

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2026-27
TO THE PROVISO SUBCOMMITTEE**

SECTION 23 - H510 - MEDICAL UNIVERSITY OF SOUTH CAROLINA

- 23.5 DELETE** (MUSC: Residential Rehabilitation Treatment Assessment) Directs the MUSC Hospital Authority to work with current alcohol and substance abuse treatment providers to evaluate the need for long-term inpatient rehab programs. Requires the Authority to submit a report outlining their efforts and proposed plan to the Chairmen of the Senate Finance Committee and the House Ways and Means Committee by September 20, 2025.
SUBCOMMITTEE RECOMMENDATION: DELETE proviso. Requested by the Medical University of South Carolina.

~~23.5. (MUSC: Residential Rehabilitation Treatment Assessment) The MUSC Hospital Authority, in conjunction with existing service providers of alcohol and substance abuse treatment, shall assess the need in developing long term inpatient residential rehabilitation treatment programs. The MUSC Hospital Authority shall submit a report by September 30, 2025, to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee detailing these efforts and its proposed plan.~~

SECTION 31 - J060 - DEPARTMENT OF PUBLIC HEALTH

- 31.47 DELETE** (DPH: Nursing Home Review) Directs DPH to conduct a study to examine the need for distinct requirements for memory care and assisted living facilities within nursing homes and evaluate and propose suitable staff-to-resident ratios to ensure adequate staffing for providing essential nursing care and services to all residents. Directs DPH to submit a report with its findings and recommendations to the Senate Medical Affairs Committee and the House Medical, Military, Public and Municipal Affairs Committee by January 1, 2026.
SUBCOMMITTEE RECOMMENDATION: DELETE proviso.

~~31.47. (DPH: Nursing Home Review) The Department of Public Health shall conduct a study regarding separate requirements for memory care facilities and assisted living facilities within nursing homes. Additionally, the department shall assess and recommend appropriate staff to resident ratios to ensure a sufficient number of staff are available at all times to provide necessary nursing care and related services to each resident. A report detailing the findings and recommendations shall be submitted to the Senate Medical Affairs Committee and the House Medical, Military, Public and Municipal Affairs Committee no later than January 1, 2026.~~

- 31.48 DELETE** (DPH: Florence Health Department HVAC) Redirects funds from Florence Health Department HVAC to be utilized for the Florence Office relocation and furniture.
SUBCOMMITTEE RECOMMENDATION: DELETE proviso.

~~31.48. (DPH: Florence Health Department HVAC) The funds appropriated in Act 226 of 2024, Section 118.20(B)(26)(D) to the Department of Public Health for Florence Health Department HVAC shall be redirected for the Department of Public Health's Florence Office relocation and furniture.~~

- 31.drf CONFORM TO FUNDING / ADD** (DPH: Disaster Readiness Fund) **SUBCOMMITTEE RECOMMENDATION:** CONFORM TO FUNDING / ADD proviso to establish an interest-bearing Disaster Readiness Fund within the Department of Public Health to support emergency response activities, including medical sheltering and Medical Equipment Power Shelters. All FY 2026-27 Disaster Readiness appropriations and any related funds must be deposited into the

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2026-27
TO THE PROVISO SUBCOMMITTEE**

fund. Unexpended balances may be carried forward, and any reimbursements or cost recoveries must be returned to the fund for future disaster response needs. Requested by the Department of Public Health.

31.drf. (DPH: Disaster Readiness Fund) (A) There is established within the Department of Public Health (DPH) the Disaster Readiness Fund, which shall be interest bearing. Monies in the fund may be expended by the department exclusively for the purpose of supporting the department's emergency response responsibilities including, but not limited to, medical sheltering, Medical Equipment Power Shelters (MEPS), and other related disaster response activities.

(B) All funds appropriated for Disaster Readiness in Fiscal Year 2026–27 shall be deposited into the Disaster Readiness Fund as initial funding. The department may also deposit into the fund any other monies appropriated, received, or otherwise available for the same purpose.

(C) Fund balances shall be carried forward from the prior fiscal year into the current fiscal year and used for the same purpose. Any reimbursements or recoveries of costs for expenditures made from the Disaster Readiness Fund must be deposited back into the fund to support ongoing availability of resources for future disasters.

31.hsm CONFORM TO FUNDING / ADD (DPH: Health Systems Modernization) **SUBCOMMITTEE RECOMMENDATION:** CONFORM TO FUNDING / ADD proviso to direct DOA's Office of Technology and Information Services to provide project oversight to the EHR system and seek to coordinate DPH and other agencies efforts to modernize EHR systems to promote cohesive care.

31.hsm. (DPH: Health Systems Modernization) (A) From the funds appropriated and authorized to the Department of Public Health, the Department of Administration's Office of Technology and Information Services shall provide project oversight related to any upgrades to DPH's electronic health records (EHR) system and pharmacy tools; expansion of patient portals, virtual visits, and online tools; digitization of historical paper records; automating of workflows and ongoing system maintenance; and any other similar undertaking, including information technology related procurements of services, licenses, infrastructure, maintenance, support, etc. for DPH's Health Systems Modernization.

(B) As part of providing project oversight and guidance for DPH's efforts to implement a modernized EHR system, the Department of Administration's Office of Technology and Information Services should, to the extent possible, seek to coordinate DPH's efforts with other agencies' existing EHR systems or those agencies' efforts to implement new or modernized EHR systems to promote cohesive care through standardized platforms, data sharing and classification, common user interface, and security and privacy standardization for the benefit of clients receiving services from multiple agencies.

SECTION 33 - J020 - DEPARTMENT OF HEALTH AND HUMAN SERVICES

33.20 AMEND (DHHS: Medicaid Accountability and Quality Improvement Initiative) Directs the department to implement accountability and quality improvements initiatives for: (A) Community Health Improvement Initiative; (B) Community Health Alignment Initiative; (C) Improving Access Initiatives; (D) Quality Through Technology and Innovation in Pediatrics (QTIP) Initiative; (E) Health Services Initiative; and (F) Primary Care Safety Net Initiative.

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2026-27
TO THE PROVISO SUBCOMMITTEE**

Provides eligibility requirements. Directs the department to evaluate each initiative annually and report the results to the House Ways and Means Healthcare Budget Subcommittee and the Senate Finance Health and Human Services Subcommittee.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update method of distributing funding to local providers using a grants-based system for distribution of funds. Requested by the Department of Health and Human Services.

33.20. (DHHS: Medicaid Accountability and Quality Improvement Initiative) From the funds appropriated and authorized to the Department of Health and Human Services, the department is authorized to implement the following accountability and quality improvement initiatives:

(A) Community Health Improvement Initiative - To improve community health, the department may explore various health quality outreach, education, patient wellness and incentive programs. The department may pilot health interventions targeting diabetes, smoking cessation, weight management, heart disease, and other health conditions. These programs may be expanded as their potential to improve health and lower costs are identified by the department.

(B) Community Health Alignment Initiative - The department shall contract with the Center for Community Health Alignment (CCHA) at the University of South Carolina in a collaborative effort to expand the community health worker program to hospital settings. The goal of this program shall be to improve health outcomes for individuals that do not have access to affordable health insurance by facilitating resource connections and access to safety net providers. The department shall facilitate the Center's coordination of placement and funding of qualified community health workers in hospital settings to achieve program goals. The Center must provide the department with patient, service, and other data to assist in the operation and ongoing evaluation of this initiative. The department may tie hospital reimbursements, as appropriate, to participation in this Community Health Alignment Initiative.

(C) Improving Access Initiatives - The department may pursue Medicaid reimbursement and health care delivery methodologies to sustain and improve access to services particularly in underserved and designated rural areas. The department shall review existing reimbursement levels and, as funds are available, take measures to implement competitive rate structures that provide incentives for providers to treat Medicaid, uninsured, and underinsured individuals. These structures may include the use of disproportionate share, directed payments, and other supplemental payment programs. The department may adjust provider assessments to align with available supplemental funding not to exceed the safe harbor threshold under the federal hold harmless provision. Utilizing income, population, provider capacity, and other relevant data, the department may designate certain areas of the state as rural for Medicaid initiatives. To be eligible for these initiatives, the department may require providers to participate in quality, accountability, and reporting programs.

(D) Quality Through Technology and Innovation in Pediatrics (QTIP) Initiative – The department shall explore ways to enhance the existing QTIP program. The goal of this program is to improve quality measure outcomes, promote medical home concepts, and support mental health skill-building and integration through targeted quality improvement and technical assistance to pediatric practices.

(E) Health Services Initiative – The department may use available funds from the Children's Health Insurance Program (CHIP) allotment to implement specific health service initiatives to improve the public health of children, including targeted low-income children and other low-income children as defined in 42 CFR 457.10. These initiatives may include preventive care and other interventions that improve the overall health and mental well-being of children. These initiatives may not supplant federal funds currently used to provide services under the state's CHIP program.

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2026-27
TO THE PROVISO SUBCOMMITTEE**

(F) Primary Care Safety Net Initiative - The department shall formulate a separate methodology to allocate at least \$1,500,000 of funding to Free Clinics throughout the state, \$2,500,000 of funding for local alcohol and drug abuse authorities created under Act 301 of 1973, ~~and as well as a grants-based process for distribution of~~ up to \$4,000,000 for capital improvements to the Act 301 facilities ~~through~~ in consultation with the Department of Behavioral Health and Developmental Disabilities, Office of Substance Use Services, to ensure funds are provided on a needs based approach. The department may continue to develop and implement a process for obtaining encounter-level data that may be used to assess the cost and impact of services provided through this proviso.

(G) To be eligible for funds in this proviso, providers must provide the department with patient, service and financial data to assist in the operation and ongoing evaluation of both the initiatives resulting from this proviso, and other price, quality, transparency, and accountability efforts currently underway or initiated by the department. The Revenue and Fiscal Affairs Office shall provide the department with any information required by the department in order to implement this proviso in accordance with state law and regulations.

(H) The department annually shall evaluate each initiative within this provision to measure its effectiveness in meeting expected goals. The department shall continually monitor all third-party contracts employed under this provision to ensure that appropriations are being efficiently and effectively utilized for their intended purpose. The department also shall annually report on the results of each evaluation to the House Ways and Means Healthcare Budget Subcommittee and the Senate Finance Health and Human Services Subcommittee.

**SECTION 34 – J080 – DEPARTMENT OF BEHAVIORAL HEALTH AN DEVELOPMENTAL
DISABILITIES**

- 34.10 AMEND** (BHDD: 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, 2026.
SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update proviso title and repurposes funding to be used in supportive housing rather than in behavioral care.

34.10. (BHDD: Orangeburg ~~Crisis Stabilization Unit Facility~~ *Supportive Housing*) The Office 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~~ collaborate with a housing complex/landlord in Orangeburg County to create a supportive housing program. The office 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, ~~2026~~2027.

- 34.22 DELETE** (BHDD: Debt Service Account) Allows the department to utilize uncommitted funds in the agency’s debt service account for operations and services not funded in the Appropriation Act. Requires the department report by August 1st to the Governor and the Chairmen of the Senate Finance and House Ways and Means Committees on the balance in the account and on the amounts purposes for which the funds were used in the prior fiscal year.
SUBCOMMITTEE RECOMMENDATION: DELETE proviso.

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2026-27
TO THE PROVISO SUBCOMMITTEE**

34.22. (BHDD: Debt Service Account) ~~The Office of Intellectual and Developmental Disabilities shall utilize the uncommitted dollars in their debt service account, account E164660, for operations and services that are not funded in the appropriations bill. By August first, the office must report to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee on the remaining balance in this account and on the amounts and purposes for which the account was used in the prior fiscal year.~~

34.ct **CONFORM TO FUNDING / ADD** (BHDD: Collaboration Technology) **SUBCOMMITTEE RECOMMENDATION:** CONFORM TO FUNDING / ADD proviso to direct that before purchasing collaboration technology under Section 44-12-40(3), the department must consult with and obtain approval from the Department of Administration on the solicitation scope, specifications, award criteria, and evaluation panel. All other procurement requirements remain subject to the South Carolina Consolidated Procurement Code unless specifically exempted.

34.ct. (BHDD: Collaboration Technology) (A) Prior to expending any funds appropriated or authorized in this act for the procurement of collaboration technology required by Section 44-12-40(3), the Department of Behavioral Health and Developmental Disabilities shall consult with the Department of Administration regarding the scope of work and selection criteria for potential vendors. The Department of Administration's consultation shall include, but not be limited to, review and approval of the general scope of any solicitation, the scope of work/specifications as supported by sufficient market research, and the award criteria contained in any Request for Proposals, or any other vendor selection method used by the Department of Behavioral Health and Developmental Disabilities for the procurement of the required technology. No solicitation of any kind shall be published by or on behalf of the Department of Behavioral Health and Developmental Disabilities without the Department of Administration's approval. The Department of Behavioral Health and Developmental Disabilities shall also consult with the Department of Administration regarding the composition and number of members of any evaluation panel established to review vendor proposals received as the result of an approved solicitation.

(B) Unless expressly stated above, nothing in this proviso affects the application of the South Carolina Consolidated Procurement Code to any procurement required by Section 44-12-40(3).

34.fte **ADD** (BHDD: FTE Management) **SUBCOMMITTEE RECOMMENDATION:** ADD proviso to direct that certain leadership and executive support FTE positions within the department are designated as at-will and exempt from Article 5, Chapter 17 of Title 8, in addition to any at-will exemptions already provided under permanent law.

34.fte. (BHDD: FTE Management) (A) The following Full-time Equivalent (FTE) positions authorized and for which funds are appropriated in Part IA of this act serve in an at-will capacity and are exempt from the provisions of Article 5, Chapter 17 of Title 8:

(1) any position, regardless of title or the organizational reporting structure for that position, functioning as the director or administrative head of an Office or Division of the Department of Behavioral Health and Developmental Disabilities;

(2) any position that reports directly to a position functioning as the director or administrative head of an Office or Division of the Department of Behavioral Health and Developmental Disabilities; and

(3) any position, regardless of title or organizational reporting structure, functioning as the director or administrative head of: (a) financial operations; (b) human resources; or (c) legal affairs for the Department of Behavioral Health and Developmental Disabilities.

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2026-27
TO THE PROVISO SUBCOMMITTEE**

(B) The exemptions established by this proviso are in addition to and should be read in conjunction with any permanent law regarding the at-will status of any other FTE position within the Department of Behavioral Health and Developmental Disabilities.

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 payment amounts. Requested by the Department of Social Services.

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:

ages 0 – 5	\$ 700 733	per month
ages 6 - 12	\$ 818 856	per month
ages 13+	\$ 863 904	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), 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.

38.27 AMEND (DSS: Economic Services System Application Modernization) Authorizes the department to retain and carry forward unexpended funds for the ESSAM project.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to direct DSS to work with DOA’s Office of Technology and Information Services in design, development and implementation of the ESSAM application. Directs DSS to provide a project description and itemized spend information and project milestones to be reviewed by DOA.

38.27. (DSS: Economic Services System Application Modernization) *(A) Of the funds appropriated in this act for the Department of Social Services’ Economic Service System Application Modernization (ESSAM), the Department of Social Services is directed to work with the Department of Administration’s Office of Technology and Information Services regarding the design, development, security and privacy controls, and implementation of the ESSAM application. Prior to the expenditure of any funds for the project, the Department of Social Services must provide an outlined description of the project proposal with itemized, detailed spend information and key project milestones and deliverables to be reviewed by the Department of Administration’s Office of Technology and Information Services through its information technology planning process.*

(B) Upon project commencement, the Department of Administration must be given access to a detailed project plan, work breakdown structure, budget versus actual project spend, project risk register, status reports, issue logs, and the project document repository.

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2026-27
TO THE PROVISO SUBCOMMITTEE**

(C) The department shall be authorized to retain and carry forward any unexpended funds appropriated for the ~~Economic Services System Application Modernization (ESSAM)~~ ESSAM Project.

SECTION 39 - L240 - COMMISSION FOR THE BLIND

39.cf (BLIND: Carry Forward) **SUBCOMMITTEE RECOMMENDATION:** ADD proviso to allow the commission to carry forward funds for direct services to be expended for the same purpose.

39.cf. (BLIND: Carry Forward) The Commission for the Blind is authorized to carry forward any unspent funds appropriated for direct services into the current fiscal year to be expended for the same purpose.

39.gir (BLIND: Grant Indirect Reimbursement) **SUBCOMMITTEE RECOMMENDATION:** ADD proviso to authorize the commission to retain indirect reimbursement to assist with the match requirement, maintenance of effort for the grant, and additional services. Requested by the Commission for the Blind.

39.gir. (BLIND: Grant Indirect Reimbursement) The Commission for the Blind is authorized to retain the indirect reimbursement to assist with the match requirement, maintenance of effort for the grant, provide additional goods and services to consumers, and support campus maintenance.

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; provides a methodology for allocating these funds to the Area Agencies on Aging; allows 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 direct resources to meals and transportation only if operating within funding constraints. Requested by the Department on Aging.

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, assessments, dental services, and pest control. *During funding emergencies, to include a midyear reduction, delay, or elimination of federal funding, services may be limited to*

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2026-27
TO THE PROVISO SUBCOMMITTEE**

meals and transportation only. 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 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.

40.rf **ADD** (AGING: Reserve Funds) **SUBCOMMITTEE RECOMMENDATION:** ADD proviso to direct that if federal funding is delayed or eliminated, the department may use General Fund carryforward reserves to support Area Agencies on Aging and maintain services. Any unspent funds may be returned to the department at the end of the current or following fiscal year. Requested by the Department on Aging.

40.rf. (AGING: Reserve Funds) In the event of a delay or elimination of federal funding during the fiscal year, the Department on Aging may allocate funds in its General Fund Carryforward reserve account to Area Agencies on Aging to ensure that services continue to be provided. Should these reallocated funds not be fully expended by the end of the current or subsequent fiscal year, the Department on Aging may return the unused funds to other agency reserves.

SECTION 117 - X900 - GENERAL PROVISIONS

117.112 AMEND (GP: South Carolina Telemedicine Network) Directs the MUSC Hospital Authority and the Department of Health and Human Services to continue to develop the SC Statewide Telemedicine Network. Directs DHHS to report on policy and benefit changes it introduced to improve telehealth services sustainability and to submit a report by October 1, 2019, to the Governor and the Chairmen of the Senate Finance and House Ways and Means Committees on how they intend to broaden their service-based coverage to align with the federal changes and to improve sustainability of telehealth services.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to delete the reporting requirement related to COVID-19. Requested by the Department of Health and Human Services.

117.112.(GP: South Carolina Telemedicine Network) From the funds appropriated to the Medical University of South Carolina for the MUSC Hospital Authority for Telemedicine and the funds appropriated and authorized for the Department of Health and Human Services, the agencies must continue the development of the South Carolina Statewide Telemedicine Network.

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2026-27
TO THE PROVISO SUBCOMMITTEE**

The South Carolina Telehealth Alliance shall submit a proposal to the MUSC Hospital Authority and the Department of Health and Human Services to determine which hospitals, clinics, schools or other entities are best suited for Telemedicine partnerships.

(A) The Department of Health and Human Services shall develop or continue a program to leverage the use of teaching hospitals to provide rural physician coverage by expanding the use of Telemedicine, to include new applications such as School Based Telehealth, and Tele-ICU. The department shall also amend its policy related to reimbursement for telemedicine to add Act 301 Behavioral Health Centers as a referring site for covered telemedicine services.

(B) During the current fiscal year the Department of Health and Human Services shall contract with the MUSC Hospital Authority in the amount of \$5,000,000 to lead the development and operation of a statewide, open access South Carolina Telemedicine Network. At the request of the department, MUSC shall provide the department with all information and materials necessary to seek federal medical assistance for this contract. The MUSC Hospital Authority shall contract with each Regional Support Hub to ensure funding and support of strategic plans submitted by the Regional Support Hubs and approved by both the MUSC Hospital Authority and the Department of Health and Human Services. Institutions and other entities participating in the network must be afforded the opportunity to meaningfully participate in the development of any annual refining to the initiative's strategic plan. Working with the department, the MUSC Hospital Authority shall collaborate with Palmetto Care Connections to pursue this goal. No less than \$1,000,000 of these funds shall be allocated toward support of Palmetto Care Connections and other hospitals in South Carolina. The MUSC Hospital Authority must provide the department with quarterly reports regarding the funds allocation and progress of telemedicine transformation efforts and networks. These reports must include an itemization of the ultimate recipients of these funds, whether vendors, grantees, specific participating institutions, or the Medical University of South Carolina, and must distinguish between funds allocation to the university as a participating institution as opposed to those retained and used by the university in its capacity as the administering entity for the network.

(C) The Department of Health and Human Services shall continue to identify and implement telehealth benefits and policies that are evidence-based, cost efficient, and aligned with the needs of the Medicaid population. ~~The department must also continue to review the temporary telephonic and telehealth flexibilities it has adopted to address the COVID-19 public health emergency and make permanent those that are suitable for inclusion in the Medicaid benefit. No later than October 1, the department shall submit a report to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee on policy and benefit changes it has introduced in the furtherance of this goal and as part of its ongoing effort to improve the sustainability of telehealth services.~~

117.152 CONFORM TO FUNDING / 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: CONFORM TO FUNDING / AMEND proviso to establish the Center for Rural and Primary Healthcare as the support center for mobile health units and to clarify the type of technical assistance and support provided.

117.152.(GP: Statewide Mobile Health Units) For the current fiscal year, the South Carolina Center for Rural and Primary Healthcare ~~may provide coordination and requested~~ *shall serve as the statewide* technical assistance ~~to~~ *and support center for* mobile health units (*MHUs*) in South Carolina, ~~in order to coordinate statewide delivery of services to increase access to preventative~~

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2026-27
TO THE PROVISO SUBCOMMITTEE**

~~and diagnostic health care, and reduce health inequities for rural, vulnerable, underserved, and displaced populations in South Carolina~~ with the purpose of increasing the capacity, services, and impact of MHUs in improving access to high-value care for underserved populations, especially in rural communities. 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~~ systems advisement and support, training and development for operations and workforce development, and evaluation; (3) provide collaborative learning and development opportunities in partnership with public institutions of higher education including the technical college system, state-serving healthcare organizations, and other state-serving agencies 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 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 manage public funding opportunities to expand clinical services and/or service areas and training scholarships; and (5) initiate analyses and evaluation on the impact of services delivered through ~~mobile health units~~ MHUs. 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.

117.164 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 continuously meet and provide a report to the Governor and the Chairmen of the Senate Finance and House Ways and Means Committees by December 31, 2025 on its findings and recommendations.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update the calendar year reference.

117.164.(GP: Prostate Cancer Study Committee) (A) For the current fiscal year, the South Carolina Prostate Cancer 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

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2026-27
TO THE PROVISO SUBCOMMITTEE**

(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.

~~(C)~~ No member of the study committee shall be entitled to any compensation or reimbursement.

~~(D)~~ 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.

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

~~(F)~~ No later than December 31, ~~2025~~2026, 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.