evaluate the feasibility of adopting the Child Death Review Case Reporting System developed by the National Center for the Review and Prevention of Child Deaths and shall submit a report on their findings to the General Assembly by December 1, 2016.

(B) Pursuant to Section 63-11-1930(E) ~~of the 1976 Code~~, the director of each agency specified in this provision shall ensure that sufficient staff and administrative support is provided to the State Child Fatality Advisory Committee to accomplish the requirements of this provision.

117.117 AMEND (GP: Opioid Abuse Prevention and Treatment Plan) Directs DAODAS and DHHS to establish a coalition of state agencies, providers, and other related entities to coordinate opioid abuse prevention and treatment services throughout the state.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to delete reference to DHEC and change to the Department of Public Health.

117.117.(GP: Opioid Abuse Prevention and Treatment Plan) (A) 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)~~(B) 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 Public 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 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)~~(C) 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.

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~~(C)~~(D) 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 program for MAT services for prescription opioid dependency and addiction established by Act 97 of 2017 and expanded by Act 264 of 2018. Based on the success rate and ability to continue expansion of this model, 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)~~(E) The Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services shall assist the Department of Public 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)~~(F) 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)~~(G) 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.

117.124 AMEND (GP: 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 2024 legislative session, to provide the General Assembly with a written summary of actions taken and material findings, if any, resulting from these activities.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update calendar year reference.

117.124.(GP: Medical Marijuana Research) (A) 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, cannabinal, 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,

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and vomiting induced by chemotherapy, glaucoma, obesity, multiple sclerosis, drug abuse, inflammation, and autoimmune disorders, including encephalomyelitis.

(B) 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 ~~2024~~ 2025 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.

- 117.129 AMEND** (GP: New Savannah Bluff Lock and Dam) Prohibits DHEC from using appropriated funds to process and approve any license, permit, authorization, or certification related to the New Savannah Bluff Lock and Dam that is not consistent with the State’s policy and General Assembly’s intent to maintain the existing water quality and navigability conditions of that portion of the Savannah River.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to change reference from DHEC to the Department of Environmental Services.

117.129.(GP: New Savannah Bluff Lock and Dam) The Department of ~~Health and Environmental Control~~ Environmental Services is prohibited from using any appropriated funds to process and approve any license, permit, authorization, or certification related to the New Savannah Bluff Lock and Dam inconsistent with the State’s policy and the General Assembly’s intent of maintaining the existing water quality and navigability conditions of that portion of the Savannah River in and around the New Savannah Bluff Lock and Dam. Consistency may occur by including conditions on any proposed project for the maintenance of the New Savannah Bluff Lock and Dam pool at elevation 114.5 NAVD88 for the preservation of adequate and sufficient water quality, navigation, water supply, and recreational activities.

- 117.131 AMEND** (GP: Offshore Oil) Prohibits funds appropriated or authorized to DHEC or to local government entities to be expended to approve a plan, permit, license application or other authorization for: (1) the transportation of unrefined or unprocessed oil or gas into the state’s territorial waters or onto its lands, from offshore oil and gas production platforms and related infrastructure in the Atlantic Ocean; (2) for exploration, development, or production of unrefined or unprocessed oil or gas from within the state’s territorial waters; and (3) for exploration, development, or production of unrefined or unprocessed oil or gas in the Atlantic Ocean. Provides definitions for development, exploration, production and territorial waters of SC.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to change reference from DHEC to the Department of Environmental Services.

117.131.(GP: Offshore Oil) (A) For the current fiscal year, no funds appropriated or authorized to the Department of ~~Health and Environmental Control~~ Environmental Services, or to local governmental entities, including but not limited to counties, municipalities and special purpose districts, may be expended to approve a plan, permit, license application or other authorization for:

(1) the construction or use of infrastructure for which the principal purpose is to facilitate the transportation of unrefined or unprocessed oil or gas into the territorial waters of South Carolina, or onto the lands of South Carolina, from offshore oil and gas production platforms and related infrastructure in the Atlantic Ocean;

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(2) activities for which the principal purpose is the exploration, development, or production of unrefined or unprocessed oil or gas from within the territorial waters of South Carolina; or

(3) activities for which the principal purpose is the exploration, development, or production of unrefined or unprocessed oil or gas in the Atlantic Ocean.

(B) For purposes of this proviso:

(1) “Development” means the design, planning, permitting, licensing, authorization or construction of infrastructure for which the principal purpose is the production of oil or gas.

(2) “Exploration” means any activity for which the principal purpose is to define, characterize, test for or evaluate oil or gas resources for possible commercial development or production.

(3) “Production” means any activity for which the principal purpose is to engage in, monitor, or conduct operations or maintenance related to the active extraction of unrefined or unprocessed oil or gas.

(4) “Territorial waters of South Carolina” means waters located within the state of South Carolina and waters of the Atlantic Ocean extending out to three nautical miles from the mean low-water mark of South Carolina’s naturally occurring coastline.

117.144 AMEND (GP: Behavioral Health Capacity) Directs DHHS to coordinate with DMH, DHEC, DAODAS, and other relevant agencies to examine effectiveness in the existing statewide system for the delivery of Medicaid and non-Medicaid behavioral health services. Directs DHHS with the support of DMH to assess gaps in coverage of psychiatric care, crisis stabilization, and other behavioral health services. Directs DHHS, upon the assessment, to establish coverage and reimbursement policies to address deficiencies and improve behavioral health services. Provides for the strategies and policies that may be piloted to improve behavioral health services. Requires the Data Oversight Council, DHEC, and any other state agency to provide information on behavioral health service to DHHS if requested. Directs the Data Oversight Council to established data collection procedures. Direct the DHHS director, with support from other state health agency directors, to assess opportunities to improve substance use disorder or serious mental illness treatments. Directs DHHS, DJJ, and DMH to ensure access to “no eject, no reject” services is restored to children and adolescents who require this specific care. Directs DMH to examine ways to convert state-funded indigent care to a sustainable reimbursement model improving access to behavioral health treatment while reducing their reliance on state funds, and to provide a report on the results of this examination. Directs DMH to also contract for an independent review of its revenue cycle and ensure its compliance with hospital price transparency rules. Requires DHHS, with support of SDE and DMH, to improve access to and the quality of school-based behavioral health services and identify the disparities and availability of the care and provides for the requirements of this effort. Authorizes DHHS to establish and fund various pilot projects or initiatives intended to develop the health care workforce and provides for the requirements of this effort. Directs DHHS to consult with DMH to assess the feasibility and potentially establish a statewide system for near-real time tracking of in-patient psychiatric hospital beds and crisis stabilization beds and provides for the requirements of such system. Authorizes DHHS to enter contracts and agreements, offer grants, and otherwise expend funds, establish demonstration projects, develop policies and procedures to assure accountability in the expenditure of these funds, and apply for federal matching when available. Requires DHHS to report annually to the Senate Finance Committee and House Ways and Means Committee on the expenditures made under this provision. Allows funds appropriated for Behavioral Health Capacity to be retained by DHHS and carried forward to be expended for any purpose in this provision.

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SUBCOMMITTEE RECOMMENDATION: AMEND proviso to change references from DHEC to the Department of Public Health.

117.144. (GP: Behavioral Health Capacity) (A) The Department of Health and Human Services, in coordination with the Department of Mental Health, the Department of Public Health and Environmental Control, the Department of Alcohol and Other Drug Abuse Services, and all other relevant agencies shall examine and analyze the existing statewide system for the delivery of Medicaid and non-Medicaid behavioral health services to assess the system's effectiveness in:

- (1) providing a range and supply of treatment options and settings that are appropriate to meet the varying needs of individual patients;
- (2) being responsive to changes in federal law, regulation, or policy that improve access to care and/or associated reimbursement, particularly where related to the treatment of patients in Institutions for Mental Disease (IMDs);
- (3) being economical in its approach, so as to obtain the greatest value possible for each state taxpayer dollar; and
- (4) ensuring that the statewide system for the delivery of behavioral health services complies with the requirements of Section 44-9-90(7) ~~of the 1976 Code~~.

(B) With the support of the Department of Mental Health, the Department of Health and Human Services shall undertake an effort to assess existing gaps in coverage for or the supply of inpatient psychiatric care, crisis stabilization, and other inpatient or outpatient behavioral health services. Based upon this assessment, the Department of Health and Human Services shall establish, or with the full cooperation of any other requested state agency, request the establishment of coverage and reimbursement policies that it deems necessary to address existing deficiencies and bring about a more comprehensive and effective continuum of behavioral health care in South Carolina. Priorities for this effort may be piloted on a regional basis and shall include, but not be limited to:

- (1) increasing the number of beds available to provide inpatient psychiatric care, with emphasis on communities with the greatest current need, and using the appropriate combination of new construction, augmentation or reconfiguration of existing facilities, or contracting with psychiatric or acute care hospitals to obtain short-term capacity;
- (2) establishing crisis stabilization beds and services to provide needed short-term medication, counseling, and other support in previously unserved areas of the State, working toward the goal of having such services available within a 90-minute drive of each South Carolinian, and with coverage and reimbursement being funded through Medicaid for its beneficiaries or through the Department of Mental Health for indigent care, regardless of the provider of these services;
- (3) formalizing and expanding the coverage of claims-based mobile crisis stabilization services that offer rapid and intensive interventions intended to stabilize individuals at the sites of behavioral health crises;
- (4) developing one or more regional dedicated psychiatric emergency departments, operating twenty-four hours per day, seven days per week to effectively evaluate and triage patients experiencing acute behavioral health emergencies;
- (5) developing effective referral and discharge strategies and engaging with existing community providers to ensure that sufficient outpatient services, case management services, and standards of care are in place;
- (6) leveraging and building upon existing telehealth capacity to support and extend outpatient services; and
- (7) promoting the development of in-state treatment options for specific behavioral health conditions for which patients are routinely placed out-of-state due to an insufficiency of treatment options or settings in South Carolina.

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(C) The Executive Director of the Public Employee Benefit Authority shall be encouraged to consult with the Director of the Department of Health and Human Services to make appropriate coverage and reimbursement policy changes to ensure proper access to behavioral health services for covered beneficiaries.

(D) The Data Oversight Council, established pursuant to Section 44-6-170 of the 1976 Code, shall undertake whatever rulemaking is necessary to ensure that the data on the utilization of crisis stabilization units are collected in a manner generally consistent with the requirements for general acute care hospitals and specialized hospitals, so that the effectiveness of these services may be properly evaluated. The Data Oversight Council, Department of Public Health and Environmental Control, and any other state agency shall, upon the request of and in the format specified by the Department of Health and Human Services, furnish information on behavioral health service demand, utilization, or financing needed to facilitate the implementation of this provision.

(E) With the support of the Director of the Department of Mental Health, the Director of the Department of Alcohol and Other Drug Abuse Services, and any other identified agency head, the Director of the Department of Health and Human Services shall evaluate opportunities to improve and/or coordinate treatment capacity for individuals diagnosed with substance use disorder and/or serious mental illness including, but not limited to, options established pursuant to Sections 1115, 1915(l), and/or 1947 of the Social Security Act or made available to states by the Centers for Medicare and Medicaid Services through State Medicaid Director Letters 17-003, 18-011, or 19-0003.

(F) In consultation with the Department of Juvenile Justice and the Department of Mental Health, the Department of Health and Human Services shall ensure that access to “no eject, no reject” services is restored for children and adolescents requiring care in a private residential treatment facility.

(G) To ensure that individuals requiring behavioral health services are protected from unexpected or excessive billings, the Department of Mental Health shall examine ways to convert state-funded or DSH-funded indigent care to a sustainable reimbursement model that improves access to behavioral health treatment while potentially reducing uncompensated care levels and the department’s reliance on state funds. In the current fiscal year, the department shall report to the Chairmen of the Senate Finance Committee and the House Ways and Means Committee on the results of this examination and the actions taken to address any findings. The department also shall:

(1) contract for an exhaustive independent review of its entire revenue cycle, to eliminate inefficiencies and improve business processes, ensure that bills are produced on a timely and accurate basis, and assess and maximize the proportion of the time during which the department’s clinicians and providers are rendering chargeable treatment services to the State’s citizens; and

(2) ensure its immediate and ongoing compliance with the hospital price transparency rules established at 45 C.F.R. Part 180, and also meet its obligation to provide certain patients with good faith estimates as required by the No Surprises Act, P.L. 116-260, and subsequent regulation.

(H) With the support and participation of the Department of Education and the Department of Mental Health, and with the intent of assuring access to behavioral health services to every student in the State through either a public or private provider, the Department of Health and Human Services must lead a comprehensive effort to improve access to and the quality of school-based behavioral health services in South Carolina, while identifying and taking steps to address community-level disparities in the availability of this care. This effort shall include, but not be limited to:

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(1) the performance of a comprehensive review of Medicaid and non-Medicaid school-based behavioral health services in South Carolina, including an assessment of the availability of such services and the identification of any barriers to access, such as coverage and reimbursement rules, billing practices, other insurer policies, state agency, school district rules or procedures, or provider shortages;

(2) a revisitation of existing coverage policies for medically necessary services provided to children, including those with or without a disability determination, and whether those services are or are not required by a child's individualized education plan or individualized family services plan, whether they do or do not arise from a referral under the Early and Periodic Screening, Diagnostic, and Treatment program, and in the context of State Medicaid Director Letter 14-006;

(3) the rescission of any Medicaid or PEBA policies that deny coverage, solely on the basis that those services are being provided within a school or through a telehealth encounter that originates in a school, of medically necessary outpatient services that have been furnished to eligible children by enrolled and qualified providers;

(4) the issuance of any new Medicaid policies needed to durably enshrine any appropriate telehealth coverage that had been authorized on a temporary basis during the public health emergency;

(5) a review of statewide and school district-level policies and practices relating to suicide risk referral protocols and behavioral health training for student-facing personnel in schools; and

(6) reporting to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee on any other relevant potential policy changes that the Director of the Department of Health and Human Services believes would advance the intent of this provision, but which would have a fiscal impact that is sufficiently substantial to require the General Assembly's direct consideration in the future.

(I) The Department of Health and Human Services is authorized to establish programs and/or fund in whole or in part, including through the potential use of CHIP Health Services Initiatives, various pilot projects or other initiatives that are intended to develop the health care workforce in South Carolina. Such efforts must be targeted toward current or future providers who demonstrate, by whatever means is selected by the department, commitments to remaining in-state and including Medicaid beneficiaries among their patients. The development of the behavioral health workforce shall be prioritized, although the department may also address other provider classes, such as respiratory therapists, for which shortages have been highlighted and/or exacerbated by the public health emergency. Further consideration also should be given to attracting additional qualified preceptors and increasing opportunities for clinical rotations. The department may partner with or enlist the support of the Technical College System, Area Health Education Centers, and/or Student Loan Corporation in designing or administering these programs and, where appropriate, is encouraged to structure them as public-private partnerships in conjunction with the state's hospital and health systems and other key employers of health providers.

(J) If either the Director of the Department of Mental Health or the Director of the Department of Health and Human Services finds that state personnel and/or procurement rules are limiting his ability to fulfill the intent of this provision, he shall notify the State Fiscal Accountability Authority of this in writing and request whatever exemptions are necessary to ensure that clinical staff may be recruited, retained, and/or contracted for so as to provide greater access to behavioral health treatment.

(K) In consultation with the Department of Mental Health, the Department of Health and Human Services shall assess the feasibility of, and if warranted, take steps to establish or obtain through grant, contract, subscription, or other procurement, a statewide system for the near-real

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time tracking of in-patient psychiatric hospital beds and crisis stabilization beds. This system should be generally designed to draw data from providers' existing electronic medical record systems and make summary-level data available to authorized users within state agencies, participating provider organizations, and any others to be specified by the Department of Health and Human Services, for the purposes of managing critical resources and ensuring that patients may be promptly treated in the most effective and clinically appropriate setting. To protect patient privacy and ensure HIPAA compliance, the system may only collect information on the types, counts, and availability of beds, or other categorical or aggregated information, as opposed to individually identifying patient details. In partnership with the following named agencies, the Department of Health and Human Services may also explore and pursue the use of such a system:

(1) to meet the emergency preparedness and disaster recovery requirements of the Department of Public Health and Environmental Control and the Emergency Management Division that are currently met by the Bed Availability Report Tracking system; and/or

(2) to augment or replace the capabilities of the Department on Aging's GetCareSC website.

(L) From the funds appropriated to or otherwise made available to it, the Department of Health and Human Services is authorized to procure, enter into contracts and agreements, offer grants, and otherwise expend funds as well as establish demonstration projects in one or more areas of the state to encourage and promote necessary infrastructure and investment to achieve the objectives set out in this provision. The department shall develop policies and procedures as necessary to assure accountability in the expenditure of these funds and apply for federal matching funds when appropriate and available. The department shall report annually to the Senate Finance Committee and the House Ways and Means Committee on all expenditures made under this provision.

(M) Crisis stabilization unit facilities established or funded pursuant to this provision shall be eligible for licensure under Regulation 61-125 without being owned or operated by the Department of Mental Health.

(N) Funds appropriated for Behavioral Health Capacity may be retained by the Department of Health and Human Services and carried forward to be expended for any purpose specified in this provision.

117.146 AMEND (GP: Rare Disease Advisory Council) Establishes the South Carolina Rare Disease Council at MUSC for the purpose of advising the Governor, General Assembly, and other stakeholders on research, diagnosis, treatment, and education on rare diseases as defined by 21 U.S.C. Section 360bb, relating to the designation of drugs for rare diseases or conditions. Provides for composition of the fifteen member council. Directs that the first meeting be convened by October 31 and that public meetings be held at least quarterly. Requires the council conduct specific activities to benefit rare disease patients. Directs that an annual report be provided by June 30 to the Governor and the Chairmen of the Senate Finance, Senate Medical Affairs, House Ways and Means, and House Medical, Military, Public and Municipal Affairs Committees. Directs the department to use up to \$250,000 to contract with MUSC to provide staff support and set up a public website that shall include the annual reports, meeting notices and minutes, and resources.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to delete reference to DHEC and change to the Department of Public Health.

117.146.(GP: Rare Disease Advisory Council) (A) For the current fiscal year, there shall be established the South Carolina Rare Disease Council, to be housed within the Medical University of South Carolina. The council shall advise the Governor, the General Assembly, and other

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stakeholders on research, diagnosis, treatment, and education related to rare diseases as defined by 21 U.S.C. Section 360bb.

(B) The council shall be composed of ~~fifteen~~ sixteen members and shall be appointed as follows:

(1) one member appointed by the Director of the Department of Public Health and Environmental Control; ~~and~~

(2) one member appointed by the Director of the Department of Health and Human Services;

(3) one member from the Medical University of South Carolina as appointed by the President;

(4) one member from the University of South Carolina School of Medicine as appointed by the Dean;

(5) one member appointed by the Executive Director of the South Carolina Hospital Association;

(6) one member appointed by the Executive Director of the South Carolina Primary Healthcare Association;

(7) one member representing the biopharma industry as appointed by the President of the Medical University of South Carolina;

(8) three members with experience in the research and treatment of rare disease, one of whom must specialize in pediatrics, as appointed by the President of the Medical University of South Carolina;

(9) two members who are patients diagnosed with a rare disease as appointed by the President of the Medical University of South Carolina;

(10) one member from a rare disease organization operating in the state as appointed by the President of the Medical University of South Carolina;

(11) one caregiver of a person with a rare disease as appointed by the President of the Medical University of South Carolina; ~~and~~

(12) one member representing the state health plan as appointed by the Executive Director of the State Public Benefit Authority; *and*

(13) the Director of the Greenwood Genetic Center or his designee.

(C) The council shall convene its first meeting by October 31 and hold public meetings at least quarterly throughout the year. The council shall, at a minimum, conduct the following activities to benefit rare disease patients in South Carolina:

(1) solicit comments from stakeholders, including patients and patient caregivers in South Carolina impacted by rare diseases, to assess the needs of rare-disease patients, caregivers, and providers in the State;

(2) consult with experts on rare diseases to develop recommendations to improve patient access to and quality of rare-disease specialists, affordable and comprehensive health care coverage, relevant diagnostics, timely treatment, and other needed services;

(3) research and identify priorities related to treatments and services provided to persons with rare diseases in South Carolina and develop recommendations that include safeguards against discrimination for these populations on such issues, including disaster and public health emergency-related planning;

(4) publish a list of existing, publicly accessible resources on research, diagnosis, treatment, and education relating to the rare diseases in South Carolina;

(5) identify and distribute educational resources to foster recognition and optimize treatment of rare diseases in South Carolina; and

(6) identify best practices to reduce health disparities and achieve health equity in the research, diagnosis, and treatment of rare diseases in South Carolina.

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(D) The council shall provide an annual report no later than June 30 to the Governor, the Chairman of the Senate Finance Committee, the Chairman of the Senate Medical Affairs Committee, the Chairman of the House Ways and Means Committee, and the Chairman of the House Medical, Military, Public and Municipal Affairs Committee. The annual report shall describe the activities and progress of the council and provide recommendations to the Governor and General Assembly on ways to address the needs of people living with rare diseases in the State of South Carolina.

(E) Of the funding appropriated to the Department of Health and Human Services, up to \$250,000 shall be used to contract with MUSC Hospital Authority to provide staff support to the council and maintain a public website that shall include the annual reports, meeting notices and minutes, and the resources developed as part of subsection (C). Members of the council shall serve without compensation or per diem.

117.159 AMEND (GP: Statewide Mobile Health Units) Authorizes the SC Center for Rural and Primary Healthcare to provide coordination and assistance to mobile health units in SC. Provides the actions the center may do in support of increasing access to health care and reducing health inequities in the state. Directs the center to be available to support implementation strategies and provide organization and collaboration.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to change the fiscal year reference to “the current fiscal year” and change the reference from DHEC to Department of Public Health.

117.159.(GP: Statewide Mobile Health Units) For ~~Fiscal Year 2023-24~~ *the current fiscal year*, the South Carolina Center for Rural and Primary Healthcare may provide coordination and requested technical assistance to mobile health units in South Carolina, in order to coordinate statewide delivery of services to increase access to preventative and diagnostic health care, and reduce health inequities for rural, vulnerable, underserved, and displaced populations in South Carolina. To support this goal, the South Carolina Center for Rural and Primary Healthcare shall: 1) be authorized to identify and maintain a directory of currently operating mobile health units, the areas of the state in which they serve, and the scope of services they provide, and the populations served by the mobile health unit; 2) offer technical assistance to these units, and any established in the future, in the form of operational, technical, or logistical guidance and consultation as requested; 3) provide collaborative learning and development opportunities for mobile health units to engage in best practices and increase access to underserved populations or communities; 4) partner with the University of South Carolina Salkehatchie and Denmark Technical College, other public institutions of higher education, state serving healthcare organization and other state serving agencies, including the Department of Health and Human Services and the Department of *Public Health and Environmental Control* to develop coordinating systems, support, training and health education services to meet the workforce needs of mobile health units and the communities that they serve; and also to develop competencies related to providing high impact mobile health services; and 5) initiate analyses and evaluation on the impact of services delivered through mobile health units. The center shall be available to assist and support implementation strategies driven by local, regional, and state data and research and aligned efforts, and may provide organization and collaboration among mobile health units and any units that may begin operating in the future.

117.160 DELETE (GP: Palmetto Autism Study Committee) Directs that the committee be housed in HHS with the department providing administrative services and support. Provides guidelines for and composition of the committee. Directs the committee to provide a report to the Governor

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and the Chairmen of the Senate Finance and House Ways and Means Committees by January 15, 2024.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso.

~~117.160.(GP: Palmetto Autism Study Committee) (A) The Palmetto Autism Study Committee shall be housed in the South Carolina Department of Health and Human Services. The study committee shall address, but is not limited to, the following issues:~~

~~(1) the best ways to ensure the timely evaluation, diagnosis, and treatment of autism for individuals aged eighteen and under and their families;~~

~~(2) the need for and viability of development of statewide autism centers of excellence that engage in the training of practitioners and advanced treatment practices and research related to autism;~~

~~(3) reviewing and evaluating the accessibility to initial autism evaluations and Medicaid eligibility to identify any barriers to diagnosis and enrollment; and~~

~~(4) methods by which financial assistance can be provided to families in order to obtain needed autism services.~~

~~(B) The study committee shall be composed of members appointed as follows:~~

~~(1) two appointees by the Governor, one of which may be a parent of an autistic child;~~

~~(2) three appointees by the Chairman of the House Ways and Means Committee, one of which may be a House member, one of which may be a practitioner, and one of which may be a parent of an autistic child;~~

~~(3) three appointees by the Chairman of the Senate Finance Committee, one of which may be a Senate member, one of which may be a practitioner, and one of which may be a parent of an autistic child;~~

~~(4) the director of the Department of Health and Human Services or his designee; and~~

~~(5) the director of the Department of Disabilities and Special Needs or his designee.~~

~~No member of the study committee shall be entitled to any compensation or reimbursement, and no three members of the study committee shall reside in the same public health region of the State.~~

~~(C) Any administrative services or support for the study committee shall be provided by the Department of Health and Human Services.~~

~~(D) No later than January 15, 2024, the study committee shall provide the Governor, the Chairman of the House Ways and Means Committee, and the Chairman of the Senate Finance Committee with a report on its findings and recommendations on the issues contained in this provision.~~

117.162 AMEND (GP: Licensure of Residential Treatment Facilities) Directs DHEC to collaborate with HHS to determine the number of RTF beds needed for in-state services for SC residents. Directs DHEC to use this determination to issue and renew licenses that specifies the percentage of beds to be staffed and reserved for SC residents.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to change references from DHEC to the Department of Public Health.

117.162.(GP: Licensure of Residential Treatment Facilities) From the funds appropriated in this act, the Department of Public Health and ~~Environmental Control~~ shall collaborate with the Department of Health and Human Services to determine the number of Residential Treatment Facility (RTF) beds needed to ensure availability of in-state services for South Carolina residents. In accordance with this determination, ~~DHEC~~ DPH shall use RTF license application and renewal fees to issue and renew licenses only in a manner that specifies the percentage of beds each RTF must staff and reserve for South Carolina residents.

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117.176 AMEND (GP: Prostate Cancer Study Committee) Creates the Prostate Cancer Study Committee. Provides the initiatives that the study committee shall address and the requirements for the appointed members of the committee. Directs that the chairman of the committee shall be appointed by the President of the Senate and the Speaker of the House. Requires the committee to provide a report to the Governor and the Chairmen of the Senate Finance and House Ways and Means Committees by January 15, 2024 on its findings and recommendations.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to direct the committee to continue to meet and to update the calendar year reference.

117.176.(GP: Prostate Cancer Study Committee) (A) For the current fiscal year, ~~there shall be established the South Carolina Prostate Cancer Study Committee. The study committee shall~~ continue to address, but is not limited to addressing, the following initiatives:

(1) the best methods to ensure timely screening, accurate diagnosis, and treatment of prostate cancer;

(2) the need for and viability of a continuum of care for those diagnosed with and in remission from prostate cancer;

(3) reviewing and evaluating best practices for education and awareness about prostate cancer;

(4) identifying areas in South Carolina with a high incidence of prostate cancer or poor outcomes;

(5) researching the latest and proven methods for screening, diagnosing, and treating prostate cancer; and

(6) reviewing current efforts to promote prostate cancer awareness and screening in South Carolina and how best to improve those efforts.

(B) In addition to two Senators appointed by the President of the South Carolina Senate and two members of the House of Representatives as appointed by the Speaker of the South Carolina House of Representatives, the committee shall consist of:

(1) one Urology or Oncology Specialist from the MUSC School of Medicine;

(2) one Urology or Oncology Specialist from the University of South Carolina School of Medicine;

(3) three Urology or Oncology Specialists who are not affiliated with the MUSC School of Medicine or the University of South Carolina School of Medicine appointed jointly by the President of the Senate and the Speaker of the House of Representatives upon recommendation of the South Carolina Hospital Association;

(4) three Urology or Oncology Specialists who are not affiliated with the MUSC School of Medicine or the University of South Carolina School of Medicine appointed jointly by the President of the Senate and the Speaker of the House of Representatives upon recommendation of the South Carolina Medical Association;

(5) the Director of the Hollings Cancer Center or his designee;

(6) the Director of the South Carolina Office of Rural Health or his designee;

(7) the Director of the South Carolina Center for Rural and Primary Healthcare or his designee;

(8) the Director of Clemson Rural Health or his designee;

(9) the Dean of the Arnold School of Public Health or his designee;

(10) one representative from the American Cancer Society;

(11) one patient advocate, to be appointed by the Chairman of the Senate Finance Committee; and

(12) one patient advocate, to be appointed by the Chairman of the House Ways and Means Committee.

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No member of the study committee shall be entitled to any compensation or reimbursement.

(C) From the membership of the committee, a Chairman shall be appointed jointly by the President of the Senate and the Speaker of the House of Representatives.

(D) Any administrative services or support for the study committee shall be provided by staff of the General Assembly.

(E) No later than January 15, ~~2024~~ 2025, the study committee shall provide the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee with a report on its findings and recommendations on the initiatives contained in this provision.