SECTION 33 - J020 - DEPARTMENT OF HEALTH AND HUMAN SERVICES

- **33.23 AMEND** (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, 2021, 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:** AMEND proviso to update calendar reference to "2022." Requested by the Department of Health and Human Services.
 - **33.23.** (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, 2021 2022 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.
- **33.24 AMEND** (DHHS: Personal Emergency Response System) Directs the department to develop RFPs to provide for Personal Emergency Response Systems (PERS) to be issued to Medicaid recipients based on the department's Medicaid Home and Community-based waiver. Directs that PERS devices must include unlimited 24-7 live phone contact with RNs for triage services. Requires the PERS nurse triage call centers be accredited and separate from PERS emergency response call centers. Requires PERS devices comply with all FCC rules and regulations. Requires the department apply for any necessary waivers.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update fiscal year reference to "2022-23."

- **33.24.** (DHHS: Personal Emergency Response System) With funds appropriated and authorized to the Department of Health and Human Services for Fiscal Year 2021-22 2022-23, 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.
- **33.27 AMEND** (DHHS: Optional State Supplement Adjustment) Directs the department to make adjustments to the Optional State Supplementation (OSS) Program to ensure that payment amounts are not reduced due to any federal government cost-of-living adjustments in benefit

payments. Directs the department to make a one-time payment in FY 2021-22 to account for the cost-of-living adjustments that happened in the prior two fiscal years.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to delete the reference to the one-time payment for the cost-of-living adjustments that happened in the prior two fiscal years. Requested by the Department of Health and Human Services

33.27. (DHHS: Optional State Supplement Adjustments) Cost-of-living adjustments in benefit payments made by the federal government will result in adjustments in the Optional State Supplementation (OSS) Program as determined necessary by the Department of Health and Human Services to ensure that payment amounts are not reduced. The department shall adjust the OSS net income limitation, the OSS facility rate, and the personal needs allowance to ensure that payment amounts are not reduced. OSS benefit payment amounts shall be adjusted to reflect the changes in recipients' countable income. The department shall make a one-time payment in Fiscal Year 2021–22 to account for the cost-of-living adjustments which occurred in the prior two fiscal years.

SECTION 34 - J040 - DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

34.44 DELETE (DHEC: Wave Dissipation Device) Allows the initiation of a Wave Dissipation Device pilot program and directs that deployment of a qualified wave dissipation device is not construction and meets specific permitting exceptions. Requires a fee of 10 cents per linear foot be paid to the department before deploying or expanding a qualified wave dissipation device. Authorizes the department to order the device to be removed if it determines the device causes material harm, to flora, fauna, physical, or aesthetic resources. Provides a definition for a "qualified wave dissipation device."

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. Requested by the Department of Health and Environmental Control.

34.44. (DHEC: Wave Dissipation Device) From funds appropriated to the department for the Coastal Resource Improvement program, the department shall permit a Wave Dissipation Device pilot program to be initiated.

The deployment of a qualified wave dissipation device seaward of the setback line or baseline pursuant to a study conducted by the Citadel or a research university is not construction and meets the permitting exception contained in Section 48-39-130(D)(2). Prior to deploying or expanding a qualified wave dissipation device, a person proposing to deploy or expand the device must pay the department a fee of ten cents per linear foot of the proposed deployment or expansion. The department may order the removal of all or any portion of a qualified wave dissipation device that the department determines causes material harm to the flora, fauna, physical or aesthetic resources of the area under Section 48-39-130(D)(2) of the 1976 Code.

A 'qualified wave dissipation device' is a device that:

- (1) is placed mostly parallel to the shoreline;
- (2) is designed to dissipate wave energy;
- (3) is designed to minimize scouring seaward of and adjacent to the device by permitting sand to move landward and seaward through the device;
- (4) the horizontal panels designed to dissipate wave energy can be deployed within one hundred twenty hours or less and can be removed within one hundred twenty hours or less;
 - (5) does not negatively impact or inhibit sea turtle nesting or other fauna;

- (6) can be adjusted after initial deployment in response to fluctuations in beach elevations; and
- (7) otherwise prevents down-coast erosion, protects property, and limits negative impacts to public safety and welfare, beach access, and the health of the beach dune system.
- **34.53 AMEND** (DHEC: State Trauma Registry) Directs the department, through the State Trauma Registry to require all state verified trauma centers to submit relevant patient care data and direct the department to develop appropriate policies or regulations by January 1, 2021 to ensure the trauma centers collect the data.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update calendar reference to "2022."

- **34.53.** (DHEC: State Trauma Registry) From the funds appropriated or authorized in the current fiscal year, the Department of Health and Environmental Control, through the State Trauma Registry, shall direct that all state verified trauma centers are required to submit relevant patient care data. The department shall develop appropriate policies or regulations no later than January 1, 2021 2022, to ensure data is collected by all trauma centers.
- **34.58 AMEND** (DHEC: Solar Projects) Directs that within 120 days of the effective date of this act, the department shall submit regulations to offer guidance and develop rules on photovoltaic modules and energy storage system batteries in the management of end-of-life photovoltaic modules and energy storage system batteries on solar projects and the decommissioning of solar projects in excess of thirteen acres. Directs the department to submit interim reports on a quarterly basis beginning July 1, 2021, and a final report by June 30, 2022, to the Chairmen of the Senate Judiciary and House Labor, Commerce and Industry Committees.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to delete the requirement for the submission of regulations to all SC residents and instead direct the department to provide recommendations for the regulations. Updates calendar references to "2022" and "2023." Requested by the Department of Health and Environmental Control.

- **34.58.** (DHEC: Solar Projects) From the funds appropriated to the Department of Health and Environmental Control, and within one hundred and twenty days after the effective date of this act, the department shall submit regulations to guide all South Carolinians invested in, selling, installing, and using provide recommendations for the regulation of photovoltaic modules and energy storage system batteries in the management of end-of-life photovoltaic modules and energy storage system batteries on solar projects and the decommissioning of solar projects in excess of thirteen acres. Management of end-of-life photovoltaic modules and energy storage system batteries shall include both partial refurbishing of a solar project and complete decommissioning. In the development of these rules, the department shall collaborate with stakeholders and shall consider all of the following matters:
- (1) Whether photovoltaic modules, energy storage system batteries, their materials, or other equipment used in utility-scale solar projects exhibit any of the characteristics of hazardous waste, as identified in 40 C.F.R. Part 261, or under rules adopted pursuant to the S.C. Hazardous Waste Management Act, Section 44-56-10 of the 1976 Code, or if any such equipment is properly characterized as solid waste under State and Federal law.
- (2) Preferred methods to responsibly manage end-of-life photovoltaic modules, energy storage system batteries, or the constituent materials thereof, or other equipment used in utility-scale solar projects, including the extent to which such equipment may be:
 - (a) reused, if not damaged or in need of repair, for a similar purpose;

- (b) refurbished, if not substantially damaged, and reused for a similar purpose;
- (c) recycled with recovery of materials for similar or other purposes;
- (d) safely disposed of in construction and demolition or municipal solid waste landfills for material that does not exhibit any of the characteristics of hazardous waste under state or federal law; or
- (e) safely disposed of in accordance with state and federal requirements governing hazardous waste for materials that exhibit any of the characteristics of hazardous waste under state or federal law.
- (3) The volume of photovoltaic modules and energy storage system batteries currently in use in the State, and projections, based upon the data on life cycle identified currently on impacts that may be expected to the State's landfill capacity if landfill disposal is permitted for such equipment at end-of-life.
- (4) Whether or not adequate financial assurance requirements are necessary to ensure proper decommissioning of solar projects in excess of thirteen acres upon cessation of operations.
- (5) Infrastructure that may be needed to develop a practical, effective, and cost-effective means to collect and transport end-of-life photovoltaic modules, energy storage system batteries, and other equipment used in utility-scale solar projects for reuse, refurbishment, recycling, or disposal.
- (6) Whether or not manufacturer or installer stewardship programs for the recycling of end-of-life photovoltaic modules and energy storage system batteries should be established for applications other than utility-scale solar project installations, and if so, fees that should be established for these manufacturers and installers to support the implementation of such requirements.

The department shall submit interim reports to the Chairman of the Senate Judiciary Committee and the Chairman of the House Labor, Commerce and Industry Committee on all activities pursuant to this provision on a quarterly basis beginning July 1, 2021 2022, and shall submit a final report with findings, including stakeholder input, to the to the Chairman of the Senate Judiciary Committee and the Chairman of the House Labor, Commerce and Industry Committee no later than June 30, 2022 2023.

34.59 AMEND (DHEC: Permit Extension) Directs that the expiration of a critical area permit or navigable water permit issued by the department for dock construction is extended until June 30, 2022. Provides requirements and limitations for the permit extension.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update calendar references to "2022" and "2023."

- **34.59.** (DHEC: Permit Extension) The expiration and any associated vested right of a critical area permit or navigable water permit issued by Department of Health and Environmental Control for the construction of a dock is extended until June 30, 2022 2023, provided the permit is valid on July 1, 2021 2022 or at any time during the previous eighteen months. This provision may not be construed or implemented to:
- (1) extend a permit or approval issued by the United States or its agencies or instrumentalities;
- (2) extend a permit or approval for which the term or duration of the permit or approval is specified or determined pursuant to federal law;
 - (3) shorten the duration that a permit would have had in the absence of this provision;
 - (4) prohibit the granting of additional extensions provided by law;
- (5) affect an administrative consent order issued by the department which is in effect on, or issued at any time from the effective date of this provision to June 30, 2022 2023;

- (6) affect the ability of a governmental entity to revoke or modify a permit pursuant to law;
- (7) modify a requirement of law that is necessary to retain federal delegation by the State of South Carolina of the authority to implement a federal law or program; or
- (8) affect department's Office of Ocean and Coastal Resource Management permits issued pursuant to R.30 12(N) Access to Coastal Lands

Within thirty days after the effective date of this act, the department shall place a notice in the State Register noting the extension of expiration dates provided for in this provision.

34.60 DELETE (DHEC: Onsite Wastewater Systems) Allows DHEC to expend funds to regulate onsite wastewater systems. Directs that the department may only regulate such systems in the same manner as they were regulated on January 12, 2021.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. Requested by the Department of Health and Environmental Control.

34.60. (DHEC: Onsite Wastewater Systems) In the current fiscal year, the Department of Health and Environmental Control may expend funds appropriated and authorized in this act to regulate onsite wastewater systems, including septic tanks and other sewage treatment and disposal systems, but the department only may regulate such onsite systems in the same manner as such systems were regulated on January 12, 2021.

SECTION 35 - J120 - DEPARTMENT OF MENTAL HEALTH

DELETE (DMH: Alzheimer's Funding) Directs that \$900,000 of Community Mental Health Centers funds be used to contract for services to provide respite care and diagnostic services for persons afflicted with Alzheimer's Disease; and provides for submission of financial statements and outcome measures.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. Requested by Department of Mental Health.

- 35.3. (DMH: Alzheimer's Funding) Of the funds appropriated to the Department of Mental Health for Community Mental Health Centers, \$900,000 must be used for contractual services to provide respite care and diagnostic services to those who qualify as determined by the Alzheimer's Disease and Related Disorders Association. The department must maximize, to the extent feasible, federal matching dollars. On or before September thirtieth of each year, the Alzheimer's Disease and Related Disorders Association must submit to the department, Governor, Senate Finance Committee, and House Ways and Means Committee an annual financial statement and outcomes measures attained for the fiscal year just ended. These funds may not be expended or transferred during the current fiscal year until the required reports have been received by the department, Governor, Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee. In addition, when instructed by the Executive Budget Office or the General Assembly to reduce funds by a certain percentage, the department may not reduce the funds transferred to the Alzheimer's Disease and Related Disorders Association greater than such stipulated percentage.
- **35.11 AMEND** (DMH: Fitness to Stand Trial) Directs the department to create a pilot program to determine the efficacy and cost-effectiveness of providing treatment services in a detention center to adult criminal defendants who have been determined to be unfit to stand trial but who will likely be fit in the foreseeable future. Directs the department to have discretion to provide

restoration treatment to a defendant in a hospital or detention facility. Directs the department to submit a report of their findings to the Chairmen of the Senate Finance and the House Ways and Means Committees and the Governor by September 1, 2022.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update calendar year reference to "2023."

35.11. (DMH: Fitness to Stand Trial) The Department of Mental Health shall initiate a pilot program to determine the efficacy and cost effectiveness of providing treatment services in a detention center to adult criminal defendants who have been determined unfit to stand trial but who are likely to become fit in the foreseeable future. Upon completion of a court hearing, consideration of evidence that a defendant is unfit to stand trial but is likely to become fit to stand trial in the foreseeable future, and when the court orders the defendant hospitalized for up to an additional sixty days, the department shall have discretion to provide restoration treatment to a defendant in a hospital or in a detention facility. The department shall submit a report detailing the findings of the pilot program to the Chairman of the Senate Finance Committee, the Chairman of the House Ways and Means Committee, and the Governor no later than June 30, 2022 2023.

SECTION 36 - J160 - DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

36.14 DELETE (DDSN: Beaufort DSN Facility) Provides for the department to retain the proceeds from the sale of the local DSN Board of Beaufort County property and to use the funds to purchase a new property. Authorizes unexpended funds to be carried forward and used for the same purpose. Requires the department provide a status report to the Beaufort County Legislative Delegation by June 30, 2022.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. Requested by Department of Disabilities and Special Needs.

36.14. (DDSN: Beaufort DSN Facility) For Fiscal Year 2021-22, the Department of Disabilities and Special Needs is authorized to retain the full amount of proceeds from the sale of the local Disabilities and Special Needs Board of Beaufort County property. The funds retained from this sale must be used by the department to purchase a new property for the local Disabilities and Special Needs Board in Beaufort County that more appropriately meets the needs of the individuals served. Unexpended funds may be carried forward into the current fiscal year and used for the same purpose. The department must provide a status report to the Beaufort County Legislative Delegation by June 30, 2022, detailing the retention of any sale proceeds and/or the expenditures of those funds.

SECTION 38 - L040 - DEPARTMENT OF SOCIAL SERVICES

- **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 to "2022-23."
 - **38.23.** (DSS: Internal Child Fatality Review Committees) For Fiscal Year 2021-22 <u>2022-23</u>, the Director of the Department of Social Services shall create and fund Internal Child

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

SECTION 108 - F500 - PUBLIC EMPLOYEE BENEFIT AUTHORITY

108.12 AMEND (PEBA: COVID-19 Return to Work Extension) Directs that for FY 2021-22, the earnings limitation does not apply to retired SCRS or PORS members who return to covered employment to participate in the state's public health preparedness and response to COVID-19. Directs that this provision is not intended to supersede or conflict with Act 102 of 2021, S. 704 of 2021 and if there is a conflict, the Act provisions control.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update fiscal year reference to "2022-23."

- **108.12.** (PEBA: COVID-19 Return to Work Extension) For Fiscal Year 2021-22 2022-23, the earnings limitation imposed pursuant to Section 9-1-1790 and Section 9-11-90 of the 1976 Code does not apply to retired members of the South Carolina Retirement System or the Police Officers Retirement System who return to covered employment to participate in the state's public health preparedness and response to the COVID-19 virus. This section is not intended to supersede or conflict with Act 102 of 2021, S. 704 of 2021. In the event of a conflict, the provisions of the Act control.
- **108.scrh ADD** (PEBA: South Carolina Retiree Health Insurance Trust Fund) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to suspend the provisions of Section 1-11-705(I)(2) [SOUTH CAROLINA RETIREE HEALTH INSURANCE TRUST FUND ESTABLISHED; ADMINISTRATION] for the current fiscal year. Directs that funds that would have been transferred to the SC Retiree Health Insurance Trust Fund may remain in the operating account for the employee health insurance program. Requested by the Public Employee Benefit Authority.

108.scrh. (PEBA: South Carolina Retiree Health Insurance Trust Fund) The provisions of Section 1-11-705(I)(2) of the 1976 Code are suspended for Fiscal Year 2022-23, and, notwithstanding any other provision of law, during Fiscal Year 2022-23, funds that would otherwise have been transferred to the South Carolina Retiree Health Insurance Trust Fund from the operating account for the State's employee health insurance program pursuant to Section 1-11-705(I)(2) may remain in the operating account for the State's employee health insurance program.

SECTION 117 - X900 - GENERAL PROVISIONS

appropriated and authorized to them to advance the use of health information technology and health information exchange to improve quality and efficiency of health care and to decrease the costs of health care. Provides guidelines for the release of patient records and medical information. Establishes the Health Information Exchange Strategy Development Committee to make recommendations for a statewide HIE strategy to promote interoperability to improve patient safety, eliminate unnecessary testing, and increase the efficiency of the health care system. Directs the committee to assess other states' approaches for governing, financing, and implementing HIE efforts. Directs the committee to report their findings to the Governor and the Chairmen of the House Ways and Means and Senate Finance Committees by November 15, 2021. Authorizes the department to use any available and uncommitted funds to develop, submit, or implement advance planning documents for the continuance of a HIE strategy and secure federal funding.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. Requested by the Department of Health and Human Services.

117.74. (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 and to decrease the costs of health care as follows:

(A) In order to facilitate the qualification of Medicare and/or Medicaid eligible providers and hospitals for incentive payments for meaningful health information technology (HIT) use, a health care organization participating in the South Carolina Health Information Exchange (SCHIEx) or a Regional Health Information Organization (RHIO) or a hospital system health information exchange (HIE) that participates in SCHIEx may release patient records and medical information, including the results of any laboratory or other tests ordered or requested by an authorized health care provider within the scope of his or her license or practice act, to another health information organization that requests the information via a HIE for treatment purposes with or without express written consent or authorization from the patient. A health information organization that receives or views this information from a patient's electronic health record or incorporates this information into the health information organization's electronic medical record for the patient in providing treatment is considered an authorized person for purposes of 42 C.F.R. 493.2 and the Clinical Laboratory Improvement Amendments.

(B) There is established the Health Information Exchange Strategy Development Committee to make recommendations on the development of a statewide HIE strategy that is intended to promote interoperability for purposes of improving patient safety, eliminating redundant or unnecessary testing, and increasing the efficiency of the healthcare system. The committee shall

assess other states' approaches to governing, financing, and implementing their statewide HIE efforts, including enhanced funding made available through the Centers for Medicare and Medicaid Services or other relevant agencies, and shall report its findings and recommendations to the Governor, the Chairman of the House Ways and Means Committee, and the Chairman of the Senate Finance Committee no later than November 15, 2021. The committee shall consider and leverage the capabilities of existing exchanges and organizations already present in South Carolina and shall solicit and evaluate the input of appropriate stakeholders, including but not limited to, those represented on the committee. Upon the request of the committee, the department shall furnish staff and other necessary resources to support the work of the committee, which shall be comprised of the following:

- (1) the director of the Revenue and Fiscal Affairs Office or his designee, who shall serve as chair:
 - (2) the director of the Department of Health and Human Services or his designee;
- (3) the director of the Department of Health and Environmental Control or his designee;
 - (4) the president of the Medical University of South Carolina or his designee;
 - (5) the CEO of the South Carolina Hospital Association or his designee;
 - (6) the CEO of the South Carolina Medical Association or his designee;
- (7) the CEO of the South Carolina Primary Health Care Association or his designee;
- (8) an individual with substantial HIE experience, who shall be appointed by the Governor.
- (C) The department shall be authorized to use any of its available and uncommitted funds to develop, submit, or implement any advance planning documents or other similar plans in furtherance of a statewide HIE strategy, and to secure any available federal funding. The department shall expeditiously prepare and submit any such documents or plans, particularly if necessary to meet any federal deadlines.
- **117.92 AMEND** (GP: BabyNet Quarterly Reports) Requires quarterly reports on a common template be submitted by the School for the Deaf and Blind, DDSN, DHHS, DMH, and DSS to the Chairmen of the House Ways and Means Committee and Senate Finance.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to delete DSS from the reporting requirement.

- 117.92. (GP: BabyNet Quarterly Reports) The School for the Deaf and Blind, the Department of Disabilities and Special Needs, the Department of Health and Human Services, and the Department of Mental Health and the Department of Social Services shall each provide on a common template, a quarterly report to the Chairman of the House Ways and Means Committee and the Chairman of Senate Finance outlining all programs provided by them for BabyNet; all federal funds received and expended on BabyNet and all state funds expended on BabyNet. Each entity and agency shall report on its share of the state's ongoing maintenance of effort as defined by the US Department of Education under IDEA Part C.
- **117.136 AMEND** (GP: Authorization for Expenditures of COVID-19 Federal Funds) Provides for the procurement of professional grant management services for oversight and compliance of CARES Act funds and any other federal COVID-19 relief funds. Authorizes state boards, commissions, agencies, departments, and institutions of higher learning to receive COVID-19 funds directly from the federal government. Directs agencies to submit an expenditure plan to the Governor and the Chairmen of the Senate Finance and House Ways and Means Committees and to submit

a monthly expenditure report to the Governor and the General Assembly. Authorizes unexpended funds to be carried forward and be spent for the same purpose. Authorizes the Governor to receive federal funds designated for the Coronavirus Relief Fund. Directs EBO to establish the Coronavirus Relief Fund as a federal fund account and directs that funds in the account may only be expended by appropriation or authorization by the General Assembly. Allows funds from the Coronavirus Relief Fund to be carried forward and expended for the same purpose.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update calendar reference to "2022."

- 117.136. (GP: Authorization for Expenditure of COVID-19 Federal Funds) (A)(1) The State of South Carolina desires to procure professional grant management services for oversight and compliance of funds received through the 'Coronavirus Aid, Relief, and Economic Security Act' (CARES Act) and any other available source of federal COVID-19 relief funds. It is intended that the procurement will result in a contract for professional grant management services that can assist the State with grant management to include, but not be limited to: understanding the requirements and funding streams related to the CARES Act and federal relief funds; creating a framework for grant management from application for funds to disbursement of funds to include the development of processes and controls, data collection, evaluation of requests, and reporting; and creating a system of monitoring for compliance and detecting possible fraud, waste, and abuse.
- (2) It is vital to the State's interest that a contract be awarded for such professional grant management services in the most expeditious manner possible and time is of the essence. Accordingly, this procurement should be done pursuant to the provisions of Section 11-35-1570 of the 1976 Code. The Executive Director of the South Carolina Department of Administration shall coordinate the process used to procure the professional grant management services needed and shall be responsible for the development of specifications to be included in any contract awarded. The State Fiscal Accountability Authority shall serve as the procuring officer for the procurement process and is responsible for administrative duties related to the process and the contract awarded pursuant to it. The State Fiscal Accountability Authority shall assign such personnel as requested by the Executive Director of the Department of Administration to assist the Department of Administration in carrying out its duties under this act.
- (B) State boards, commissions, agencies, departments, and institutions of higher learning are authorized to receive funds directly from the federal government in response to the 2019 Novel Coronavirus (COVID-19). Funds so received shall be expended for COVID-19 preparedness and response and in accordance with applicable federal laws and regulations. Any state board, commission, agency, department, or institution of higher learning that receives funds must submit an expenditure plan to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee. Beginning on June 1, 2020 2022, and on the first day of each month thereafter, the recipient shall provide a detailed accounting of the expenditure of all federal relief funds to the Governor and the General Assembly. The detailed accounting must be made available on the Governor's website. Unexpended funds, without limitation, may be carried forward into the succeeding fiscal year and expended for the same purpose.
- (C) The Governor is authorized to receive on behalf of the State of South Carolina federal funds designated for the Coronavirus Relief Fund.
- (D) The Executive Budget Office shall establish the Coronavirus Relief Fund as a federal fund account separate and distinct from all other accounts. All federal appropriations received by the Governor pursuant to subsection (C), must be credited to the Coronavirus Relief Fund

account. No other funds may be credited to this account and funds in the account may be expended only by appropriation or authorization by the General Assembly.

- (E) Nothing herein limits any state board, commission, agency, department, or institution receiving funds from the Coronavirus Relief Fund from continuing to expend funds from other sources, including state appropriated funds, that are necessary to address the state's response to COVID-19. Any unexpended funds from the Coronavirus Relief Fund, without limitation, may be carried forward into the succeeding fiscal year and expended for the same purpose.
- 117.144 AMEND (GP: Statewide Mobile Health Units Coordination Project) Authorizes the SC Center for Rural and Primary Healthcare to (1) identify and maintain a directory of currently operating mobile health units rather than to analyze currently operating clinics and identify relevant stakeholders; (2) offer technical assistance to the units as requested; and (3) direct the center to also partner with DHEC to develop coordinating systems, training, and health education services. SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update fiscal year reference to "2022-23."
 - 117.144. (GP: Statewide Mobile Health Units Coordination Project) For Fiscal Year 2021-22 2022-23, 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: 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; and 3) partner with The University of South Carolina Salkehatchie and Denmark Technical College, along with other public institutions of higher education and organizations, and the Department of Health and Environmental Control to develop coordinating systems, training and health education services. 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. The mobile health units may collaborate with the South Carolina Center for Rural & Primary Healthcare, and other partners, in these efforts.
- 117.154 AMEND (GP: Mental Health Transportation) Directs that funds appropriated to DMH for the Alternative Transportation Program be used to transport individuals pursuant to Article 5, Chapter 17, Title 44 [CUSTODY AND ADMISSION OF PERSONS REQUIRING IMMEDIATE CARE]. Authorizes these funds to be carried forward and used for the same purposes. Directs the DMH director to work with the SFAA Division of Procurement Services to develop and issue a RFP for an Alternative Transportation Program to provide transportation services for nonviolent individuals that require immediate hospitalization. Directs the Division of Procurement Services to allow stakeholders to provide recommendations on the scope and structure of the program pursuant to certain provisions. Directs the authority to provide a report by January 15, 2022, to the Governor and the Chairmen of the House Ways and Means and Senate Finance Committees on program implementation and any projected cost overrun.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update calendar reference to "2023."

- **117.154.** (GP: Mental Health Transportation) (A) Funds appropriated to the Department of Mental Health for the Alternative Transportation Program shall exclusively be used to support the transportation of individuals pursuant to Article 5, Chapter 17, Title 44 of the 1976 Code and as defined herein. These funds may be carried forward and expended for the same purpose.
- (B) As soon as practicable within the current fiscal year, the Director of the Department of Mental Health shall cooperate with the Division of Procurement Services of the State Fiscal Accountability Authority in the development and issuance of a Request for Proposals (RFP) for an Alternative Transportation Program that provides transportation services for nonviolent individuals requiring immediate hospitalization as described in Article 5, Chapter 17, Title 44 of the 1976 Code. The purpose of the RFP shall be to seek proposals from qualified private providers to provide timely, safe, and secure transportation for such individuals. Before finalizing the RFP, the Division of Procurement Services shall provide relevant stakeholders with an opportunity to provide recommendations on the scope and structure of the Alternative Transportation Program, subject to the following provisions:
- (1) The program shall initially be made available within a pilot region to be identified by the authority in consultation with the Department of Mental Health. Subject to the authority's judgment, the RFP shall be structured so as to accommodate subsequent awards and/or contract amendments to serve other regions of the State, in which case, only one vendor shall be selected in each region, but a single vendor may be selected to provide services in multiple or all regions.
- (2) In structuring the initial pilot, the authority shall endeavor to provide the availability of the Alternate Transportation Program in an optimal service area at an annualized cost that does not exceed the amount appropriated for this purpose.
- (3) The RFP shall be conducted as provided for under the South Carolina Consolidated Procurement Code.
- (4) Upon implementation, the Alternative Transportation Program must be available on a 24-hour basis every day of the year.
- (5) Drivers must pass a criminal background check and complete relevant and appropriate training prior to furnishing services.
- (6) Transportation vehicles must be secure but nondescript and drivers must be clothed in professional attire that does not resemble a law enforcement uniform.
- (C) When transportation is provided through this Alternative Transportation Program, the written agreement described in Section 44-17-440(A) of the 1976 Code shall not be required.
- (D) No later than January 15, 2022 2023, the authority 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 the implementation of this program. The report shall include a projection of the annualized amount by which the cost of a statewide Alternative Transportation Program might, at full implementation, exceed the amount appropriated for the program in the current fiscal year.