

Legislative Oversight Committee

South Carolina House of Representatives

Post Office Box 11867

Columbia, South Carolina 29211

Telephone: (803) 212-6810 • Fax: (803) 212-6811



2016 Annual Restructuring Report Extension Request Guidelines

PLEASE NOTE:

The information included in the agency's report will appear online for all legislators and the public to view.

Agency Name:

Department of Health and Environmental Control

Date Request Submitted:

January 12, 2016

Background

Committee Standard Practices 4.2.2 - 4.2.4

Extensions for Annual Restructuring Reports

4.2.2 The Chairman may, for reasons he determines as good cause, provide an agency an extension and new deadline to submit its Annual Restructuring Report ("New Deadline"). The Chairman will not provide more than two extensions without unanimous consent from the full committee.

4.2.3 Before the Chairman will consider a request from an agency for an extension, the agency must fully complete a Committee Extension Request form, as approved by the Committee Chairman, and provide it to the Chairman for consideration.

4.2.4 Until the agency receives a response, it should continue to complete the report to the best of its ability as if it is due on the original deadline.

Submission Process

Note this Extension Request Form will be published online.

Agency	Department of Health and Environmental Control
Date of Submission	42381

Instructions : Please complete this Extension Request Form. The completed form should be submitted electronically to the House Legislative Oversight Committee (HCommLegOv@schouse.gov) in both the original format (Excel) and saved as a PDF for online reporting. Please direct any questions about this process to Jennifer Dobson (jenniferdobson@schouse.gov) or Charles Appleby (charlesappleby@schouse.gov).

I. Extension Request

- | | | |
|---|--|---|
| 1 | State the date the agency originally received the report guidelines: | 24-Nov-15 |
| 2 | State the date the agency submitted this request for an extension: | 12-Jan-16 |
| 3 | State the original deadline for the report: | January 12, 2016, first day of session as provided by statute |
| 4 | State the number of additional days the agency is requesting: | 19 |
| 5 | State the new deadline if the additional days are granted: | 31-Jan-16 |

II. History of Extensions

- | | | |
|---|--|------|
| 1 | List the years in which the agency previously requested an extension, putting the years the extension was granted in bold: | 2015 |
|---|--|------|

III. Good Cause

Submission Process

1 Please state good cause as to why the Committee should grant the extension requested by the agency. Please limit the response to 1,000 words or less.

The S.C. Department of Health and Environmental Control (DHEC) is an Agency undergoing transformation- new leadership, new priorities and a new approach to how we do business. The Agency has been in close communication with Committee staff throughout the development of this report, meeting with staff twice in person and through multiple phone conversations. We believe that we are on the right path to meet the intentions and expectations of the Committee. However, an extension is requested in order to

IV. Verification

1 Please state the name of the agency head, or person designated and authorized by the agency head to do so, that has approved and reviewed the information provided in this Extension Request form.

Katherine A. Phillips

2 Does the agency head, or designated person by the agency head, affirm that the information contained in this form from the agency is complete and accurate to the extent of his or her knowledge.

Yes

V. Committee Response

Leave this section blank.

1 Date extension was granted:

12-Jan-16

2 Number of additional days granted:

19 days

3 New deadline for agency response:

31-Jan-16

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2016 Annual Restructuring Report Guidelines

PLEASE NOTE:

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Agency Name:

Date Report Submitted:

Agency Head

First Name: Catherine

Last Name: Heigel

Email Address: higgint@dhec.sc.gov

Phone Number: 803-898-0124

Department of Health and Environmental Control

February 5, 2016

General Instructions

SUBMISSIONS	
What to submit?	Please submit this document in electronically only in both the original format (Excel) as well as in a PDF document. Save the document as "2016 - Agency ARR (<i>insert date agency submits report</i>)."
When to submit?	The deadline for submission is by the first day of session, January 12, 2016.
Where to submit?	Email all electronic copies to HCommLegOv@schouse.gov .

NOTE: If the agency enters its Name and the Date of Submission in the "Cover Page" tab, it should automatically populate at the top of each tab in this report.

WHERE INFORMATION WILL APPEAR	
Where will submissions appear?	The information included in the agency's report will appear online for all legislators and the public to view. On the South Carolina Statehouse Website it will appear on the Publications page as well as on the individual agency page, which can be accessed from the House Legislative Oversight Page.

QUESTIONS	
Who to contact?	House Legislative Oversight at 803-212-6810.

OTHER INFORMATION	
<i>House Legislative Oversight</i>	
Mailing	Post Office Box 11867
Phone	803-212-6810
Fax	803-212-6811
Email	HCommLegOv@schouse.gov
Web	The agency may visit the South Carolina General Assembly Home Page (http://www.scstatehouse.gov) and click on "Citizens' Interest" then click on "House Legislative Oversight Committee Postings and Reports."

Glossary

ACS	American College of Surgeons
BAQ	Bureau of Air Quality
BCN	Best Chance Network
BEHS	Bureau of Environmental Health Services
BLWM	Bureau of Land & Waste Management
BOW	Bureau of Water
CDC	Centers for Disease Control and Prevention
CHCDP	Community Health and Chronic Disease Prevention
CON	Certificate of Need
DADE	Division of Acute Disease Epidemiology
DC	Disease Control
DHEC	South Carolina Department of Health and Environmental Control
DHHS	South Carolina Department of Health and Human Services
DNR	South Carolina Department of Natural Resources
DPP	Diabetes Prevention Programs
EMS	Emergency Medical Services
EPA	Environmental Protection Agency
FDA	Food and Drug Administration
HRSA	Health Resources and Services Administration
MCH	Maternal and Child Health
MUSC	Medical University of South Carolina
NAEMT	National Association of Emergency Medical Technicians
National DPP	National Diabetes Prevention Programs
NHTSA	National Highway Transportation Safety Administration
NOAA	National Oceanic and Atmospheric Administration
NREMT	National Registry of Emergency Medical Technicians
OCRM	Office of Ocean & Coastal Resource Management
PHSIS	Public Health Statistics and Information Services
SCDOT	South Carolina Department of Transportation
SCHA	South Carolina Hospital Association
SCMA	South Carolina Medical Association
SCRLA	South Carolina Restaurant and Lodging Association
SQG	Small Quantity Generator
TMDL	Total Maximum Daily Load
USDA	U.S. Department of Agriculture
WIC	Women, Infants and Children

Legal Standards

This is the first chart in the report because the legal standards which apply to the agency should serve as the basis for the agency's mission, vision and strategic plan.

Agency Responding	Department of Health and Environmental Control
Date of Submission	2/5/2016

Instructions : List all state and federal statutes, regulations and provisos that apply to the agency (“Laws”) and a summary of the statutory requirement and/or authority granted in the particular Law listed. If the agency grouped Laws together last year, they can continue to do so this year. However, please be aware that when the agency goes under study, the House Legislative Oversight Committee will ask it to list each Law individually. The Committee makes this request so the agency can then analyze each of the Laws to determine which current Laws may need to be modified or eliminated, as well as any new Laws possibly needed, to allow the agency to be more effective and efficient or to ensure the Law matches current practices and systems. Included below is an example, with a partial list of Laws which apply to the Department of Juvenile Justice. Please delete the example information before submitting this chart in final form. NOTE: Responses are not limited to the number of rows below that have borders around them, please list all that are applicable.

Item #	Statute, Regulation, or Proviso Number	State or Federal	Summary of Statutory Requirement and/or Authority Granted	Is the law a Statute, Proviso or Regulation?
1	§ 44-1-20 through 44-1-70	State	Enabling legislation for the Department of Health and Environmental Control - establishes the Department and the Board of Health and Environmental Control, their powers and procedures.	Statute
2	§ 44-1-80	State	Duties and powers of Board as to communicable diseases - sets forth the powers of the Board of Health and Environmental Control when it comes to the investigation and prevention of communicable diseases.	Statute
3	§ 44-1-90	State	Board shall advise municipal county authorities - codifies the powers of the Board of Health and Environmental Control as it relates to disease outbreaks in towns, cities, and counties in South Carolina.	Statute
4	§ 44-1-100	State	Assistance from peace and health officers - sets forth the requirement that sheriffs and constables, police officers and health officers, in towns, cities, counties, and other municipalities, must assist the Director of the Department to carry out restrictive measures for the prevention and control of communicable diseases.	Statute
5	§ 44-1-110	State	Duties of Department in regard to public health, in general - establishes the Department as the sole advisor of the state in all questions involving the protection of the public health and sets forth the Department's duties in regards to the protecting the public health.	Statute
6	§ 44-1-130	State	Department may establish health districts and district advisory boards of health - provides the authority for the Department to divide the state into health districts and establish advisory boards within those districts.	Statute

Legal Standards

7	§ 44-1-140	State	Department may promulgate and enforce rules and regulations for public health - establishes areas in which the Department may promulgate rules and regulations as well as providing the Department authority to issue orders to address emergencies.	Statute
8	§ 44-1-150	State	Penalty for violating rules of the department - addresses the ability of the Department to issue penalties associated with failures to follow rules, regulations, and directives of the Department.	Statute
9	§ 44-1-170	State	Department shall supervise local boards of health - authorizes the Department to direct and supervise the action of local boards of health.	Statute
10	§ 44-1-180	State	Department may establish charges for health care - provides that the Department may charge for medical services it provides.	Statute
11	§ 44-1-190	State	Department may investigate ability to pay and determine amount of charges; contracts for care and treatment - allows Department to investigate financial ability of patients to pay for services and set fees accordingly.	Statute
12	§ 44-1-200	State	Department may provide home health services - gives the Department the discretion to provide home health services in the state.	Statute
13	§ 44-3-10	State	Municipal corporations may maintain boards of health; supervisory control - allows municipalities to establish local boards of health, which function under the administration, control, and guidance of the Department.	Statute
14	§ 44-3-110 through 150	State	Catawba Health District - establishes the Catawba Health District, consisting of Chester, Lancaster, and York counties, which is under the direction and control of the Department.	Statute
15	§ 44-4-100 through 570	State	The Emergency Health Powers Act - establishes the Emergency Health Powers Act, which allows for additional powers for the control of property and persons during the declaration of a state of public health emergency as called for by the Governor.	Statute
16	§ 44-7-2410 through -2460	State	Hospital Infections Disclosure Act - provides that individual hospitals must collect data on hospital inquired infection rates and submitted reports to the Department.	Statute
17	§ 44-7-2510 through -2610	State	Infants and Toddlers with Disabilities Act - provides for early intervention services to infants and toddlers with disabilities.	Statute
18	§ 44-29-10 et seq.	State	Contagious and Infectious Diseases (see below).	Statute
19	§ 44-29-10	State	Reporting deaths from contagious or infectious diseases and chemical or other terrorism; increased prescription rates of drugs for diseases caused by chemical terrorism or infectious agents - requires the reporting by physicians, pharmacists, and health care providers of certain cases of contagious and infectious diseases to the Department for purpose of the Department's investigation and establishes penalties associated with failures to report.	Statute
20	§ 44-29-15	State	Reporting requirements for laboratories testing for certain infectious or other diseases; civil penalty - requires laboratories to report certain positive or reactive tests of infectious or communicable diseases to the Department and establishes penalties for failure to report.	Statute

Legal Standards

21	§ 44-29-20	State	Transportation and handling of human remains infected by dangerous, contagious, or infectious disease - establishes certain notification requirements of human remains infected by dangerous, contagious, or infectious disease; the Department is given responsibility for distributing to hospitals, health or medical clinics and others who are frequently in possession of human remains a list declaring what diseases are regarded as dangerous, contagious, or infectious.	Statute
22	§ 44-29-40 through 50	State	Vaccinations, screening, and immunization - establishes the Department as having general direction and supervision of vaccination, screening, and immunization in the state.	Statute
23	§ 44-29-60	State	Sexually transmitted diseases declared dangerous to the public health; infection of another with sexually transmitted disease - establishes STDs as dangerous to the public health and makes it unlawful for anyone to knowingly expose another to infection.	Statute
24	§ 44-29-70 through 80	State	Reports of cases of sexually transmitted diseases - establishes requirements for the reporting of STDs to the Department.	Statute
25	§ 44-29-90	State	Examination, treatment, and isolation of persons infected with venereal disease - provides for the examination and treatment of people with STDs by health officers and allows for isolation; requires the Department to investigate cases of HIV and to maintain confidentiality.	Statute
26	§ 44-29-115	State	Procedure for isolation - establishes the procedure by which the Department may isolate an individual infected with an STD.	Statute
27	§ 44-29-130	State	Adoption of regulations pertaining to sexually transmitted disease - authorizes the Department to promulgate regulations to protect the public health from STDs.	Statute
28	§ 44-29-135	State	Confidentiality of sexually transmitted disease records - provides for strict confidentiality by the Department for its STD records and provides limited exceptions for their disclosure.	Statute
29	§ 44-29-136	State	Court orders for disclosure of records for law enforcement purposes; confidentiality of safeguards - provides a procedure by which solicitors or state criminal law enforcement agencies may obtain STD records held by the Department.	Statute
30	§ 44-29-145	State	Penalties pertaining to venereal disease - establishes penalties for violation of rules, orders, and regulations of the Department regarding venereal disease.	Statute
31	§ 44-29-145	State	Penalty for exposing others to Human Immunodeficiency Virus - creates penalties against individuals for exposing others to HIV.	Statute
32	§ 44-29-150 through -170	State	Staff of schools and child care centers to be evaluated for tuberculosis before initial hiring - requires testing for tuberculosis and the presentation of a certificate from a physician declaring one to be negative.	Statute
33	§ 44-29-180 through -190	State	Vaccination and immunization as prerequisite to school admission - prohibits children from attending public schools and day care centers without proof of vaccinations, with certain exemptions; establishes penalties for violation of the requirement.	Statute

Legal Standards

34	§ 44-29-195	State	Head lice - prohibits children from attending school with head lice and establishes criteria for return.	Statute
35	§ 44-29-200	State	Attendance of teachers or pupils with contagious or infectious diseases may be prohibited - allows schools to prohibit attendance by students and staff with contagious or infectious disease.	Statute
36	§ 44-29-210	State	Physicians, licensed nurses, and certain authorized public health employees participating in mass immunization projects exempt from liability - with certain exceptions.	Statute
37	§ 44-29-230	State	Testing required when health care worker exposed to blood borne disease - allows for the testing of a patient, a health care worker, or an emergency response employee to be tested without their consent when a health care worker or emergency response employee is exposed to blood borne diseases.	Statute
38	§ 44-29-240	State	Protection of health care professionals rendering care; knowledge and disclosure of HIV or Hepatitis B (HBV) status - encourages individuals on whom an invasive, exposure-prone procedure is to be performed, to know and disclose his HIV and HBV status.	Statute
39	§ 44-29-250	State	Confidentiality of anonymous HIV test results; reporting requirements - provides that a person who anonymously submits his blood for testing is not required to report the test results to the Department; however, the lab or person performing the test still has responsibility for reporting.	Statute
40	§ 44-30-10 through 90	State	South Carolina Health Care Professional Compliance Act - provides for the creation of expert review panels whereby a health care worker who is either HIV or HBV positive can present his or her situation to the advisory panel and receive recommendations for participating in certain invasive procedures in the health care setting.	Statute
41	§ 44-31-10 through 30	State	Tuberculosis - requires physicians and others to report to the Department cases of tuberculosis and grants the Department the authority to inspect all medical records where tuberculosis patients are treated.	Statute
42	§ 44-31-100 through -200	State	Emergency Detention and Commitment of Tuberculosis Patients - provides the procedures by which the Department can require the emergency detention, examination, and isolation of tuberculosis patients.	Statute
43	§ 44-35-5 though - 100	State	Central Cancer Registry - provides for the establishment of a central cancer registry and a plan for cancer prevention, detection, and surveillance.	Statute
44	§ 44-37-10 through 70	State	Care of the Newly Born - establishes requirements for newborn care, including care relating to eyes, neonatal testing, newborn hearing screening, the prevention against shaken infant syndrome, preventing pertussis, sickle cell education, and congenital heart defects.	Statute
45	§ 44-41-10 through 380	State	Abortion - establishes the circumstances under which abortion is legal in the state and designates the Department as the entity responsible for licensing abortion clinics.	Statute
46	§ 44-53-10 through 50	State	Poisons, Drugs, and Other Controlled Substances - provides the general powers given to the Department concerning poisons, drugs, and other controlled substances.	Statute

Legal Standards

47	§ 44-53-160 through -270	State	Scheduling of Controlled Substances - provides the process by which controlled substances are classified into schedules and sets forth Schedules I through V.	Statute
48	§ 44-53-280	State	Controlled Substances - grants the Department the authority to promulgate rules and regulations regarding the requirement of certain health care professionals to obtain a registration prior to prescribing, manufacturing, or distributing controlled substances.	Statute
49	§ 44-53-290	State	Establishes the requirement of and authority granted by a controlled substance registration and identifies individuals exempt from registration.	Statute
50	§ 44-53-300 through -320	State	Granting of registration - establishes the process for someone to apply for a controlled substances registration as well as the grounds and procedures for denial, revocation, or suspension.	Statute
51	§ 44-53-330	State	Requires that a copy of a judgment of a person convicted of a violation of the controlled substances act be sent to the clerk of court of the person's licensing board.	Statute
52	§ 44-53-340	State	Requires those with a controlled substances registration to maintain records and inventories.	Statute
53	§ 44-53-350	State	Provides that Schedule I and II substances can only be distributed by one registrant to another pursuant to an order form prescribed by the Department.	Statute
54	§ 44-53-360	State	Prescriptions - establishes that certain controlled substances may only be dispensed pursuant to a prescription and sets forth other related provisions.	Statute
55	§ 44-53-365	State	Theft of controlled substances - sets forth penalties for the theft of controlled substances.	Statute
56	§ 44-53-370	State	Establishes certain prohibited acts under the controlled substances act.	Statute
57	§ 44-53-375	State	Establishes violations and penalties for the possession, manufacture, and trafficking of methamphetamine and cocaine base and other controlled substances.	Statute
58	§ 44-53-376	State	Makes it unlawful to dispose of waste from production of methamphetamine and establishes penalties and emergency response restitution.	Statute
59	§ 44-53-378	State	Makes it unlawful to expose a child to methamphetamine.	Statute
60	§ 44-53-380 through -391, -395 through -400, -420, 440 through -445	State	Establishes certain additional prohibited acts under the Controlled Substances Act.	Statute
61	§ 44-53-430	State	Creates an appeals process from orders of the Department.	Statute
62	§ 44-53-450 through -470	State	Establishes criteria and procedures for probation, a conditional discharge, reduced sentences, and expungement relating to controlled substances offenses, including the definition of "second or subsequent offense."	Statute
63	§ 44-53-475	State	Financial transactions, monetary instruments, or financial institutions involving property or proceeds of unlawful activities in narcotic drugs or controlled substances, including penalties.	Statute

Legal Standards

64	§ 44-53-480 through -570	State	Statutes relating to the enforcement of all laws pertaining to illicit traffic in controlled and counterfeit substances, handling of seized controlled substances, drug inspectors, procedures for issuance and execution of administrative inspection warrants, forfeitures, prosecutions, and service of search warrants.	Statute
65	§ 44-53-577	State	Illegal acts involving persons under 17 years of age, including penalties.	Statute
66	§ 44-53-582 through -590	State	Provides for the return of monies used to purchase controlled substances, the return of seized items to innocent owners, and penalties for the use of property in a manner which makes it subject to forfeiture.	Statute
67	§ 44-53-610 through -660	State	Establishes the South Carolina Controlled Substances Therapeutic Research Act of 1980.	Statute
68	S.C. Code Ann. Section 44-53-610 through 44-53-660	State	Controlled Substances Therapeutic Research Act of 1980 - Establishes a program within DHEC to distribute to cancer chemotherapy, radiology, and glaucoma patients, certified pursuant to the Act, marijuana under the terms and conditions of the Act for the purpose of alleviating the patient's discomfort, nausea, and other painful side effects of their disease or chemotherapy treatments.	Statute
69	§ 44-53-710 through -760	State	Provides for the control over methadone by the Department.	Statute
70	§ 44-53-1310 through -1495	State	Creates the Childhood Lead Poisoning Prevention and Control Act whereby the Department establishes a program for the early diagnosis of cases of childhood lead poisoning and its prevention.	Statute
71	§ 44-53-1610 through -1680	State	Establishes the Prescription Monitoring Program whereby the Department maintains and establishes a program to monitor the prescribing and dispensing of all Schedule II, III, and IV controlled substances.	Statute
72	§ 44-63-10 though -180	State	Empowers the Department to establish a bureau of vital statistics and to provide an adequate system for the registration and certification of births, deaths, marriages, and divorces.	Statute
73	§§ 43-5-910 through -970	State	Women, Infants, and Children Supplemental Food Program (WIC) - allows for the implementation of the federal WIC program to provide nutritional education and supplemental foods to pregnant and breastfeeding women, infants, and children.	Statute
74	§§ 44-122-50	State	Adolescent Pregnancy and Prevention - provides that the Department shall provide technical assistance and training to county governments and contractors, as needed, related to adolescent pregnancy prevention issues and share information with county governments, contractors, and program applicants about the nature of the problem, available resources, and potential barriers.	Statute
75	§§ 44-128-10 through -50	State	South Carolina Youth Smoking Prevention Act - provides for the development and implementation of a youth smoking prevention plan.	Statute

Legal Standards

76	R. 61-4	State	Controlled Substances - implements the provisions of Section 44-53-10, et seq., of the S.C. Code of Laws and establishes the requirements necessary to ensure the appropriate security, authority, and accountability with regard to the possession, manufacture, dispensing, administering, use, and distribution of controlled substances in South Carolina.	Regulation
77	R. 61-8	State	Immunization Requirements for School and Childcare Attendance - sets forth the immunization requirements for children to attend school and childcare as well as the exceptions to the requirements.	Regulation
78	R. 61-11	State	Hypodermic Devices - sets forth the provisions for the sale and use of hypodermic devices.	Regulation
79	R. 61-18	State	Drugs and Devices - incorporates those rules and regulations issued by the Food and Drug Administration, United States Department of Health, Education, and Welfare that are contained within 21 CFR 1 through 21 CFR 129 inclusive that pertain to drugs and devices, as defined by Chapter 23 of Title 39 of the 1976 Code, and made the rules and regulations of the State Board of Health pertaining to drugs and devices, as promulgated under the authority of Chapter 23 of Title 39 of the 1976 Code.	Regulation
80	R. 61-19	State	Vital Statistics - establishes the duties and requirements of the Department, as well as the duties and requirements of others, as it pertains to vital records, including, but not limited to, birth records and death records.	Regulation
81	R. 61-20	State	Communicable Diseases - establishes the Department's responsibilities and authority for the control and prevention of the spread of communicable diseases.	Regulation
82	R. 61-21	State	Sexually Transmitted Diseases - establishes the Department's responsibilities and authority for the control and prevention of the spread of sexually transmitted diseases, including reporting requirements, confidentiality, and methods of communications.	Regulation
83	R. 61-22	State	The Evaluation of School Employees for Tuberculosis - sets forth the rationale and requirements for screening school employees for tuberculosis.	Regulation
84	R. 61-23	State	Control of Anthrax - makes illegal the transport or possession of anthrax into or through the state.	Regulation
85	R. 61-31	State	Health Care Cooperative Agreements - implements the legislative intent that there be a state regulatory program to permit and encourage cooperative agreements between hospitals, health care purchasers, or other health care providers which would otherwise violate federal or state anti-trust laws when the benefits outweigh disadvantages caused by their potential adverse effects on competition.	Regulation

Legal Standards

86	R. 61-80	State	Neonatal Screening for Inborn Metabolic Errors and Hemoglobinopathies - establishes rules implementing provisions of Section 44-37-30 of the S.C. Code of Laws regarding testing of newborn children for inborn metabolic errors and hemoglobinopathies; the Department has been given the legislative mandate to promulgate rules and regulations for screening for inborn metabolic errors and hemoglobinopathies and to ensure compliance with the screening of every child born in South Carolina; the responsibilities of the various agencies, institutions, and persons involved in the screening process are defined; procedures for storage and use of blood specimens and maintenance of confidentiality are included.	Regulation
87	R. 61-88	State	Charges for Maternal and Child Health Services - implements federal requirements for the charging of maternal and child health services.	Regulation
88	R. 61-89	State	Charges for Family Planning Services - implements federal requirements for the charging of maternal and child health services.	Regulation
89	R. 61-94	State	WIC Vendors - establishes requirements for the application, approval, monitoring, and disqualification of vendors under the Women, Infants, and Children program.	Regulation
90	R. 61-112	State	Implementation of Emergency Health Powers Act - provides procedures for responding to the occurrence or imminent risk of a qualifying health condition in a manner which is consistent with the authorities of S.C. Code Ann. Sections 44-1-110 through -140, the Emergency Health Powers Act (S.C. Code Ann. Section 44-4-10 et seq.), S.C. Code Ann. Sections 44-29-10 through -50, Regulations 61-16 and 61-20, and the State Emergency Response Plan with its supporting annexes, appendices, and Standard Operating Procedures; it is intended to provide for timely recognition of sources or potential sources of disease, identification of victims or potential victims, delivery of health care, application of appropriate public health measures, and assurance of due process and personal privacy commensurate with the public health threat.	Regulation
91	R. 61-114	State	South Carolina Birth Defects Program - establishes standards for implementing provisions of Sections 44-44-10 through 44-44-160 of the South Carolina Code of Laws regarding the public health monitoring of birth defects identified in children up to two years of age in South Carolina; the Birth Defects Act of 2004 established the South Carolina Birth Defects Program (SCBDP) within the Department; the Department has been given the legislative mandate to promulgate regulations for public health monitoring of birth defects and to ensure compliance with the public health monitoring of children born in South Carolina; the responsibilities of the various agencies, institutions, and persons involved in public health surveillance and monitoring of birth defects are defined; procedures for public health surveillance and monitoring, use of data, and maintenance of confidentiality are included.	Regulation
92	R. 61-117	State	Access to Restricted Information - This regulation pertains to information that has been designed pursuant to the S.C. Freedom of Information Act.	Regulation

Legal Standards

93	R. 61-120	State	South Carolina Immunization Registry - provides rules, implementing Section 44-29-40 of the S.C. Code of Laws regarding the S.C. Immunization Registry requirements for reporting immunizations occurring in South Carolina, implementation and operation of the registry, data elements to be collected, content of electronic forms and reports, and the procedures for disclosure of confidential registry information.	Regulation
94	Proviso 34.1	State	DHEC: County Health Department Funding - the sum of \$25,000 shall be distributed to the county health departments by the commissioner, with the approval of the DHEC Board, for the following purposes: (1) To insure the provision of a reasonably adequate public health program in each county; (2) To provide funds to combat special health problems that may exist in certain counties; (3) To establish and maintain demonstration projects in improved public health methods in one or more counties in the promotion of better public health service throughout the state; (4) To encourage and promote local participation in financial support of the county health departments; (5) To meet emergency situations which may arise in local areas; (6) To fit funds available to amounts budgeted when small differences occur.	Proviso
95	Proviso 34.2	State	DHEC: County Health Units - general funds made available to the Department for the allocation to the counties of the state for operation of county health units.	Proviso
96	Proviso 34.3	State	DHEC: Camp Burnt Gin - Private donations or contributions for the operation of Camp Burnt Gin are deposited in a fund, carried forward, and made available as needed to fund the operation of the camp.	Proviso
97	Proviso 34.4	State	DHEC: Children's Rehabilitative Services - The Children's Rehabilitative Services shall be required to utilize any available financial resources including insurance benefits and/or governmental assistance programs, to which the child may otherwise be entitled in providing and/or arranging for medical care and related services to physically handicapped children eligible for such services, as a prerequisite to the child receiving such services.	Proviso
98	Proviso 34.5	State	DHEC: Cancer/Hemophilia - Notwithstanding any other provisions of this act, the funds appropriated herein for prevention, detection, and surveillance of cancer as well as providing for cancer treatment services, \$545,449 and the hemophilia assistance program, \$1,186,928 shall not be transferred to other programs within the agency and when instructed by the Executive Budget Office or the General Assembly to reduce funds within the Department by a certain percentage, the Department may not act unilaterally to reduce the funds for any cancer treatment program and hemophilia assistance program provided for herein greater than such stipulated percentage.	Proviso
99	Proviso 34.6	State	DHEC: Local Health Departments - Counties of the state will be relieved of contribution requirements for salary, fringe benefits, and travel reimbursement to local health departments.	Proviso

Legal Standards

100	Proviso 34.7	State	DHEC: Insurance Refunds - The Department of Health and Environmental Control is authorized to budget and expend monies resulting from insurance refunds for prior year operations for case services in family health.	Proviso
101	Proviso 34.9	State	DHEC: Rape Violence Prevention Contract - Of the amounts appropriated in Rape Violence Prevention, \$1,103,956 shall be used to support programmatic efforts of the state's rape crisis centers with distribution of these funds based on the Standards and Outcomes for Rape Crisis Centers and each center's accomplishment of a preapproved annual action plan.	Proviso
102	Proviso 34.10	State	DHEC: Sickle Cell Blood Sample Analysis - \$16,000 is appropriated in Independent Living for the Sickle Cell Program for blood sample analysis and shall be used by the Department to analyze blood samples submitted by the four existing regional programs.	Proviso
103	Proviso 34.11	State	DHEC: Sickle Cell Programs - \$761,233 is appropriated for Sickle Cell program services.	Proviso
104	Proviso 34.12	State	DHEC: Genetic Services - The sum of \$104,086 appearing under the Independent Living program of this act shall be appropriated to and administered by the Department for the purpose of providing appropriate genetic services to medically needy and underserved persons.	Proviso
105	Proviso 34.13	State	DHEC: Revenue Carry Forward Authorization - The Department 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, Spoil Easement Areas revenue, performance bond forfeiture revenue for restoring damaged critical areas, beach renourishment appropriations, photocopies 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-DHEC employees.	Proviso
106	Proviso 34.27	State	DHEC: Prohibit Use of Funds - The Department of Health and Environmental Control must not use any state appropriated funds to terminate a pregnancy or induce a miscarriage by chemical means.	Proviso
107	Proviso 34.28	State	DHEC: Meals in Emergency Operations - The cost of meals may be provided to state employees who are required to work during actual emergencies and emergency simulation exercises when they are not permitted to leave their stations.	Proviso
108	Proviso 34.29	State	DHEC: Compensatory Payment - In the event the President of the United States has declared a state of emergency or the Governor has declared a state of emergency in a county in the state, Fair Labor Standards Act exempt employees of the Department may be paid for actual hours worked in lieu of accruing compensatory time, at the discretion of the agency director, and providing funds are available.	Proviso

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109	Proviso 34.32	State	DHEC: Pandemic Influenza - The Department shall assess South Carolina's ability to cope with a major influenza outbreak or pandemic influenza and maintain an emergency plan and stockpile of medicines and supplies to improve the state's readiness condition; the Department shall report on preparedness measures to the Speaker of the House of Representatives, the President Pro Tempore of the Senate, and the Governor by November 1, each year; the Department, in conjunction with the Department of Health and Human Services, is authorized to establish a fund for the purpose of developing an emergency supply, stockpile, and distribution system of appropriate antiviral, antibiotic, and vaccine medicines and medical supplies; in the event the U.S. Department of Health and Human Services makes available medicines or vaccines for purchase by states via federal contract or federally subsidized contract or other mechanism, the Department, with Executive Budget Office approval, may access appropriated or earmarked funds as necessary to purchase an emergency supply of these medicines for the state of South Carolina.	Proviso
110	Proviso 34.33	State	DHEC: Pharmacist Services - for the current fiscal year, provisions requiring that all Department facilities distributing or dispensing prescription drugs be permitted by the Board of Pharmacy and that each pharmacy have a pharmacist-in-charge are suspended; each Department Health Region shall be required to have a permit to distribute or dispense prescription drugs; a Department pharmacist may serve as the pharmacist-in-charge without being physically present in the pharmacy.	Proviso
111	Proviso 34.35	State	DHEC: Rural Hospital Grants - Rural Hospital Grants funds shall be allocated to public hospitals in very rural or rural areas whose largest town is less than 25,000 and whose licensed bed capacity does not exceed 200 beds.	Proviso
112	Proviso 34.36	State	DHEC: Camp Burnt Gin - Notwithstanding any other provision of law, the funds appropriated to the Department pursuant to Part IA, or funds from any other source, for Camp Burnt Gin must not be reduced in the event the Department is required to take a budget reduction.	Proviso
113	Proviso 34.37	State	DHEC: Metabolic Screening - The Department may suspend any activity related to blood sample storage as outlined in Section 44 37-30 (D) and (E) of the 1976 Code, if there are insufficient state funds to support the storage requirements. In that event, the samples may be destroyed in a scientifically appropriate manner after testing. The Department shall notify providers of the suspension within 30 days of its effective date.	Proviso
114	Proviso 34.38	State	DHEC: Fetal Pain Awareness - The Department must utilize at least \$100 to prepare printed materials concerning information that unborn children at 20 weeks gestation and beyond are fully capable of feeling pain and the right of a woman seeking an abortion to ask for and receive anesthesia to alleviate or eliminate pain to the fetus during an abortion procedure. The materials must be provided to each abortion provider in the state and must be placed in a conspicuous place in each examination room at the doctor's office.	Proviso

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115	Proviso 34.39	State	DHEC: South Carolina Health Integrated Data Services - From funds appropriated for Chronic Disease Prevention, the Department shall establish a S.C. Health Integrated Data Services (SCHIDS) program to disseminate data about prevalence, treatment, and cost of disease from the S.C. Health and Human Services Data Warehouse and in particular the Medicaid system. The purpose of the program is to educate communities statewide about improving health and wellness through lifestyle changes.	Proviso
116	Proviso 34.40	State	DHEC: Abstinence Education Contract - For the current fiscal year, funds made available to the state of South Carolina under the provisions of Title V, Section 510, may only be awarded to other entities through a competitive bidding process.	Proviso
117	Proviso 34.41	State	DHEC: Immunizations - The Department is authorized to utilize the funds appropriated for immunizations to hire temporary personnel to address periods of high demand for immunizations at local health departments.	Proviso
118	Proviso 34.44	State	DHEC: Obesity - The Department is charged with addressing the public health of our citizens and shall be the convener and coordinator of the fight against obesity in South Carolina; because addressing the obesity epidemic requires behavioral, educational, systemic, medical, and community involvement, the following state agencies should use their best efforts to cooperate with the requests of the Department and its partners to facilitate an environment that decreases body mass index (BMI): Department of Education; Department of Health and Human Services; Department of Social Services; Department of Mental Health; Medical University of South Carolina; University of South Carolina Arnold School of Public Health; Department of Parks, Recreation, and Tourism; Department of Commerce; Department of Transportation; and Commission for the Blind; in addition, school districts must provide the Department with information regarding their progress towards meeting certain provisions of the Student Health and Fitness Act of 2005.	Proviso
119	Proviso 34.45	State	DHEC: Tuberculosis Outbreak - Upon discovery of a tuberculosis outbreak, the Department may expend any funds available to the agency, for the purpose of surveillance, investigation, containment, and treatment activities related thereto; during an investigation of an index tuberculosis patient, the Department, through the South Carolina Health Alert Network, must notify the patient's community that a tuberculosis contact investigation is being conducted into the possible exposure to tuberculosis; other requirements are also included in the proviso.	Proviso
120	Proviso 34.46	State	DHEC: Abstinence- Until- Marriage Emerging Programs - From the funds appropriated to DHEC in this act as a special item and titled "Abstinence-Until-Marriage Emerging Programs" the Department shall award a 12-month grant for abstinence-until-marriage emerging programs; this funding shall be awarded by the Department only to nonprofit 501(c)(3) agencies meeting all the A-H Title V, Section 510 definitions of Abstinence Education.	Proviso

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121	Proviso 34.47	State	DHEC: Abstinence - Until- Marriage Evidence-Based Program Funding - From the monies appropriated for the Continuation of Teen Pregnancy Prevention, contracts must be awarded to separate private, nonprofit 501(c)(3) entities to provide Abstinence Until Marriage teen pregnancy prevention programs and services within the state that meet all of the A-H Title V, Section 510 definitions of Abstinence Education.	Proviso
122	Proviso 34.49	State	DHEC: Birthing Center Inspections - For this fiscal year, birthing centers, accredited by the Commission on Accreditation of Birth Centers on or before July 1, 2014, must register an on-call agreement and any transfer policies with the Department; the on-call agreement shall contain provisions which provide that the on-call physician is readily available to provide medical assistance either in person or by telecommunications or other electronic means, which means the physician must be within a 30-minute drive of the birthing center or hospital, must be licensed in the state of South Carolina, and shall provide consultation and advice to the birthing center at all times it is serving the public; furthermore, a birthing center shall document in its practice guidelines and policies the ability to transfer care to an acute care hospital with obstetrical and newborn services and must demonstrate this by: (A) coordinated transfer care plans, protocols, procedures, arrangements, or through collaboration with one or more acute care hospitals with appropriate obstetrical and newborn services; and (B) admitting privileges at one or more hospitals with appropriate obstetrical and newborn services by a birthing center's consulting physician.	Proviso
123	Proviso 34.53	State	DHEC: Maternal Morbidity and Mortality Review Committee - From the funds appropriated to or authorized for the Department of Health and Environmental Control in Fiscal Year 2015-16, the Department shall establish a Maternal Morbidity and Mortality Review Committee to review maternal deaths and to develop strategies for the prevention of maternal deaths.	Proviso
124	42 USC § 300gg; 29 USC § 1181, et seq.; 42 USC § 1320d, et seq.; 45 CFR Part 160, Part 162 and Part 164	Federal	Health Insurance Portability and Accountability Act of 1996, as amended - establishes requirements for the protection of personal health information; Subtitle D of the HITECH Act addresses the privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules.	Statute
125	Title XIII of division A and title IV of division B of the American Recovery and Reinvestment Act of 2009 (ARRA), Public Law 11-5	Federal	Health Information Technology for Economic and Clinical Health Act - contains incentives related to health care information technology in general (e.g. creation of a national health care infrastructure) and contains specific incentives designed to accelerate the adoption of electronic health record (EHR) systems among providers.	Public Law

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126	Pub. L. 110-233, 122 Stat. 881 (2008)	Federal	Genetic Information Nondiscrimination Act - a U.S. Congress Act designed to prohibit the use of genetic information in health insurance and employment.	Public Law
127	42 U.S.C. §§ 300, et seq.	Federal	Title X of the Public Health Service Act - federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services.	Statute
128	7 C.F.R. Part 246	Federal	Special Supplemental Nutrition Program for Women, Infants, and Children - provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.	Regulation
129	Pub.L. No. 111-148, 124 Stat. 119 (2010), as amended	Federal	Patient Protection and Affordable Care Act - the comprehensive health care reform law enacted in March 2010. The law was enacted in two parts: the Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name "Affordable Care Act" is used to refer to the final, amended version of the law.	Statute
130	42 U.S.C. § 12101 et seq.	Federal	Americans with Disabilities Act of 1990 (ADA) - prohibits discrimination against people with disabilities in employment, transportation, public accommodation, communications, and governmental activities. The ADA also establishes requirements for telecommunications relay services.	Statute
131	§ 44-1-140	State	Department May Promulgate an Enforce Rules and Regulations for Public Health - general authority to promulgate regulations regarding protection of public health.	Statute
132	§ 44-1-150	State	Penalty for Violating Rules of the Department - prescribes penalties, including monetary, for violating rules passed in accordance with Section 44-1-140.	Statute
133	§ 40-33-30 (D) (7)	State	Nursing Act - carves out midwives licensed by DHEC from Nursing Act authority.	Statute
134	§§ 44-7-10 through 44-7-70	State	Hospitals, TB camps, and Health Services Districts - Affords various protections for certain health care facilities and patients.	Statute
135	§§ 44-7-80 through 90	State	Medicaid Nursing Home Permits - directs the Department to allocate Medicaid nursing home patient days.	Statute
136	§§ 44-7-110 through 394	State	State Certification of Need and Health Facility Licensure Act - establishes Certificate of Need in S.C. and the Department's role in executing the program. Also, directs the Department to license and promulgate regulations relating to specific healthcare facilities.	Statute
137	§§ 44-7-500 through 590	State	Health Care Cooperation Act - establishes the ability for providers to arrange healthcare co-ops.	Statute
138	§§ 44-7-2410 through 2460	State	Hospital Infections Disclosure Act - directs hospitals to establish infection reports and the Department to establish an advisory board.	Statute
139	§§ 44-7-2510 through 2610	State	Infant and Toddlers with Disabilities Act - provides early intervention services to infants and toddlers with disabilities.	Statute

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140	§§ 44-7-2910 through 2950	State	Criminal Record Checks for Direct Care Staff - requires criminal records check for direct care personnel.	Statute
141	§§ 44-7-3410 through 3470	State	Lewis Blackman Hospital Patient Safety Act - provides protections for hospital patients such as ID requirements for hospital staff.	Statute
142	§§ 44-32-10 through 120	State	Licensure of Body Piercing Facilities - requires DHEC licensure and oversight of body piercing facilities.	Statute
143	§§ 44-34-10 through 110	State	Licensure of Tattoo Facilities - requires DHEC licensing and oversight of tattoo facilities.	Statute
144	§§ 44-61-10 through -160	State	Emergency Medical Services Act - requires DHEC licensure and oversight of EMS providers and agencies.	Statute
145	§§ 44-61-300 through-350	State	Children's Emergency Medical Services Act - EMS provisions regarding children.	Statute
146	§§ 44-61-510 through -550	State	Trauma Care System - requires DHEC designation and oversight of state trauma care facilities.	Statute
147	§§ 44-69-10 through -100	State	Licensure of Home Health Agencies - requires DHEC licensure and oversight of home health agencies.	Statute
148	§§ 44-70-10 et seq.	State	Licensure of In-Home Care Providers Act - requires DHEC licensure and oversight of in-home care providers.	Statute
149	§§ 44-71-10 through 110	State	Licensure of Hospice Programs - requires DHEC licensure and oversight of hospice programs and facilities.	Statute
150	§§ 44-75-10 through 120	State	The Athletic Trainers' Act of South Carolina - establishes Athletic Trainers' Advisory Committee as well as sets forth certification, application, and administrative procedures for athletic trainers in S.C.	Statute
151	§§ 44-78-10 through 65	State	Emergency Medical Services Do Not Resuscitate Order Act - allows certain persons to request execution of a "Do not resuscitate" order.	Statute
152	§§ 44-89-10 through 100	State	Licensing of Birthing Centers - requires DHEC licensure and oversight of birthing centers.	Statute
153	§§ 44-113-10 through 80	State	Provider Self-Referral Act - sets prohibitions on provider self-referrals.	Statute
154	§§ 44-63-10 through 180, § 17-5-560, § 20-1-310 through 350, §20-3-230, § 44-41-60, § 63-9-790, § 63-9-910	State	Vital Statistics - requires DHEC collection and maintenance of specific vital statistics.	Statute
155	R. 61-3	State	The Practice of Selling and Fitting Hearing Aids - sets licensure standards for selling and fitting hearing aids.	Regulation
156	R. 61-7	State	Emergency Medical Services - sets licensure requirements for EMS personnel and agencies.	Regulation
157	R. 61-12	State	Standards for Licensing Abortion Clinics - sets licensure standards for abortion facilities.	Regulation

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158	R. 61-13	State	Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions - sets licensure standards for habilitation centers.	Regulation
159	R. 61-15	State	Certification of Need for Health Facilities and Services - sets standards and processes for obtaining and challenging a CON.	Regulation
160	R. 61-16	State	Standards for Licensing Hospitals and Institutional General Infirmaries - sets licensure standards for hospitals.	Regulation
161	R. 61-17	State	Standards for Licensing Nursing Homes - sets licensure standards for nursing homes.	Regulation
162	R. 61-19	State	Vital Statistics - puts forth the Department's reporting and records maintenance standards.	Regulation
163	R. 61-24	State	Licensed Midwives - sets licensure standards for midwives.	Regulation
164	R. 61-31	State	Health Care Cooperative Agreements - implement the legislative intent that there be a state regulatory program to permit and encourage cooperative agreements between hospitals, health care purchasers, or other health care providers which would otherwise violate federal or state anti-trust laws when the benefits outweigh disadvantages caused by their potential adverse effects on competition.	Regulation
165	R. 61-63	State	Radioactive Materials (Title A) - sets registration requirements under Title A.	Regulation
166	R. 61-64	State	X-Rays (Title B) - sets forth registration requirements and fees for X-rays.	Regulation
167	R. 61-65	State	Particle Accelerators (Title C) - sets forth registration requirements and fees for particle accelerators.	Regulation
168	R. 61-96	State	Athletic Trainers - establishes minimum qualifications for those individuals wishing to offer athletic trainer services to the public.	Regulation
169	R. 61-97	State	Standards for Licensing Renal Dialysis Facilities - sets licensing standards for renal dialysis facilities.	Regulation
170	R. 61-102	State	Standards for Licensing Birthing Centers for Deliveries by Midwives - sets licensing standards for birthing centers.	Regulation
171	R. 61-103	State	Residential Treatment Facilities for Children and Adolescents - sets licensing standards for RTF facilities.	Regulation
172	R. 61-106	State	Tanning Facilities - sets licensing standards for tanning facilities.	Regulation
173	R. 61-122	State	Standards for License of In-Home Care Providers - sets licensing requirements for In-home care providers.	Regulation
174	R. 61-123	State	Critical Congenital Heart Defects Screening on Newborns - sets requirements for congenital heart defects screening on newborns.	Regulation
175	Proviso 34.1	State	The Access to Care appropriations of \$25,000 shall be distributed to the county health departments for county public health programs and projects.	Proviso
176	Proviso 34.2	State	DHEC's general fund appropriations for county health unit operations shall be allocated on a basis approved by the DHEC Board.	Proviso
177	Proviso 34.3	State	Private donations to Camp Burnt Gin operations shall be deposited in a restricted account that may be carried forward and made available to fund the operation of the camp.	Proviso

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178	Proviso 34.4	State	The Children's Rehabilitative Services are required to use available financial resources that a child may otherwise be entitled for medical care and related services before the child receives such services.	Proviso
179	Proviso 34.5	State	Appropriations for the hemophilia assistance program (\$1,186,928) and cancer prevention, detection, surveillance, and treatment services (\$545,449) are not transferrable to other DHEC programs.	Proviso
180	Proviso 34.6	State	Counties are appropriated \$5,430,697 for county health department salaries, fringe benefits, and travel, and counties shall provide all other operating expenses.	Proviso
181	Proviso 34.7	State	DHEC is authorized to use the insurance refunds from the previous year's operations for case services in family health.	Proviso
182	Proviso 34.8	State	EMS appropriations shall be allocated to the counties, EMS regions and regional councils, and the state EMS office for the purpose of improving and upgrading the EMS system throughout the state.	Proviso
183	Proviso 34.9	State	The Rape Violence Prevention appropriations (\$1,103,956) shall be used to support programmatic efforts of the state's rape crisis centers.	Proviso
184	Proviso 34.1	State	Appropriations to the Independent Living for the Sickle Cell Program (\$16,000) are for blood sample analysis of the blood samples submitted by the four existing regional programs.	Proviso
185	Proviso 34.11	State	Appropriations for the Sickle Cell program services (\$761,233) shall go to the community-based Sickle Cell Programs located across the state and at DHEC, and are to be used for providing prevention programs, educational programs, testing, counseling, and newborn screening.	Proviso
186	Proviso 34.12	State	The Independent Living program appropriations (\$104,086) shall be administered by DHEC for the purpose of providing appropriate genetic services to medically needy and underserved persons through contracting with appropriate providers of genetic services.	Proviso
187	Proviso 34.13	State	DHEC is authorized to collect, expend, and carry forward revenues from Sale of Goods, sale of meals at Camp Burnt Gin, sale of publications, brochures, Spoil Easement Areas revenue, performance bond forfeiture revenue for restoring damaged critical areas, beach renourishment appropriations, photocopies and certificate forms, sale of State Code and Supplements, sale of films and slides, sale of maps, and sale of items to be recycled.	Proviso
188	Social Security Act Title XVIII	Federal	Health Insurance for the Aged and Disabled - establishes the federal Medicare program, to which DHEC aids in implementation.	Statute
189	Social Security Act Title XIX	Federal	Grants to States for Medical Assistance Programs - establishes the Medicaid program.	Statute
190	Controlled Substances Act	Federal	Puts forth federal requirements regarding controlled substances, including prescription drugs.	Statute
191	42 C.F.R. Sections 430 et seq.	Federal	Puts forth standards for execution of the Medicare program.	Regulation
192	42 C.F.R. Sections 405 et seq.	Federal	Puts forth standards for execution of the Medicaid program.	Regulation

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193	42 CFR Sections 1300 et seq.	Federal	Puts forth standards for execution of the Controlled Substances Act.	Regulation
194	§ 44-1-140	State	On-Site Disposal (Septic Tanks)	Statute
195	§ 44-1-151	State	Penalties for Violations Involving Shellfish - provides for disposal of shellfish involved in violation and civil penalties.	Statute
196	§ 44-1-152	State	Disposition of Revenues from Capital Fines and Forfeitures for Violation of Shellfish Laws - to be split between county/DHEC/general fund.	Statute
197	§ 44-1-155	State	Release on Bail of Person Apprehended by Shellfish Patrolmen upon Charge of Violating Health and Sanitary Aspects of Shellfish, Crab, and Shrimp Laws or Regulations - permits deposit of bail with patrolman in lieu of incarceration or formal recognizance.	Statute
198	§§ 44-2-10 through -150	State	State Underground Petroleum Environmental Response Bank Act - provides authority to regulate underground storage tanks for petroleum products and for a DHEC managed fund for remediation of sites contaminated by releases from such tanks.	Statute
199	§§ 44-55-10 through -120	State	State Safe Drinking Water Act - provides authority for regulation of public water systems and requirements for owners and operators of such systems.	Statute
200	§§ 44-55-2310 through -2380	State	Public Swimming Pools - provides authority to regulate public swimming pools and requirements for owners and operators of such pools.	Statute
201	§§ 44-56-10 through-330	State	Hazardous Waste Management Act - provides authority to regulate hazardous waste, and its treatment, storage, and disposal.	Statute
202	§§ 44-56-410 through-495	State	Dry-cleaning Facility Restoration Trust Fund - provides for the collection and management of funds for the investigation and remediation of dry-cleaning related contamination.	Statute
203	§§ 44-56-710 through -760	State	Brownfields/Voluntary Cleanup Program - provides for incentives for redevelopment of contaminated industrial and commercial sites and for DHEC oversight of such redevelopment.	Statute
204	§§ 44-67-10 through -130	State	Litter Control Act [REPEALED].	Statute
205	§§ 44-87-10 through -50	State	Asbestos Abatement License - provides authority for regulation of asbestos abatement through permitting of specific abatement projects.	Statute
206	§§ 44-93-10 through -240	State	Infectious Waste Management Act - provides authority to regulate infectious waste, infectious waste generators, and treatment, storage, transport, and disposal of infectious waste.	Statute
207	§§ 44-96-10 through -470	State	Solid Waste Policy and Management Act - provides authority to regulate solid waste, landfills, and landfill operators.	Statute
208	§§ 47-20-10 through -170	State	Confined Swine Feeding Operations [REPEALED].	Statute
209	§§ 48-1-10 through -350	State	Pollution Control Act - provides authority for Department to abate, control, and prevent pollution to air and water in S.C., and to regulate discharges of pollution to the environment.	Statute
210	§§ 48-2-10 to 48-2-90	State	Environmental Protection Fund Act - creates a fund to defray the costs of administering several enumerated environmental acts.	Statute

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211	§ 48-5-10	State	Water Quality Revolving Fund Authority Act - provides authority for administration of Water Quality Revolving Fund, compliant with federal Clean Water Act, to provide funding for capital improvements to water systems.	Statute
212	§§ 48-14-40 through -140	State	Stormwater Management and Sediment Reduction Act - provides authority to regulate land disturbing activities and stormwater management.	Statute
213	§§ 48-18-10 through -80	State	Erosion and Sediment Reduction Act - specifies DHEC as agency responsible for regulating sediment reduction and stormwater management programs in South Carolina.	Statute
214	§§ 48-20-10 through -310	State	South Carolina Mining Act - provides for greatest practical degree of protection and restoration of lands involved with mining, and that all mining in the state is contingent upon plans including reasonable provision.	Statute
215	§§ 48-39-10 through -360	State	Coastal Tidelands and Wetlands - provides authority to regulate tidelands and wetlands to protect the coastal environment and promote the economic and social improvement of the coastal zone.	Statute
216	§§ 48-43-10 through -850	State	Oil and Gas Exploration, Drilling, Transportation, and Production - provides authority for regulation of activities involving oil and gas exploration and production, both onshore and offshore, and for the protection of the environment from releases of oil and gas into the environment.	Statute
217	§§ 48-57-10 through -110	State	Environmental Audit Privilege and Voluntary Disclosure - provides limited civil liability protection for violations of environmental regulations under narrowly prescribed circumstances where an entity self-reports such a violation.	Statute
218	§§ 48-60-05 through -150	State	S.C. Manufacturer Responsibility and Consumer Convenience Information Technology Equipment Collection and Recovery Act - provides for safe disposal, recycling, and refurbishment of covered devices (computer equipment) and requires DHEC to provide information to the public regarding proper methods of disposal and the prohibition on disposing of such devices in solid waste landfills.	Statute
219	§§ 49-1-10 through -90	State	Water, Water Resources, and Drainage - provides for the protection of navigable waters from obstructions to such navigation, and for permits for any construction impacting navigability.	Statute
220	§§ 49-4-10 through -80	State	Surface Water Withdrawal and Reporting Act - provides requirement that surface water withdrawers using volumes of water above a statutory threshold register or obtain a permit for their withdrawal, and for DHEC to administer said registrations and permits.	Statute
221	§§ 49-5-10 through -150	State	Groundwater Use and Reporting Act - provides for the protection, conservation, and regulation of groundwater.	Statute
222	§§ 49-11-110 through -260	State	Dams and Reservoirs Safety Act - provides authority to regulate, inspect, and certify dams in South Carolina.	Statute
223	§§ 13-7-20 through -140	State	Atomic Energy and Radiation Control Act - designates DHEC as the state agency responsible for regulating radiation sources (but not nuclear reactors or facilities or operations in duplication of regulatory activity of the federal government).	Statute

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224	R. 19-450	State	Permits for Construction in Navigable Waters - authorizes DHEC to serve as permitting agency for any dredging, filling, or construction or alteration activity in, on, or over a navigable water.	Regulation
225	R. 30-1 through 30-21	State	Coastal Division Regulations 30-1 through 30-21 (Collectively known as permitting in the critical areas of the Coastal Zone) - regulates coastal development activity to protect coastal resources and ensure consistent permit evaluations.	Regulation
226	R. 30-1	State	Statement of Policy - describes public policy for coastal management regulations.	Regulation
227	R. 30-2	State	Applying for a Permit - describes requirements and process for obtaining a permit for coastal development.	Regulation
228	R. 30-3	State	Public Hearings - describes circumstances under which public hearing may be held for a specific permit.	Regulation
229	R. 30-4	State	Decisions on a Permit - describes the decisions the Department may make on a permit request and requirements that may be included in such a permit.	Regulation
230	R. 30-5	State	Exceptions - describes circumstances which do not require a permit.	Regulation
231	R. 30-6	State	Appeals of Permit Decisions - describes appeal procedures for all permit decisions under this regulation.	Regulation
232	R. 30-8	State	Enforcement - describes the Department's regulatory enforcement process and potential enforcement actions for violations.	Regulation
233	R. 30-10	State	Critical Area Boundaries - describes the geographic boundaries for critical area coastal regulation.	Regulation
234	R. 30-11	State	General Guidelines for All Critical Areas - provides for stricter regulation of "critical areas."	Regulation
235	R. 30-12	State	Specific Project Standards for Tidelines and Coastal Waters - provides specific technical standards for projects in tidelines and coastal waters to minimize impact on coastal resources.	Regulation
236	R. 30-13	State	Specific Project Standards for Beaches and the Beach/Dune System - provides specific technical standards for projects in beach/dune systems to minimize impact on coastal resources.	Regulation
237	R. 30-14	State	Administrative Procedures - provides administrative procedures for development of local beach management plans, responding to emergency situations, assessing damage to coastal development, and other matters relevant to regulatory oversight of the coastal zone.	Regulation
238	R. 30-15	State	Activities Allowed Seaward of Baseline - provides authority for permitting limited construction/reconstruction activity seaward of coastal baseline.	Regulation
239	R. 30-16	State	Documentation Requirements Before Commencing Activities Between Setback Line and Baseline - requires written notification to and response from the department for specific activities between the baseline and the 40-year setback line, and describes documentation required for same.	Regulation
240	R. 30-17	State	Application for Procedures for General Permits Pursuant to Section 48-39-290(B)(4) - describes application procedures for permit for "all other construction" between baseline and setback line.	Regulation

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241	R. 30-18	State	Beachfront Restoration Fund - provides for procedure for administering funds for beach restoration projects when funds are available.	Regulation
242	R. 30-21	State	Beachfront Management Plan - provides requirements for adoption of comprehensive beachfront management plans.	Regulation
243	R. 61-9	State	Water Pollution Control Permits - provides requirements for and authority to administer National Pollutant Discharge Elimination System (NPDES) permits, and establishes procedures for permitting decisions and water quality standards.	Regulation
244	R. 61-29	State	Environmental Health Inspections and Fees - provides authority to establish inspection fees to defray cost of inspections at various regulated institutions and facilities.	Regulation
245	R. 61-30	State	Environmental Protection Fees - provide authority to establish fees for the administration of various environmental programs, and for the issuance of various environmental permits, licenses, certifications, and registrations, along with establishing penalties, appeals, and schedules applicable to such fees.	Regulation
246	R. 61-33	State	Dry-cleaning Facility Restoration - provides for the administration of a fund for the remediation of contamination related to dry-cleaning facilities.	Regulation
247	R. 61-43	State	Standards for the Permitting of Agricultural Animal Facilities - provides authority for permitting the construction and operation of agricultural animal operations for the protection of health and the environment.	Regulation
248	R. 61-44	State	Permitting of Individual Residential Wells and Irrigation Wells - establishes permitting authority and requirements for wells and well water.	Regulation
249	R. 61-46	State	Nuisances - provides authority to abate certain environmental and health nuisances.	Regulation
250	R. 61-47	State	Shellfish - provides technical requirements for shellfish harvesting operations and grants Department authority to regulate such operations.	Regulation
251	R. 61-49	State	Crabmeat - provides technical requirements for crabmeat operations and grants Department authority to regulate such operations (in process of repeal).	Regulation
252	R. 61-50	State	Natural Public Swimming Areas - provides regulatory requirements for maintaining natural public swimming areas.	Regulation
253	R. 61-51	State	Public Swimming Pools - provides authority to regulate public swimming pools and requirements for owners and operators of such pools.	Regulation
254	R. 61-55	State	Septic Tank Site Evaluation Fees - provides authority to establish fees for evaluating septic tank sites.	Regulation
255	R. 61-56	State	Onsite Wastewater Systems - provides technical requirements for onsite wastewater systems.	Regulation
256	R. 61-56.1	State	License to Construct or Clean On-Site Sewage Treatment and Disposal Systems and Self-Contained Toilets - provides for the regulation of persons engaged in the business of constructing, repairing, or cleaning onsite sewage treatment and disposal systems and cleaning self-contained toilets, to protect public health and the environment.	Regulation

Legal Standards

257	R. 61-56.2	State	Licensure of Onsite Wastewater System Contractors - provides for regulation of onsite wastewater master contractors to ensure proper construction, installation, and approval of all onsite wastewater systems.	Regulation
258	R. 61-57	State	Development of Subdivision Water Supply and Sewage Treatment/Disposal Systems - provides regulation of subdivision wastewater and drinking water systems.	Regulation
259	R. 61-58	State	State Primary Drinking Water Regulations - provides standards and procedures for the maintenance of reasonable standards of purity of drinking water in the state.	Regulation
260	R. 58.1	State	Construction and Operating Permits - provides requirements for permits to construct and operate a drinking water system.	Regulation
261	R. 58.2	State	Groundwater Sources and Treatment - provides for regulation specific to groundwater sources of drinking water.	Regulation
262	R. 58.3	State	Surface Water Sources and Treatment - provides for regulation specific to surface water sources of drinking water.	Regulation
263	R. 58.4	State	Finished Water Pumping, Storage, and Distribution Facilities - provides for regulation of specific drinking water system facilities.	Regulation
264	R. 58.5	State	Maximum Contaminant Levels in Drinking Water - adopts EPA standard for maximum contaminant levels in drinking water for various harmful constituents.	Regulation
265	R. 58.6	State	Reports, Record Retention, and Public Notification - establishes requirements for water system operators to report to the Department, to maintain records, and notify the public under specified circumstances.	Regulation
266	R. 58.7	State	Operation and Maintenance - provides operation and maintenance requirements for all public water systems.	Regulation
267	R. 58.8	State	Emergency Procedures - establishes the minimum requirements that must be met by all public water systems prior to, during, and after an emergency.	Regulation
268	R. 58.9	State	Variations and Exemptions - provides authority to issue variations and exemptions from primary drinking water regulations under limited circumstances no less stringent than the federal Safe Drinking Water Act.	Regulation
269	R. 58.10	State	Filtration and Disinfection - establishes criteria and requirement for filtration and disinfection of drinking water served to the public.	Regulation
270	R. 58.11	State	Control of Lead and Copper - establishes corrosion control and other treatment techniques for drinking water systems.	Regulation
271	R. 58.12	State	Consumer Confidence Reports - establishes minimum criteria for annual reports from community water systems to their customers.	Regulation
272	R. 58.13	State	Disinfectant Residuals, Disinfection Byproducts, and Disinfection Byproduct Precursors (Stage 1 Disinfectants and Disinfection Byproducts Rule) - Establishes criteria and requirements for the control of disinfectants, disinfection byproducts, and disinfection byproduct precursors for water systems.	Regulation
273	R. 58.14	State	Initial Distribution System Evaluations - establish monitoring and other requirements for identifying compliance monitoring locations specified in 61-58.15.	Regulation

Legal Standards

274	R. 58.15	State	Stage 2 Disinfection Byproducts Requirements - establishes additional criteria for control of disinfectants and byproducts.	Regulation
275	R. 58.16	State	Ground Water Rule - establishes additional requirements for all public water systems that use ground water except that it does not apply to public water systems that combine all of their ground water with surface water or with ground water under the direct influence of surface water prior to treatment.	Regulation
276	R. 58.17	State	Revised Total Coliform Rule - establishes limitation on total coliform in water systems.	Regulation
277	R. 61-62	State	Air Pollution Control Regulations and Standards - establishes primary air quality standards and requirements for permitting operations impacting air quality.	Regulation
278	R. 61-62.1	State	Definitions and General Requirements - establishes definitions used throughout Regulation 61-62 inclusive of standards.	Regulation
279	R. 61-62.2	State	Prohibition of Open Burning - establishes regulatory limitations on open burning of materials.	Regulation
280	R. 61-62.3	State	Air Pollution Episodes - establishes criteria for declaration of air pollution "episodes" based on information from National Weather Service, and grants Department authority to respond to such episodes.	Regulation
281	R. 61-62.4	State	Hazardous Air Pollution Conditions - establishes requirements for curtailment of any hazardous conditions presenting and imminent threat to health.	Regulation
282	R. 61-62.5	State	Air Pollution Control Standards (inclusive of Standards 1-8 below) - establishes limitations on discharges to the ambient air of specific constituents and discharges from regulated operations.	Regulation
283	Standard No. 1	State	Emissions from Fuel Burning Operations - See R 61-62.5.	Regulation
284	Standard No. 2	State	Ambient Air Quality Standards - See R 61-62.5.	Regulation
285	Standard No. 3	State	Waste Combustion and Reduction - See R 61-62.5.	Regulation
286	Standard No. 3.1	State	Hospital, Medical, Infectious Waste Incinerators - See R 61-62.5.	Regulation
287	Standard No. 4	State	Emissions from Process Industries - See R 61-62.5.	Regulation
288	Standard No. 5	State	Volatile Organic Compounds - See R 61-62.5.	Regulation
289	Standard No. 5.1	State	Best Available Control Technology [BACT]/Lowest Achievable Emission Rate "LAER" Applicable to Volatile Organic Compounds - [REPEALED].	Regulation
290	Standard No. 5.2	State	Control of Oxides of Nitrogen (NOx) - See R 61-62.5.	Regulation
291	Standard No. 7	State	Prevention of Significant Deterioration - See R 61-62.5.	Regulation
292	Standard No. 7.1	State	Nonattainment New Source Review - See R 61-62.5.	Regulation
293	Standard No. 8	State	Toxic Air Pollutants - See R 61-62.5.	Regulation
294	R. 61-62.6	State	Control of Fugitive Particulate Matter - establishes requirements to control fugitive particulate matter.	Regulation
295	R. 61-62.7	State	Good Engineering Practice Stack Height - limits credit available for stack height as dispersion technique for meeting National Ambient Air Quality Standards.	Regulation
296	R. 61-62.60	State	S.C. Designated Facility Plan and New Source Performance Standards - provides detailed technical requirements for facilities and sources of ambient air discharges.	Regulation

Legal Standards

297	R. 61-62.61	State	National Emission Standards for Hazardous Air Pollutants - establishes emission standards for various air pollutants.	Regulation
298	R. 61-62.63	State	National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories - establishes control technology and emission standards for various source categories of air pollutants.	Regulation
299	R. 61-62.68	State	Chemical Accident Prevention Provisions - sets forth requirements to prevent the accidental release of pollutants.	Regulation
300	R. 61-62.70	State	Title V Operating Permit Program - establishes comprehensive state air quality permitting systems consistent with the requirements of Title V of the Clean Air Act.	Regulation
301	R. 61-62.72	State	Acid Rain - adopts and incorporates by reference 40 Code of Federal Regulations Part 72 Subpart A, regulating acid rain.	Regulation
302	R. 61-62.96	State	Nitrogen Oxides (NOx) and Sulfur Dioxide (SO2) Budget Trading Program - adopts and incorporates by reference 40 Code of Federal Regulations Part 96 Subpart AA regulating trading of pollutant allowances.	Regulation
303	R. 61-62.99	State	Nitrogen Oxides (NOx) Budget Program Requirements for Stationary Sources Not in the Trading Program - provides for requirements applicable to kilns not otherwise covered in R. 61-61.96 trading program.	Regulation
304	R. 61-63	State	Radioactive Materials (Title A) - regulates persons who receive, possess, use, or acquire radioactive material, except those subject to regulation by U.S. Nuclear Regulatory Commission.	Regulation
305	R. 61-64	State	X-Rays (Title B) - regulates all persons who receive, possess, use, transfer, own, or acquire any x-ray producing machine.	Regulation
306	R. 61-65	State	Particle Accelerators (Title C) - establish procedures for registration and use of particle accelerators.	Regulation
307	R. 61-67	State	Standards for Wastewater Facility Construction - establishes standards for general and technical design requirements for use by the Department in reviewing engineering reports, establishing reliability classifications, and issuing state construction permits with respect to wastewater facilities.	Regulation
308	R. 61-67.1	State	State Water Pollution Control Revolving Fund Loan Assistance - establishes authority for the state to create and administer a revolving fund loan program to assist in capital projects under the Clean Water Act.	Regulation
309	R. 61-68	State	Water Classification and Standards - establish a system and rules for managing and protecting the quality of the state's surface and ground water, including specific numeric and narrative criteria for protecting classified and existing water uses.	Regulation
310	R. 61-69	State	Classified Waters - specifies classifications for waterbodies within the state.	Regulation
311	R. 61-71	State	Well Standards - establish minimum standards for construction, maintenance, and operation of wells to protect underground sources of drinking water.	Regulation
312	R. 61-72	State	Procedures for Contested Cases [REPEALED].	Regulation
313	R. 61-79	State	Hazardous Waste Management Regulations - provides procedures for issuing, modifying, revoking, and reissuing, or terminating all hazardous waste treatment, storage, and disposal facility permits.	Regulation

Legal Standards

314	R. 61-81	State	State Environmental Laboratory Certification Program - provides the mechanism to assure the validity and quality of the data being generated for compliance with state regulations.	Regulation
315	R. 61-82	State	Proper Closeout of Wastewater Treatment Facilities - regulates the proper closing of wastewater treatment facilities.	Regulation
316	R. 61-83	State	Transportation of Radioactive Waste Into or Within South Carolina - regulates the activities of any shipper, carrier, or other person who transports radioactive waste into or within this state, to any persons involved in the generation of radioactive waste within this state, and to any shipper whose radioactive waste is transported into or within this state or is delivered, stored, or disposed of within this state.	Regulation
317	R. 61-86.1	State	Standards for Performance for Asbestos Projects - establishes performance standards for any person involved in the in-place management, design, removal, encapsulation, enclosure, renovation, repair, demolition activity, or any other disturbance of Regulated Asbestos-Containing Material; and any asbestos training course provider or asbestos training course instructor who conducts mandatory asbestos training courses.	Regulation
318	R. 61-87	State	Underground Injection Control Regulations - sets forth the specific requirements for controlling underground injection in the state and includes provisions for: the classification and regulation of injection wells; prohibiting unauthorized injection; protecting underground sources of drinking water from injection; classifying underground sources of drinking water; and, requirements for abandonment, monitoring, and reporting for existing injection wells used to inject wastes or contaminants.	Regulation
319	R. 61-92	State	Underground Storage Tank Regulations - provides for the technical requirements for the construction, maintenance, and operation of an underground storage tank to protect against releases of petroleum products.	Regulation
320	R. 61-98	State	State Underground Petroleum Environmental Response Bank (SUPERB) Site Rehabilitation and Fund Access Regulation - establishes regulations for the administration of the SUPERB Fund to remediate releases of petroleum into the environment.	Regulation
321	R. 61-101	State	Water Quality Certification - establishes procedures and policies for implementing state water quality certification requirements of Section 401 of the Clean Water Act, 33 U.S.C. Section 1341.	Regulation
322	R. 61-104	State	Hazardous Waste Management Location Standards - creates state requirements for the location of hazardous waste treatment, storage, and disposal facilities.	Regulation
323	R. 61-105	State	Infectious Waste Management Act - establishes a program to carry out the provisions of the South Carolina Infectious Waste Management Act, Act Number 134 of 1989, Chapter 93 of Title 44 of the 1976 Code of Laws, as amended.	Regulation

Legal Standards

324	R. 61-107	State	Solid Waste Management Regulations - establishes regulatory guidance to achieve the purposes of the Solid Waste Policy and Management Act of 1991 (44-96-10 et seq.).	Regulation
325	R. 61-107.1	State	Solid Waste Management: Solid Waste Management Grants, Recycling, Education Grants, and Waste Tire Grants - establishes procedures for disbursement of solid waste management grants, recycling education grants, and waste tire grants to local governments or regions for solid waste management and recycling education in accordance with the intent of the legislature; to assist local governments, regions, and public school districts in meeting the requirements of the Solid Waste Policy and Management Act of 1991.	Regulation
326	R. 61-107.2	State	Solid Waste Management: Full Cost Disclosure - requires local governments to account for and report full cost of solid waste management.	Regulation
327	R. 61-107.3	State	Solid Waste Management: Waste Tires - regulates activities of waste tire haulers, collectors, processors, and disposers.	Regulation
328	R. 61-107.4	State	Solid Waste Management: Compost and Mulch Production, Yard Trimming and Organic Residuals - establish minimum standards for the proper management of yard trimmings, land-clearing debris, and other organic material; to encourage composting and establish standards for the production of compost; and to ensure that operations are performed in a manner that is protective of public health and the environment.	Regulation
329	R. 61-107.5	State	Solid Waste Management: Collection, Temporary Storage, and Transportation of Municipal Solid Waste - establishes minimum standards for the collection, temporary storage, and transportation of solid waste prior to processing, disposal, etc. of that waste.	Regulation
330	R. 61-107.6	State	Solid Waste Management: Solid Waste Processing Facilities - establishes the procedures, documentation, and other requirements which must be met for the proper operation and management of all solid waste processing facilities, including the processing activities involving the unrecoverable solid waste at a Materials Recovery Facility.	Regulation
331	R. 61-107.7	State	Solid Waste Management: Transfer of Solid Waste - establishes minimum standards for facilities where solid waste is transferred from collection vehicles to other transportation units for movement to another solid waste management facility prior to its processing and disposal.	Regulation
332	R. 61-107.8	State	Solid Waste Management: Lead-Acid Batteries - regulates the proper disposal, collection, and recycling of lead-acid batteries and small sealed lead-acid batteries.	Regulation
333	R. 61-107.9	State	Solid Waste Management: White Goods - establishes procedures for proper management and recycling or disposal of inoperative or discarded refrigerators, ranges, water heaters, freezers, dishwashers, trash compactors, washers, dryers, air conditioners, and commercial large appliances.	Regulation

Legal Standards

334	R. 61-107.10	State	Solid Waste Management: Research, Development, and Demonstration Permit Criteria - provides for permitting solid waste management facilities, or parts of these facilities, proposing to utilize an innovative and experimental solid waste management technology or process.	Regulation
335	R. 61-107.12	State	Solid Waste Management: Solid Waste Incineration and Solid Waste Pyrolysis Facilities - establishes the procedures, documentation, and other requirements which must be met for the proper operation and management of all solid waste incineration facilities, including all solid waste pyrolysis facilities, and waste-to-energy facilities burning solid waste used for energy recovery.	Regulation
336	R. 61-107.14	State	Solid Waste Management: Municipal Solid Waste Landfill Operator's Certification - establishes minimum training and certification requirements for operators of municipal solid waste landfills and municipal solid waste incinerator ash landfills.	Regulation
337	R. 61-107.15	State	Solid Waste Management: Land Application of Solid Waste - establishes appropriate application rates, frequency of application, and monitoring requirements for the uniform surface spreading or mechanical incorporation of non-hazardous solid waste on, or into, soil that is being used for agricultural, silvicultural, and horticultural production. This regulation also applies to the application of solid waste on land that is being reclaimed to enhance its aesthetic value or to reduce environmental degradation. The land application of non-hazardous solid waste shall be for beneficial agricultural, silvicultural, and horticultural purposes and not used as a means of disposal.	Regulation
338	R. 61-107.17	State	Solid Waste Management: Solid Waste Management: Demonstration of Need - establishes the criteria for the demonstration-of-need for the construction of new and the expansion of existing solid waste landfills.	Regulation
339	R. 61-107.18	State	Solid Waste Management: Off-Site Treatment of Contaminated Soil - establishes minimum standards for the procedures, documentation, and other requirements which must be met for the proper site selection, design, operation, and closure of facilities treating contaminated soil and soil-like materials.	Regulation
340	R. 61-107.19	State	Solid Waste Management: Solid Waste Landfills and Structural Fill - establishes minimum standards for the site selection, design, operation, and closure of all solid waste landfills and structural fill areas.	Regulation
341	R. 61-107.279	State	Solid Waste Management: Used Oil - regulates the disposition of used oil, mixtures including oil, and equipment utilizing oil.	Regulation
342	R. 61-110	State	Total Maximum Daily Loads (TMDLs) for Pollutants in Water - establishes the process for public participation in and administrative appeals of total maximum daily loads into impaired waters.	Regulation
343	R. 61-113	State	Groundwater Use and Reporting Act - establishes procedures to maintain, conserve, and protect the groundwater resources of the state.	Regulation
344	R. 61-115	State	Environmental Electronic Reporting Requirements - provides the framework by which the Department will accept, manage, and enforce electronic record submissions from the regulated community.	Regulation

Legal Standards

345	R. 61-119	State	Surface Water Withdrawal, Permitting, Use, and Reporting - establishes a system and rules for permitting and registering the withdrawal and use of surface water from within the state of South Carolina and those surface waters shared with adjacent states.	Regulation
346	R. 72-1 through 72.9	State	Dams and Reservoirs Safety Act Regulations - provides technical requirements for dam classification, permitting of construction, repairs, and removal of dams, and provides regulation for general administration of the Dams and Reservoirs Safety Program.	Regulation
347	R. 72-101 through 72-108	State	Erosion and Sediment Reduction and Stormwater Management Regulations (Applicable to state-controlled land) - set forth requirements for erosion and sediment control and stormwater management measures to be used on state land to prevent damage to land, water, and property from erosion, sediment, and stormwater.	Regulation
348	R. 72-300 through 72-316	State	Standards for Stormwater Management and Sediment Reduction - encourages the implementation of the Stormwater Management and Sediment Reduction Act by local governments.	Regulation
349	R. 72-405 through 72-445	State	Standards for Stormwater Management and Sediment Reduction [Applicable to S.C. Department of Transportation] - applies stormwater management criteria to the land disturbing activities of the S.C. Department of Transportation.	Regulation
350	R. 89-10 through 89-350	State	Office of the Governor - Mining Council of South Carolina - applies permitting and operating criteria on mining operations within the state.	Regulation
351	R. 121-8 through 121-8.28	State	Oil and Gas Exploration, Drilling, and Production - establishes reporting and operating criteria for oil and gas operations in the state.	Regulation
352	Proviso 34.16	State	DHEC: Infectious Waste Contingency Fund - authorizes the use of not more than \$75,000 from the Infectious Waste Contingency Fund per year for personnel and operating expenses to implement the Infectious Waste Act.	Proviso
353	Proviso 34.18	State	DHEC: Mineral Sets Revenue - authorizes the Department to charge a reasonable fee for mineral sets.	Proviso
354	Proviso 34.19	State	DHEC: Spoil Easement Areas Revenue - authorizes the Department to collect, retain, and expend funds received from the sale of and/or third party use of spoil easement areas, for the purpose of meeting the state of South Carolina's responsibility for providing adequate spoil easement areas for the Atlantic Intracoastal Waterway in South Carolina.	Proviso
355	Proviso 34.21	State	DHEC: Allocation of Indirect Cost and Recoveries - directs the Department to continue to deposit in the general fund all indirect cost recoveries derived from state general funds participating in the calculation of the approved indirect cost rate.	Proviso
356	Proviso 34.22	State	DHEC: Permitted Site Fund - authorizes the Department to expend funds as necessary from the permitted site fund established pursuant to Section 44-56-160(B)(1), for legal services related to environmental response, regulatory, and enforcement matters, including administrative proceedings and actions in state and all federal courts.	Proviso

Legal Standards

357	Proviso 34.28	State	DHEC: Meals in Emergency Operations - authorizes meals to be provided to state employees required to work during actual emergencies and emergency simulation exercises if they are not permitted to leave their stations.	Proviso
358	Proviso 34.29	State	DHEC: Compensatory Payment - Exempt employees may be paid for overtime during a declared state of emergency rather than accruing compensatory leave, at the discretion of the director.	Proviso
359	Proviso 34.30	State	DHEC: Beach Renourishment and Monitory and Coastal Access Improvement - limits Department expenditure to not more than \$100,000 of any funds made available for beach renourishment each year.	Proviso
360	Proviso 34.34	State	DHEC: Coastal Zone Appellate Panel - suspends the Coastal Zone Appellate Panel for the current fiscal year.	Proviso
361	Proviso 34.48	State	DHEC: Wave Dissipation Device - permits the initiation of a Wave Dissipation Device pilot program.	Proviso
362	Proviso 34.52	State	DHEC: Seawall Reconstruction/Repair - allows permitting of repairs to certain existing seawalls.	Proviso
363	16 USCA 1451 et seq	State	Coastal Zone Management Act - Encourages and assists coastal states in preserving, protecting, developing, and restoring the resources of the Coastal Zone.	Statute
364	33 USCA 1251 et seq	Federal	Clean Water Act - comprehensive legislation to protect and preserve quality of the waters of the U.S.	Statute
365	42 USCA 300f et seq	Federal	Safe Drinking Water Act - regulates all public water systems in each state selling water to individuals, and establishes authority to promulgate drinking water quality standards.	Statute
366	42 USCA 7401 et seq	Federal	Clean Air Act - promotes the protection and enhancement of air quality nationwide for public health and welfare, and provides technical and financial assistance to state and local governments for air pollution prevention and control programs.	Statute
367	42 USCA 9601 et seq	Federal	Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) - provides for remediation of contaminated sites, and authorizes states to recover natural resources damages caused by releases of hazardous substances.	Statute

Mission, Vision and Goals

This is the second chart because the agency's mission and vision should have a basis in the legal standards, which the agency provided in the previous chart. After the agency knows the laws it must satisfy, along with its mission and vision, it can then set goals to satisfy those laws and achieve that vision (and the strategy and objectives to accomplish each goal - see next chart). To ensure accountability, one person below the head of the agency should be responsible for each goal. The same person is not required to be responsible for all of the goals.

Agency Responding	Department of Health and Environmental Control
Date of Submission	2/5/2016
Fiscal Year for which information below pertains	2015-16

Instructions: Provide the agency's mission, vision and laws (i.e. state and/or federal statutes) which serve as the basis for the agency's mission and vision.

Mission	To improve the quality of life for all South Carolinians by protecting and promoting the health of the public and the environment.
Legal Basis for agency's mission	All apply, please see Legal Standards worksheet.
Vision	Healthy people living in healthy communities.
Legal Basis for agency's vision	All apply, please see Legal Standards worksheet.

Instructions:

- 1) Under the "Legal Responsibilities Satisfied" column, enter the legal responsibilities (i.e. state and/or federal statutes and provisos) the goal is satisfying. All of the laws mentioned in the previous chart (i.e. Legal Standards Chart) should be included next to one of the agency's goals. When listing the Legal Responsibilities Satisfied, the agency can group the standards together when applicable (i.e. SC Code 63-19-320 thru 63-19-450). Make sure it is clear whether the agency is referencing state or federal laws and whether it is a proviso or statute.
- 2) Under the "Goals and Description" column, enter the number and description of the goal which will help the agency achieve its vision (i.e. Goal 1 - Increase the number of job opportunities available to juveniles to 20 per juvenile within the next 2 years). The agency should have 3-4 high level goals.
- 3) Under the "Describe how the Goal is SMART" column, enter the information which shows the goal is Specific, Measurable, Attainable, Relevant and Time-bound.
- 4) Under the "Public Benefit/Intended Outcome" column, enter the intended outcome of accomplishing the goal.
- 5) Under the "Responsible Person" columns, provide information about the individual who has primary responsibility/accountability for each goal. The Responsible Person has different teams of employees beneath him/her to help accomplish the goal. The Responsible Person is the person who, in conjunction with his/her team(s) and approval from higher level superiors, determines the strategy and objectives to accomplish the goal. In addition, this is the person who monitors the progress and makes any changes needed to the strategies and objectives to ensure the goal is accomplished. Under the "Position" column, enter the Responsible Person's position/title at the agency.

Legal Responsibilities Satisfied	Goals & Description	Describe how the Goal is S.M.A.R.T.	Public Benefit/Intended Outcome	Responsible Person Name:	Number of months person has been responsible for the goal or objective:	Position:
(i.e. state and federal statutes or provisos the goal is satisfying)	(i.e. Goal 1 - insert description)	Specific Measurable Attainable Relevant Time-bound	(Ex. Output = rumble strips are installed on the sides of a road; Outcome = incidents decrease and public perceives that the road is safer) Just enter the intended outcome			
Legal responsibilities for agency goals are satisfied by the corresponding objectives. The following legal responsibilities are aligned with Goal 1: S.C. Code Sections 44-1-110, 44-1-140, 44-128-10 et seq., 44-35-10 et seq., 44-35-90, 44-39-20, 44-128-10 et seq., 44-29-40, 63-11-1900 et seq., 43-5-910 et seq., 44-37-30, 44-37-40, 44-61-10 et seq., 44-61-30 et seq., 44-1-80, 44-1-110, 44-61-520, 47-5-80 et seq., 44-29-10 et seq., 44-1-100, and 44-4-100 et seq.	Goal 1 - Improve the quality and years of healthy life for all.	The agency's goals provide an overarching framework for decision making, supported by S.M.A.R.T objectives; please refer to the Strategy, Obj. & Responsibility worksheet. The following objectives are aligned with Goal 1: 1.1.1, 1.1.2, 1.1.3, 1.2.1, 1.2.2, 1.3.1, 1.3.2, 1.3.3, 1.4.1, 1.5.1, 1.6.1, 1.6.2 (a), 1.6.2 (b), 1.7.1, 1.7.2. These time-bound objectives use specific measures to improve access to comprehensive, high quality care by completing the transition of military medic to civilian paramedic programs, performing statewide EMS system assessment, and completing implementation of the Stroke System of Care Act; increase support to develop healthy communities by establishing a baseline inventory and objectives for statewide partnerships, and implementing recommendations by the American College of Surgeons to help develop healthy communities; develop an employee health education program for retail food establishments, review 100 percent of reported potential rabies exposures, and investigate 100 percent of reported vector-borne diseases to help protect the public against food-borne outbreaks, vector-borne and rabies diseases; promote healthy behaviors by implementing interventions and methods to reduce health risks caused by tobacco use and exposure to secondhand smoke; reduce the occurrence of vaccine preventable diseases through requiring South Carolina Immunization providers to report 100 percent of administered immunizations into the Immunizations Information Systems registry; improve maternal and child health by increasing the percentage of potentially eligible Women, Infants, and Children (WIC) clients who enroll in WIC nutrition services, increasing the percentage of newborns delivered in South Carolina hospitals whose blood spot screening specimens are submitted to the DHEC laboratory within 24 hours of collection, and increasing the percentage of infants in South Carolina hospitals who receive screenings for hearing impairment; and promote a coordinated, comprehensive public health preparedness and response system for natural or man-made disasters or terrorist events by reviewing and updating emergency response plans pertaining to public health and maximizing participation in exercises to increase the state's public health capabilities.	Reduced occurrences of preventable diseases and increased access to essential health services for all South Carolinians. As well as, continuous improvement of the public health and environment through supporting public engagement and informed decision making.	Lisa Davis, Shelly Kelly, Myra Reece	15 months, 9 months, 2 months	Director of Health Services, Director of Health Regulation, Director of Environmental Affairs
Legal responsibilities for agency goals are satisfied by the corresponding objectives. The following legal responsibilities are aligned with Goal 2: S.C. Code Sections 44-1-110, 44-1-140, 44-29-10 et seq., and 44-39-10 et seq.	Goal 2 - Eliminate health disparities.	The agency's goals provide an overarching framework for decision making, supported by S.M.A.R.T objectives; please refer to the Strategy, Obj. & Responsibility worksheet. The following objectives are aligned with Goal 2: 2.1.1 (a), 2.1.1 (b), 2.2.1, and 2.2.2. These time-bound objectives use specific measures to reduce disparities in the incidents and impact of communicable diseases by linking at least 80 percent of individuals and targeted minority populations who receive their HIV-positive test results to medical care; reduce disparities in illness, disability, and premature deaths from chronic diseases by increasing the number/percent of minority women screened through the Best Chance Network, and developing and implementing community and faith-based initiatives to address health disparities.	Equal access and care for all South Carolinians.	Lisa Davis	15 months	Director of Health Services
Legal responsibilities for agency goals are satisfied by the corresponding objectives. The following legal responsibilities are aligned with Goal 3: S.C. Code Ann. Sections 44-1-140, 44-39-10 et seq., 44-1-10 et seq., 48-1-10 et seq., 44-56-10 et seq., and 44-96-10 et seq.	Goal 3 - Protect, enhance, and sustain environmental and coastal resources.	The agency's goals provide an overarching framework for decision making, supported by S.M.A.R.T objectives; please refer to the Strategy, Obj. & Responsibility worksheet. The following objectives are aligned with Goal 3: 3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.2.1, 3.2.2, 3.3.1, and 3.3.2. These time-bound objectives use specific measures to protect the environment to improve public health and safety by reviewing and developing environmental quality assurance measures, meeting 100 percent of ozone monitoring sites, assessing all water quality monitoring data to determine compliance with water quality standards and statewide general water quality, and increasing the number of Hazardous Waste Small Quantity Generator inspections; protect and enhance environmental and coastal resources by increasing the state recycling rate and the per person disposal rate, as well as improving and increasing public access to beaches; and restore impaired natural resources and sustain them for beneficial use by increasing the number of signed and executed Voluntary Cleanup contracts for brownfields sites and establishing a strategy for long term priority plans for the development of Total Maximum Daily Loads for priority watersheds.	Protected, enhanced, and improved access to environmental resources.	Myra Reece	2 months	Director of Environmental Affairs

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S.C. Code Ann. Section 44-61-10 et seq.	Objective 1.1.1 - Complete transition of military medic to civilian paramedic programs by July 2017.	Specific: Yes, addresses specific program. Measurable: Yes, by the completion of the transition. Attainable: Yes. Relevant: Yes, improves access to comprehensive, high quality care. Time-bound: Yes, by July 2017.	Increase number of qualified paramedics in a reduced timeframe.	Potential Negative Impact: By not completing the transition, our state could continue to experience a statewide paramedic shortage. In addition, it could negatively impact the state by not providing a population of service people with the opportunity of employment in a similar civilian position that is experiencing a shortage. Level Requires Outside Help/Outside Help to Request/General Assembly: The success of this program is not dependent on outside help, although assistance from our partners will facilitate the program. Implementation of this program does not require help from the General Assembly.	n/a	To help accomplish this objective the agency is working with the following partners: National Association of EMTs (NAEMT) and National Registry of EMTs (NREMT).	Shelly Kelly	9 months	Director of Health Regulation	2600 Bull Street, Columbia, S.C. 29201	Health Regulation	Health Regulation's primary purpose is to work with health care facilities and services to protect the public's health by assuring that safe, quality care is provided. Supporting this effort, include the following areas: Health Facilities Licensing and Certification; Certificate of Need (CON); Emergency Medical Services (EMS) and Trauma; Radiological Health; Construction, Fire and Life Safety; and Drug Control.
S.C. Code Ann. Section 44-61-30 et seq.	Objective 1.1.2 - Collaborate with National Highway Transportation Safety Administration (NHTSA) to perform statewide EMS system assessment by December 2016.	Specific: Yes. Measurable: Yes, by the completion of the assessment. Attainable: Yes. Relevant: Yes, improves access to comprehensive, high quality care. Time-bound: Yes, the assessment is scheduled for November 2016 and to be completed by December 2016.	Update assessment of statewide EMS system capabilities to improve the quality of emergency medical services throughout South Carolina.	Potential Negative Impact: Operate a statewide EMS system seeking improvement to quality based on 1996 standards. If the assessment is not completed, the state could continue running an outdated emergency medical services system without realizing assessed cost savings or ways to improve quality of care. Level Requires Outside Help/Outside Help to Request/General Assembly: Implementation of this project is dependent on the NHTSA, as the NHTSA will perform the assessment. This project does not require help from the General Assembly.	n/a	NHTSA, government, NAEMT, professional, and NREMT, professional; all gather best practices among professionals, assess current system, assist with plan, gather feedback.	Shelly Kelly	9 months	Director of Health Regulation	2600 Bull Street, Columbia, S.C. 29201	Health Regulation	Health Regulation's primary purpose is to work with health care facilities and services to protect the public's health by assuring that safe, quality care is provided. Supporting this effort, include the following areas: Health Facilities Licensing and Certification; Certificate of Need (CON); Emergency Medical Services (EMS) and Trauma; Radiological Health; Construction, Fire and Life Safety; and Drug Control.
S.C. Code Ann. Section 44-61-630 et seq.	Objective 1.1.3 - Complete implementation of the Stroke System of Care Act of 2011 by January 2018.	Specific: Yes. Measurable: Yes, by completing the implementation of the Act, including creating stroke protocols, an advisory council, stroke registry, designation system for stroke centers, and stroke center resources. Attainable: Yes. Relevant: Yes, improves access to comprehensive, high quality care. Time-bound: Yes, by January 2018.	Greater access to comprehensive stroke care throughout South Carolina.	Potential Negative Impact: Lack of access to a comprehensive stroke care and hardships faced by preventable stroke victims and their families due to lack of access. Level Requires Outside Help/Outside Help to Request/General Assembly: Delayed implementation may result without adequate funding of the Act by the General Assembly.	n/a	SCHA, professional, Heart and Stroke Care Alliance, professional, and American Heart Association, nonprofit; all to gather best practices, develop protocols, create stroke registry, implement Stroke Systems of Care Act.	Shelly Kelly	9 months	Director of Health Regulation	2600 Bull Street, Columbia, S.C. 29201	Health Regulation	Health Regulation's primary purpose is to work with health care facilities and services to protect the public's health by assuring that safe, quality care is provided. Supporting this effort, include the following areas: Health Facilities Licensing and Certification; Certificate of Need (CON); Emergency Medical Services (EMS) and Trauma; Radiological Health; Construction, Fire and Life Safety; and Drug Control.
The agency does not need to insert the information for the rest of the columns for any strategy, type "n/a"	Strategy 1.2 - Increase support to develop healthy communities.	n/a	Increased engagement of organizations, agencies, and individuals at the community level around agreed upon goals. As well as, better alignment of state and local resources to address community identified priorities.	If healthy communities are not supported and developed, this could have a negative impact on the state, due to a lack of policy, systems, and environmental interventions at the local level, based on community priorities. Resources may be misaligned, opportunities not identified, and prevention interventions not scaled up. In addition, preventive illnesses and deaths will not decrease as quickly as they could, resulting in increased health care costs to the state.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
S.C. Code Ann. Section 44-140, 44-1-80 & 44-1-110.	Objective 1.2.1 - Establish a comprehensive baseline inventory and objectives for statewide partnerships within 12 months to help better impact the public's health and environment.	Specific: Yes, establishes specific baseline. Measurable: Yes, by establishing a comprehensive baseline inventory and objectives. Attainable: Yes. Relevant: Yes, increases support to develop healthy communities. Time-bound: Yes, within 12 months.	Enhanced coordination given limited resources, and better utilization of existing collaborative partnerships to maximize stakeholder input and increase public participation in agency decisions.	Potential Negative Impact: The potential for limited involvement in agency-wide initiatives, as well as the duplication of efforts. Duplication of efforts leads to inefficient use of already limited financial and human resources, as well as a decrease in collaboration and coordination with community partners. Without partnerships that include stakeholder input, programs could be initiated that do not adequately address the needs of the community. Level Requires Outside Help: Outside help is not required; Outside Help to Request: n/a; Level Required to Inform General Assembly: n/a; General Assembly Options: n/a, internal change. Agency will not require assistance from the General Assembly.	n/a	All partners apply. Agency will work with partners noted within this report, as well as others identified throughout this process.	Lisa Davis, Shelly Kelly, Myra Reece	15 months, 9 months, 2 months	Director of Health Services, Director of Health Regulation, Director of Environmental Affairs	2600 Bull Street, Columbia, S.C. 29201	Health Services, Health Regulation, Environmental Affairs	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina. Health Regulation's primary purpose is to work with health care facilities and services to protect the public's health by assuring that safe, quality care is provided. Supporting this effort, include the following areas: Health Facilities Licensing and Certification; Certificate of Need (CON); Emergency Medical Services (EMS) and Trauma; Radiological Health; Construction, Fire and Life Safety; and Drug Control. Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.

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S.C. Code Ann. Section 44-61-520.	Objective 1.2.2 - Implement 70 percent of the priority recommendations of the American College of Surgeons (ACS) June 2014 assessment, including improving advisory council leadership system, develop strategic plan, and increase support staff, by January 2018.	Specific: Yes, addresses specific recommendations. Measurable: Yes, by requiring the implementation of 70 percent of the recommendations. Attainable: Yes. Relevant: Yes, increases support to develop healthy communities. Time-bound: Yes, by January 2018.	Greater access to a more efficient, expanded trauma system.	Potential Negative Impact: Reduced access to trauma system. Level Requires Outside Help: Outside help is not required; Outside Help to Request: n/a; Level Required to Inform General Assembly: n/a; General Assembly Options: n/a, internal change. Work is currently being completed by the department. Agency will not require assistance from the General Assembly.	n/a	American College of Surgeons, professional, receives best practice information; Trauma Advisory Council, Trauma Association of South Carolina, professional organization, gathers input from members on best practices; SCHA, professional, gathers feedback, input on best practices in health care, serves as advisor on strategic planning.	Shelly Kelly	9 months	Director of Health Regulation	2600 Bull Street, Columbia, S.C. 29201	Health Regulation	Health Regulation's primary purpose is to work with health care facilities and services to protect the public's health by assuring that safe, quality care is provided. Supporting this effort, include the following areas: Health Facilities Licensing and Certification; Certificate of Need (CON); Emergency Medical Services (EMS) and Trauma; Radiological Health; Construction, Fire and Life Safety; and Drug Control.
The agency does not need to insert the information for the rest of the columns for any strategy, type "n/a"	Strategy 1.3 - Protect the public against food-borne outbreaks, vector-borne, and rabies diseases.	n/a	Protect public health and safety through reducing the potential of food-borne outbreaks, conducting surveillance and reporting of vector-borne diseases, and monitoring potential rabies exposures.	Impact could be large if certain steps are not taken to mitigate. Disease will spread and create issues with absenteeism, loss of productivity, time off from work, lack of available staff in childcare settings and/or schools, increased potential for death among individuals, including those who are immunocompromised, etc.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
S.C. Code Ann. Sections 44-1-110 and 44-1-140.	Objectives 1.3.1 - By December 31, 2016, develop an employee health education program for retail food establishments to help decrease the potential of food-borne outbreaks.	Specific: Yes, develops a specific education program. Measurable: Yes, by the number of inspections completed, and education materials and special training sessions provided to retail food establishments across the state. Attainable: Yes. Relevant: Yes, protects the public against food-borne outbreaks. Time-bound: Yes, by December 31, 2016.	Protect public health and safety through reducing the potential of food-borne outbreaks.	Potential Negative Impact: Increase in potential cases of food-borne outbreaks related to retail food establishments not adequately following employee health requirements. According to information provided by the USDA, the estimated annual cost of food borne illnesses for South Carolina is \$232,247,271.10. This estimate is based on projected cases, not confirmed cases. The negative impact would be an impact to tourism and the restaurant industry. According to South Carolina Restaurant and Lodging Association (SCRLA), the Old South BBQ food borne outbreak in 2005 caused dining at buffet type restaurants in South Carolina to be reduced by 20% in the two months following the outbreak. Level Requires Outside Help: Outside help is not required; Level Required to Inform General Assembly: n/a; Outside Help to Request: n/a; General Assembly Options: Agency will not require assistance from the General Assembly.	n/a	Retail food establishments statewide, business entities, offers education and gathers feedback on business practices, technology and factors in everyday restaurant operation; SCRLA, professional organizations, outreach efforts to member businesses, gathers feedback on industry practices and standards; CDC, and Food and Drug Administration (FDA), USDA, government, receives standards and technical guidance for implementation of best practices.	Myra Reece	2 months	Director of Environmental Affairs	2600 Bull Street, Columbia, S.C. 29201	Environmental Affairs	Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.
S.C. Code Ann. Sections 44-1-110 and 47-5-80 et seq.	Objective 1.3.2 - By December 31, 2016, review 100 percent of reported potential rabies exposures statewide.	Specific: Yes, review of reported potential exposures. Measurable: Yes, by the number of animal bites reported. Attainable: Yes. Relevant: Yes, protects the public against rabies. Time-bound: Yes, within 12 months.	Protect public health and safety through monitoring potential rabies exposures.	Potential Negative Impact: Increase in potential rabies exposures due to lack of adequate monitoring, testing, and preventive treatment. According to the CDC, the estimated public health expenditures on rabies disease diagnostics, prevention, and control in the U.S. is \$245 to \$510 million annually. This estimate is based on available data on costs associated with the vaccination of companion animals (dogs and cats), national rabies diagnostic testing, and for biologics for rabies post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PreEP). However, the total expenditures on rabies accounting for associated health care costs, animal control measures, and time lost from work is much greater. The number of PEP treatments given in the U.S. each year is unknown; however, it is estimated to be about 40,000 to 50,000. When rabies becomes epizootic or enzootic in a region, the number of PEP treatments in that area increases. Although the cost varies, a course of rabies immune globulin and four doses of vaccine given over a two-week period typically exceeds \$3,000. The cost per human life saved from rabies ranges from approximately \$10,000 to \$100 million, depending on the nature of the exposure and the probability of rabies in a region. Level Requires Outside Help: Not an option - Rabies Control Act requires DHEC to investigate these potential exposures; Outside Help to Request: n/a; Level Required Inform General Assembly: If level of potential exposures increases exponentially; General Assembly Options: Should number of exposures increase exponentially, DHEC would need additional resources to monitor, test, develop remediation plan(s), and ensure preventive treatment.	n/a	National Association of State Public Health Veterinarians, Clemson University Livestock and Poultry Health, CDC, FDA, USDA, healthcare providers, local animal control officers, hospitals/emergency departments.	Lisa Davis, Myra Reece	15 months, 2 months	Director of Health Services, Director of Environmental Affairs	2600 Bull Street, Columbia, S.C. 29201	Environmental Affairs	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina. Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.
S.C. Code Ann. Sections 44-1-80, 44-1-110, 44-29-10 et seq., and 44-1-140.	Objective 1.3.3 - By December 31, 2016 investigate 100 percent of reported vector-borne diseases received by agency epidemiology staff across the state.	Specific: Yes, investigation of reported diseases. Measurable: Yes, by the total number of reports investigated. Attainable: Yes. Relevant: Yes, protects the public against vector-borne diseases. Time-bound: Yes, within 12 months.	Protect public health and safety through reducing the potential spread of disease through conducting surveillance, reporting, and monitoring of potential vector-borne diseases.	Potential Negative Impact: Potential spread of disease. Spread of disease would lead to time away from work and increased medical costs. For severe cases of West Nile Virus individuals may need to be hospitalized, thus driving up medical costs. Level Requires Outside Help: n/a; Outside Help to Request: n/a; Level Required Inform General Assembly: If level of potential exposures increases exponentially; General Assembly Options: Should number of exposures increase exponentially, DHEC would need additional resources to monitor, investigate, prevent spread, and ensure preventive treatment.	n/a	The agency works with the CDC to help monitor, investigate, and report. In addition, DHEC collaborates with health care providers, hospitals/EDs, and local mosquito control operators.	Lisa Davis, Myra Reece	15 months, 2 months	Director of Health Services, Director of Environmental Affairs	2600 Bull Street, Columbia, S.C. 29201	Health Services Environmental Affairs	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina. Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.

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S.C. Code Ann. Section 43-5-910 et seq. [Federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) funding from the US Department of Agriculture (USDA)]	Objective 1.6.1 - Increase by five percent the percentage of potentially eligible Women, Infants, and Children (WIC) clients who enroll in WIC nutrition services by end of December 2017.	Specific: Yes, addresses specific program enrollment. Measurable: Yes, by increasing enrollment. Attainable: Yes. Relevant: Yes, improves maternal and child health. Time-bound: Yes, December 2017.	A greater number of pregnant women, infants, and children, who qualify for WIC benefits, receive the nutritional education and healthy food vouchers that the program offers, leading to better health outcomes, decreased health care costs, and increases in voucher dollars for the South Carolina economy.	Potential Negative Impact: Fewer than the optimal number of pregnant women, infants, and children, who qualify for WIC benefits receive the nutritional education and healthy food vouchers that the program offers. Without the vouchers, WIC clients will purchase less healthy food and the voucher dollars will not be spent in the South Carolina economy. Without the five percent increase in caseload, there could be a \$2 million loss of dollars into the economy of South Carolina. Decreased nutritional value will also lead to increased health problems and increased health care costs. Level Requires Outside Help: DHEC is currently working with the U.S. Department of Agriculture (USDA) and WIC programs from other states to identify best practices for increasing WIC caseload; Outside Help to Request: USDA; Level to Inform the General Assembly: n/a; General Assembly Options: n/a.	Yes. The USDA.	WIC programs from other states, government, share best practices; Early Head Start, outreach to target population; DHHS, outreach to target population.	Lisa Davis	15 months	Director of Health Services	2600 Bull Street, Columbia, S.C. 29201	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
S.C. Code Section 44-37-30.	Objective 1.6.2 (a) - Increase to 95 percent the percentage of newborns delivered in South Carolina hospitals whose blood spot screening specimens are submitted to the DHEC laboratory within 24 hours of collection by the end of December 2016.	Specific: Yes, addresses specific screening type. Measurable: Yes, increase percentage of blood spot screenings submitted within 24 hours. Attainable: Yes. Relevant: Yes, improves maternal and child health. Time-bound: Yes, by December 2016.	Nearly all infants born in South Carolina will be tested for a series of serious medical conditions that may not be symptomatic, but require early treatment. Early diagnosis and treatment can lead to better health outcomes for the child's development and decreased health care costs from complications.	Potential Negative Impact: Fewer than optimal number of infants born in South Carolina will be tested for a series of serious medical conditions that may not be symptomatic, but require early treatment. The longer you delay the treatment, the higher the health care costs and developmental consequences. For example, for testing and treating for one of the 54 conditions tested, called PKU, the cost savings is estimated (by the March of Dimes) to be about \$650 million dollars per year nationally. Level Requires Outside Help: Does not require additional outside help. The agency is currently engaging multiple partnering organizations to move toward this target; Outside Help to Request: n/a; Level to Inform the General Assembly: n/a; General Assembly Options: n/a.	n/a	SCHA, professional, outreach to health care professionals; S.C. March of Dimes, nonprofit, outreach to target population.	Lisa Davis	15 months	Director of Health Services	2600 Bull Street, Columbia, S.C. 29201	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
S.C. Code Section 44-37-40.	Objective 1.6.2 (b) - Increase to 97 percent the percentage of infants in South Carolina hospitals who receive screenings for hearing impairment by the end of December 2016.	Specific: Yes, addresses specific screening type. Measurable: Yes, by increasing the percentage of infants who receive screenings. Attainable: Yes. Relevant: Yes, improves maternal and child health. Time-bound: Yes, by December 2016.	Nearly all infants born in South Carolina will be tested for hearing impairments, which may be difficult to identify without targeted screening. Early hearing impairment intervention has been proven to improve childhood development and decrease health care costs.	Potential Negative Impact: Fewer than optimal number of infants born in South Carolina will be tested for hearing impairments, which may be difficult to identify without targeted screening. The longer you delay the treatment, the higher the health care costs and developmental consequences. These delays will cause an increased burden on the entire community (i.e. school system, social services, etc.). The local school district costs can increase by \$500,000 if a deaf child is not identified early. Level Requires Outside Help: Does not require additional outside help. The agency is currently engaged in appropriate partnerships to move toward target; Outside Help to Request: n/a; Level to Inform the General Assembly: n/a; General Assembly Options: n/a.	n/a	SCHA, professional, outreach to healthcare professionals.	Lisa Davis	15 months	Director of Health Services	2600 Bull Street, Columbia, S.C. 29201	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
The agency does not need to insert the information for the rest of the columns for any strategy, type "n/a"	Strategy 1.7 - Promote a coordinated, comprehensive public health preparedness and response system for natural or man-made disaster or terrorist event.	n/a	Prepare South Carolina's public health care delivery system and partners to ensure that critical assets (buildings, personnel, and all supporting items) will be available during and after a disaster. The intended outcome is that hospitals, clinics, first responders, and state and local partners will deliver public health services during and after disasters.	Disaster recovery will be delayed or prevented. In addition, if businesses and public enterprises cannot resume operations because employees, staff, customers, and clients are sick or injured, or the recovery efforts are delayed, the resulting economic loss could negatively impact the state.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
S.C. Code Ann. Sections 44-1-80, 44-1-100, 44-1-140, and 44-4-100 et seq.	Objective 1.7.1 - Review and update, no later than March of each year, all emergency response plans that pertain to public health and ensure that all standard operating procedures are integrated into both the state emergency operations plan and state homeland security strategy.	Specific: Yes, review and update of specific plans. Measurable: Yes, by the completion of an annual review and update of the state's public health emergency management plan and procedures integrated into the state's emergency plan. Attainable: Yes. Relevant: Yes, promotes a coordinated, comprehensive public health preparedness and response system. Time-bound: Yes. On an annual basis, no later than March of each year.	Continue to ensure that South Carolina has a plan and standards in place to be best able to prevent and/or respond to potential emergencies or disasters.	Potential Negative Impact: Potential to not have updated standards and best practices in place to prepare for and/or respond to an emergencies or disasters. Further, if businesses and public enterprises cannot resume operations because employees, staff, customers, and clients are sick or injured, or the recovery efforts are delayed, the resulting economic loss could negatively impact the state. Not ensuring plans and standard operation procedures are up to date, can lead to the duplication of efforts and misutilization of resources that can cause unneeded expense during response and recovery efforts. Level Requires Outside Help: Outside help is not required; Outside Help to Request: n/a; Level Required to Inform General Assembly: n/a; General Assembly Options: Agency will not require assistance from the General Assembly.	n/a	S.C. Emergency Management Division (EMD), S.C. Department of Social Services (DSS), S.C. Department of Mental Health, S.C. Department of Transportation, S.C. Law Enforcement Division (SLED), S.C. Department of Public Safety, National Guard; all government entities; Clemson Extension, academic; Red Cross and Salvation Army, nonprofit; work to develop emergency response plans in coordinated effort.	Lisa Davis	15 months	Director of Health Services	2600 Bull Street, Columbia, S.C. 29201	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.

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S.C. Code Ann. Sections 44-1-80, 44-1-100, 44-1-140, and 44-4-100 et seq.	Objective 1.7.2 - Work with local, state, federal, and voluntary health care professionals across the state to maximize participation in one state full scale exercise and four regional exercises on an annual basis to increase the state's public health capabilities to detect, prevent, and respond to disasters, both natural and man-caused.	Specific: Yes, includes specific exercises to increase capabilities. Measurable: Yes, by the completion of one full scale exercise and four regional exercises. The results of the exercises provide information regarding how effective that training is. Attainable: Yes. Relevant: Yes, promotes a coordinated, comprehensive public health preparedness and response system. Time-bound: Yes, annually.	Ensure South Carolina's healthcare professionals and systems are prepared to respond to potential emergencies and/or disasters.	Potential Negative Impact: A lack of unified cross-training could result in a shortage of healthcare professionals that are prepared to respond to potential emergencies and/or disasters. In addition, not conducting training can lead the duplication of efforts and misutilization of resources that can cause unneeded expense during response and recovery efforts. Level Requires Outside Help: Outside help is not required; Outside Help to Request: n/a; Level Required to Inform General Assembly: n/a; General Assembly Options: Agency will not require assistance from the General Assembly.	n/a	SCHA, S.C. Coroners Association, Four Regional Health Care Coalitions; professional networks; and the EMD, government. All partners work to plan, coordinate, and practice response for disasters.	Lisa Davis	15 months	Director of Health Services	2600 Bull Street, Columbia, S.C. 29201	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
Legal responsibilities for agency goals are satisfied by the corresponding objectives. The following legal responsibilities apply to Goal 2: S.C. Code Sections 44-1-110, 44-1-140, 44-29-10 et seq., and 44-39-10 et seq.	Goal 2 - Eliminate health disparities.	The agency's goals provide an overarching framework for decision making, supported by S.M.A.R.T objectives. The following objectives are aligned with Goal 2: 2.1.1 (a), 2.1.1 (b), 2.2.1, and 2.2.2.	Equal access and care for all South Carolinians.	The overall health status of South Carolinians will not demonstrably improve until health disparities are eliminated across the spectrum of communicable and chronic diseases and conditions. Racial and ethnic minorities, individuals living in poverty, and individuals living in rural jurisdictions, among others, are negatively affected disproportionately by preventable diseases and suffer from excess mortality compared to the healthiest among us. Health disparities contribute to reduced productivity, increased health care costs, lost economic opportunities, and impact economic development.	n/a	n/a	Lisa Davis	15 months	Director of Health Services	2600 Bull Street, Columbia, S.C. 29201	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
The agency does not need to insert the information for the rest of the columns for any strategy, type "n/a"	Strategy 2.1 - Reduce disparities in the incidence and the impact of communicable diseases.	n/a	Reduce the death rate among those with a communicable illness. Reduce risk of transmitting communicable illnesses to others. Reduce risk of new communicable illness.	Cost of lost productivity and revenue due to affected persons' absenteeism, along with increased medical cost. For tuberculosis (TB) alone, direct costs (in 2014 U.S. dollars) average from \$17,000 to treat drug-susceptible TB to \$482,000 to treat the most drug-resistant form of the disease (XDR TB). When including productivity losses (i.e., lost income) experienced by patients while undergoing treatment, costs are even higher. Without controlling the spread, this could lead to high rates of disease, and loss of productivity and morbidity. According to CDC estimates, the lifetime cost of treatment for 789 new diagnoses of HIV infection in South Carolina in 2009 was \$290 million. There are currently 70+ reportable conditions, diseases whose economic burden we do not have an estimate for. Uncontrolled, these would cause a huge burden to our communities.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
S.C. Code Sections 44-1-110, 44-1-140, and 44-29-10 et seq.	Objective 2.1.1 (a) - By December 31, 2016, at least 80 percent of persons who receive their HIV-positive test results are linked to medical care and attend their first medical appointment (within 90 days of positive HIV test).	Specific: Yes, targets individuals to connect to medical care. Measurable: Yes, by linking at least 80 percent to medical care and attendance of first appointment. Attainable: Yes. Relevant: Yes, reduces disparities in the incidence and the impact of communicable diseases. Time-bound: Yes, by December 2016.	Reduce the death rate among People Living With HIV/AIDS (PLWHA). Reduces risk of transmitting HIV to others. Reduce risk of new HIV infections.	Potential Negative Impact: Increases risk of ongoing transmission and increased death rate. Untreated HIV+ (those not linked into care) is associated with ER visits and hospital admissions costing an average of \$33,000 per case, per year (by 2010 estimates), compared to the CDC estimated average annual cost of treatment for an HIV+ in care (\$19,912) (current U.S. estimates). In South Carolina, the cost of treating HIV+ in care is \$19,824. There is also the cost of lost productivity and revenue due to affected persons' absenteeism (i.e. HIV+ persons and their immediate care givers) not going to work (too sick and too busy taking care of the sick), and/or being unproductive at work due to HIV/AIDS-related illness (presenteeism). Treatment of HIV+ persons (in care) reduces CD4 (i.e. viral load) counts dramatically, which reduces the chance of these individuals infecting others by at least 94%, according CDC estimates. In other words, one negative impact of not getting HIV+ persons into care is the potential increase in the chance of them infecting others by almost 100%, which bears grave economic impacts for the state, given the cost of treating each additional HIV+ person (both in and out of care). According to CDC estimates, the lifetime cost of treatment for 789 new diagnoses of HIV infection in South Carolina in 2009 was \$290 million. Level Requires Outside Help: Yes, DHEC works with numerous partners statewide. An additional position was created last year to increase linkage to care; Level to Inform the General Assembly: n/a; General Assembly Options: n/a.	n/a	Ryan White Providers, medical/healthcare, community based organizations, hospitals, healthcare DAODAS, government, offer referrals to care, outreach to target population and medical professionals.	Lisa Davis	15 months	Director of Health Services	2600 Bull Street, Columbia, S.C. 29201	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.

Strategy, Objectives and Responsibility

S.C. Code Sections 44-1-110, 44-1-140, and 44-29-10 et seq.	Objective 2.1.1 (b) - By December 31, 2016, at least 80 percent of targeted minority populations who receive their HIV-positive test results are linked to medical care and attend their first medical appointment (within 90 days of positive HIV test).	Specific: Yes, targets specific individuals to connect to medical care. Measurable: Yes, by linking at least 80 percent to medical care and attendance of first appointment. Attainable: Yes. Relevant: Yes, reduces disparities in the incidence and the impact of communicable diseases. Time-bound: Yes, by December 2016.	Reduce the death rate among PLWHA.	Potential Negative Impact: Increases risk of ongoing transmission. Of the 2014 AIDS cases in South Carolina, 73% were Black, 20% white, and 7% other. Without addressing the racial/ethnic disparities, the minority population continues to be severely impacted by this disease. According to the Population Reference Bureau, experts say that a mix of factors—including socioeconomic factors, limited access to health care, late HIV testing, high rates of sexually transmitted infections, and limited knowledge of treatment and prevention options—have contributed to the HIV/AIDS crisis among blacks. Not linking or retaining HIV individuals in care would lead to unnecessary ER visits and hospitalizations, as well as sicker individuals who are unable to contribute to the workforce. In addition, there would be an impact on those who require in-home care by family and friends, whose economic productivity also becomes reduced. Left untreated, there would be an increase spread of the disease in this population. Level Requires Outside Help: Yes, DHEC works with numerous partners statewide. An additional position was created last year to increase linkage to care; Level to Inform the General Assembly: n/a; General Assembly Options: n/a.	n/a	Ryan White Providers, medical/healthcare, offer referrals, links to medical care, outreach to target populations.	Lisa Davis	15 months	Director of Health Services	2600 Bull Street, Columbia, S.C. 29201	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
The agency does not need to insert the information for the rest of the columns for any strategy, type "n/a"	Strategy 2.2 - Reduce disparities in illness, disability, and premature deaths from chronic diseases.	n/a	Improved health status (reduction in morbidity and mortality) among South Carolinians suffering disproportionately from chronic diseases, particularly racial and ethnic minorities, and persons living in rural areas of the state.	If disparities seen in illnesses, disabilities, and premature deaths brought about by chronic disease are not reduced, the state will continue to suffer from many preventable outcomes. Cancer, diabetes, and heart disease, for example, affect disproportionately different populations in the state, particularly among racial and ethnic minorities, and persons living in poverty and rural areas. Health care costs associated with many of these preventable conditions and diseases are considerable, affecting economic growth and productivity.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
S.C. Code Sections 44-1-110 and 44-1-140. [Federal grant: South Carolina Breast and Cervical Cancer Control Program (NUSBDP003942-04-01), CDC Cooperative Agreement; state funds.]	Objective 2.2.1 - By April 30, 2017, increase the number/percent of minority women screened through the Best Chance Network (BCN) program to 45 percent.	Specific: Yes, addresses specific population and screening. Measurable: Yes, by increasing number/percent screened through program. Attainable: Yes. Relevant: Yes, reduces disparities in illness, disability, and premature deaths from chronic diseases. Time-bound: Yes, by April 30, 2017.	Reduce disparities and increase screening among the identified population. Increases early detection among a population historically diagnosed later and at a more severe stage.	Potential Negative Impact: Higher and more frequent mortality. Fewer minority women screened. The breast cancer mortality rate (age adjusted) for African American women was 28.1 compared to 21.3 for white women in 2014. The cervical cancer mortality rate (age adjusted) for African American women was 4.3 compared to 2.1 for white women in 2014. In 2014, there were 807 hospitalizations for female breast cancer in South Carolina as primary diagnosis, at a total cost of over \$44 million. In 2014, there were 151 inpatient hospitalizations for cervical cancer as primary diagnosis in South Carolina, at a total cost of over \$6.6 million. According to the CDC cost Calculator, the cost of treating all cancer in South Carolina exceeded \$3.175 billion in 2015, and is projected to exceed \$4.276 billion in 2020. Early detection is of paramount importance to the successful identification and treatment of breast cancer and cervical cancer. Data for the stage of diagnosis for cervical cancer in South Carolina from 2008-2012 show that black women were more likely than white women to receive higher regional (39.5%; 33.6%) and distant cancer diagnoses (14.6%; 12.8%), respectively. Regional and distant diagnosis means that the cancer has spread beyond the primary site indicating a later stage diagnosis. The negative effects of not screening are demonstrated at the stage in diagnosis. Level Requires Outside Help: By September 2016, if target to date not being accomplished; Outside Help to Request: CDC, S.C. Cancer Alliance, American Cancer Society, BCN network; Level Required to Inform General Assembly: Should the percent drop, rather than raise, by September, 2016; General Assembly Options: n/a - Agency will not require assistance from the General Assembly.	n/a	American Cancer Society, South Carolina Cancer Alliance, nonprofits; CDC, federal government; BCN providers, healthcare; outreach to target population, referrals for screening services, provision of screening services.	Lisa Davis	15 months	Director of Health Services	2600 Bull Street, Columbia, S.C. 29201	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
S.C. Code Sections 44-1-110 and 44-1-140. [Federal grant: Preventive Health and Health Services Block Grant; state funds.]	Objective 2.2.2 - By December 31, 2016, develop the capacity and infrastructure in at least eight community and faith based organizations so they can implement initiatives to address health disparities, targeting diabetes or heart disease, or the associated risk factors of unhealthy eating, limited physical activity, and tobacco use.	Specific: Yes, includes specific initiatives to address disparities. Measurable: Yes, by developing and implementing at least eight initiatives. Attainable: Yes. Relevant: Yes, reduces disparities in illness, disability, and premature deaths from chronic diseases. Time-bound: Yes, by December 31, 2016.	Targeted and strategic local effort focused on reducing health disparities with an emphasis on addressing diabetes or heart disease (risk factors of unhealthy eating, limited physical activity, and tobacco use).	Potential Negative Impact: If health disparities persist and no targeted and strategic local effort are put in place to address these conditions and diseases, the state will continue to suffer from preventable morbidity and mortality. Healthcare costs will continue to be high, possibly increase, and economic development and productivity adversely affected. Level Requires Outside Help: Mid calendar year, with minimal progress; Outside Help to Request: CDC, National Office of Minority Health, Alliance for a Healthier S.C.; Level Required to Inform General Assembly: Not required, updating through routine reporting; General Assembly Options: n/a, Agency will not require assistance from the General Assembly.	n/a	Health Systems statewide, medical/healthcare; S.C. Primary Health Care Association, nonprofit; SCHA, professional; Faith based organizations; outreach and education to target health care professional, receive input on best practices, offer technical assistance and expertise.	Lisa Davis	15 months	Director of Health Services	2600 Bull Street, Columbia, S.C. 29201	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
Legal responsibilities for agency goals are satisfied by the corresponding objectives. The following legal responsibilities apply: S.C. Code Ann. Sections 44-1-140, 44-39-10 et seq., 44-1-10 et seq., 48-1-10 et seq., 44-56-10 et seq., and 44-96-10 et seq.	Goal 3 - Protect, enhance, and sustain environmental and coastal resources.	The agency's goals provide an overarching framework for decision making, supported by S.M.A.R.T objectives. The following objectives are aligned with Goal 3: 3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.2.1, 3.2.2, 3.3.1, 3.3.2.	Protected, enhanced, and improved access to environmental resources.	South Carolina's environmental and coastal resources will not be protected, enhanced, and sustained, ultimately leading to adverse impacts on public health and the environment. Further, environmental standards and measures that are not met can negatively affect recreational uses, economic development, and result in increased costs to customers and the state through infrastructure, treatment, and cleanup costs.	n/a	n/a	Myra Reece	2 months	Director of Environmental Affairs	2600 Bull Street, Columbia, S.C. 29201	Environmental Affairs	Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.

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S.C. Code Ann. Section 44-96-10 et seq.	Objective 3.2.1 - Increase state recycling rate to 40 percent and the per person disposal rate of 3.25 pounds per person (p/p/d) per day by 2020.	Specific: Yes, addresses recycling rate. Measurable: Yes, by increasing the state recycling rate to 40 percent. The current recycling rate is 29.2 and is calculated and published annually in the S.C. Solid Waste Management Report. Attainable: Yes. Relevant: Yes, protects and enhances environmental and coastal resources. Time-bound: Yes, by 2020.	Reduces pollution, decreases the amount of waste sent to landfills, and preserves natural resources.	Potential Negative Impact: Negative impact on the environment and future public health through increases in pollution and waste sent to public landfills. In addition to the environmental impacts, a drop in or slowing of the state's recycling efforts will have a significant negative impact on South Carolina's economy. A 2014 study commissioned in part by DHEC and conducted by the College of Charleston showed that recycling has a \$13 billion annual impact on the state's economy with more 520 companies providing 22,000-plus jobs. South Carolina's recycling industry made more than \$156 million in capital investments in 2014 and nearly \$4.8 billion since 2006. The study also estimated a potential 19 percent annual growth in the recycling industry - a growth that would be hindered if recycling efforts decrease or stall. Level Requires Outside Help: Outside help is not required; Outside Help to Request: n/a; Level Required to Inform General Assembly: n/a; General Assembly Options: n/a, internal change. Work is currently being completed by the department. Agency will not require assistance from the General Assembly.	n/a	Counties, municipalities, state agencies, government; Palmetto Pride, nonprofit; S.C. Chamber of Commerce and local chambers, business community, all to promote recycling, educate on benefits.	Myra Reece	2 months	Director of Environmental Affairs	2600 Bull Street, Columbia, S.C. 29201	Environmental Affairs	Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.
S.C. Code Ann. Section 48-39-10 et seq.	Objective 3.2.2 - Improve and increase public access to beaches by 10 percent from 2010-2020.	Specific: Yes, addresses beach access. Measurable: Yes, by improving public access to beaches by 10 percent. Attainable: Yes. Relevant: Yes, protects and enhances environmental and coastal resources. Time-bound: Yes, from 2010-2020.	The promotion and protection of the environment through greater public access and awareness of South Carolina's coastal shores.	Potential Negative Impact: Inequitable ADA accessible public access sites to South Carolina's beachfront shorelines would limit accessibility and enjoyment of beaches for residents and tourists. If state and/or federal funding is not available for enhancing or creating public access sites, local governments incur the cost to provide enhancements and maintenance of public beach access. Coastal municipalities that do not provide "full and complete" public access may be restricted from receiving state funds for renourishment activities (Code of Regulations 30-21, SC Coastal Zone Mgt Program policies). Level Requires Outside Help/ Outside Help to Request/ General Assembly: Local government and/or federal assistance is leveraged for additional public access site creation or improvements.	n/a	NOAA, government, the Coastal Access Improvement Grant Program, and Keep Off the Dunes cost sharing program.	Myra Reece	2 months	Director of Environmental Affairs	2600 Bull Street, Columbia, S.C. 29201	Environmental Affairs	Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.
The agency does not need to insert the information for the rest of the columns for any strategy, type "n/a"	Strategy 3.3 - Restore impaired natural resources and sustain them for beneficial use.	n/a	Improved environmental conditions and increased beneficial reuse of natural resources.	Adverse impacts to public health and the environment through exposure to contamination and inability to achieve or exceed environmental standards, leading to increased costs in medical care, infrastructure, treatment, and cleanup.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
S.C. Code Ann. Section 44-56-710 et seq.	Objective 3.3.1 - Encourage participation in the Voluntary Cleanup Program for Brownfields sites. Increase by at least five percent per year the number of signed and executed Voluntary Cleanup contracts for brownfields sites during 2010-2018.	Specific: Yes, includes number of contracts. Measurable: Yes, by increasing the number of signed and executed Voluntary Cleanup contracts by 5 percent per year. Attainable: Yes. Relevant: Yes, helps restore impaired natural resources and sustain them for beneficial use. Time-bound: Yes, from 2010-2018.	Improve environmental conditions at Brownfields sites to protect public health and the environment and to promote beneficial reuse of properties that are contaminated or perceived to be contaminated.	Potential Negative Impact: Negative impact on the environment and public health through potential exposures to contamination as well as economic impacts from contaminated or neglected properties on which expansion, redevelopment, or reuse may be complicated by the presence or perceived presence of contamination. Also, a potential increased burden on the state to investigate and where necessary remediate these properties using the Hazardous Waste Contingency Fund. Level Requires Outside Help: Outside help is not required; Outside Help to Request: n/a; Level Required to Inform General Assembly: n/a; General Assembly Options: n/a, internal change. Work is currently being completed by the department. Agency will not require assistance from the General Assembly.	n/a	EPA, counties, municipalities, communities, developers, private industry.	Myra Reece	2 months	Director of Environmental Affairs	2600 Bull Street, Columbia, S.C. 29201	Environmental Affairs	Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.
S.C. Code Ann. Section 48-10 et seq.	Objective 3.3.2 - Work with the EPA to establish a strategy for long term priority plans for the development of Total Maximum Daily Loads (TMDLs) for priority watersheds by the end of 2016.	Specific: Yes, establishes strategy for specific plan. Measurable: Yes, by the development of a strategy for long term priority plans. Attainable: Yes. Relevant: Yes, helps restore impaired natural resources and sustain them Time-bound: Yes, by the end of 2016.	TMDLs are plans to reduce pollutants and achieve water quality standards. When TMDLs are implemented water quality goals are met and designated uses are restored.	Potential Negative Impact: Without a plan to reduce pollutants, water quality standards may not be achieved and designated uses for such waters may not be available. Waters not meeting standards can negatively affect recreational uses, economic development, and result in increased cost for increased treatment to discharge into impaired waters, and high treatment costs for drinking water suppliers to treat and provide safe water to their customers. Level Requires Outside Help: If the agency is unable to keep pace with TMDL development, the agency will reach out to EPA for assistance; General Assembly Options: The agency does not require assistance from the General Assembly.	n/a	The states and the EPA have embarked on a new process for evaluating progress towards TMDL goals. The new process calls for states to provide the EPA with long term priority plans for TMDL development. The EPA, other state and federal agencies, government; regulated community, business; environmental stakeholders, nonprofit and community, and the general public, all gather feedback, receive technical and public input.	Myra Reece	2 months	Director of Environmental Affairs	2600 Bull Street, Columbia, S.C. 29201	Environmental Affairs	Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.

Associated Programs

This is the next chart because once the agency has determined its goals, strategies and objectives, the agency needs to determine which of its programs will help achieve those objectives and goals and which programs may need to be curtailed or eliminated. If one program is helping accomplish an objective that a lot of other programs are also helping accomplish, the agency should consider whether the resources needed for that program could be better utilized (i.e. so the agency can most effectively and efficiently accomplish all of its goals and objectives) if they were distributed among the other programs that are helping accomplish the same objective or among programs that are helping accomplish other objectives.

Agency Responding	Department of Health and Environmental Control
Date of Submission	2/5/2016
Fiscal Year for which information below pertains	2015-16

Instructions:

1) Under the "Name of Agency Program" column, enter the name of every program at the agency on a separate row.

2) Under the "Description of Program" column, enter a 1-3 sentence description of the agency program.

3) Under the "Legal Statute Requiring Program" column, enter the legal statute which requires (this is different than allows) the program, if the program is required by a state or federal statute or proviso. Make sure it is clear whether the agency is referencing state or federal laws and whether it is a proviso or statute. If the program is not required by a state or federal statute or proviso, enter "none."

3) Under the "Objective the Program Helps Accomplish" column, enter the strategic plan objective number and description. The agency can copy the Objective number and description from the first column of the Strategy, Objective and Responsibility Chart. Enter ONLY ONE objective per row. If an agency program helps accomplish multiple objectives, insert additional rows with that agency program information and enter each different objective it helps accomplish on a separate row. Main program areas are covered in this report as well as their oversight areas.

* Note regarding programs: The S.C. Department of Health and Environmental Control (DHEC) is the state regulatory agency charged with promoting and protecting the state's public health and its land, air, coastal resources, and water quality as authorized by federal and state law. DHEC is comprised of three major deputy program areas: Health Services, Health Regulation, and Environmental Affairs, with administration supporting the goals, strategies, and objectives of these programs.

Name of Agency Program	Description of Program	Legal Statute or Proviso Requiring the Program	Objective the Program Helps Accomplish (The agency can copy the Objective number and description from the first column of the Strategy, Objective and Responsibility Chart) List <u>ONLY ONE</u> strategic objective per row.
Health Services	<p>DHEC Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.</p> <p>Maternal and Child Health (MCH) Promotes the health of women, children, and infants by providing health care services and programs, linking community services, and facilitating systems of care for pregnant women and infants. MCH is comprised of five divisions: Children's Health, Women's Health, Women, Infants and Children (WIC), Research and Planning, and Oral Health.</p> <p>Community Health and Chronic Disease Prevention (CHCDP) Houses community-oriented prevention services and works with the CDC, local health departments, and stakeholders to prevent disease and injury and promote healthy lifestyles. CHCDP is comprised of five divisions: Health Equity, Promotion and Wellness; Injury and Violence Prevention; Cancer Prevention and Control; Chronic Disease Epidemiology; and Tobacco Prevention and Control.</p>	<p>S.C. Code Ann. Section 44-1-110 44-1-140 44-29-10 et seq. 44-37-10 through 70 43-5-910 through 970 44-3-10 et seq 44-4-100 through 570 44-5-10 through 100 44-8-10 through 60 44-31-10 through 610 44-44-10 through 160 44-53-10 et seq. 44-53-1610 through 1680</p>	Objective the Program Helps Accomplish

Associated Programs

	<p>Disease Control Works to prevent and control communicable diseases and illnesses in South Carolina. Disease Control is comprised of four divisions: Acute Disease Epidemiology (DADE), STD/HIV, Immunizations, and Surveillance and Technical Support.</p> <p>Client Services Responsible for assuring the implementation of public health services across the state. Client Services is comprised of four health regions across the state, the Bureau of Laboratory, the Primary Care Office, and the Office of Public Health Nursing.</p> <p>Public Health Statistics and Information Services (PHSIS) Houses vital statistics operations as well as the core elements needed to assist in carrying out the agency's surveillance and assessment responsibilities. The office is also responsible for conducting Institutional Review Board (IRB) oversight on all research conducted by the agency to ensure the protection of human subjects involved in research.</p>		<p>Objective 1.2.1 - Establish a comprehensive baseline inventory and objectives for statewide partnerships within 12 months to help better impact the public's health and environment.</p> <p>Objective 1.3.2 - By December 31, 2016, review 100 percent of reported potential rabies exposures statewide.</p> <p>Objective 1.3.3 - By December 31, 2016 investigate 100 percent of reported vector-borne diseases received by agency epidemiology staff across the state.</p> <p>Objective 1.4.1 - Implement interventions by March 29, 2017 to increase by five (from 61 to 66) the number of South Carolina public school districts that deploy 100 percent tobacco-free policies to protect students from exposure to secondhand smoke; increase by 15 percent (or 488) the number of total health provider referrals to the Quitline; and increase by four (from 64 to 68) the number of local municipalities whose citizens are protected from secondhand smoke in all indoor workplaces to reduce exposure to secondhand smoke.</p> <p>Objective 1.5.1 - By December 31, 2016 all South Carolina Immunization providers will be required to report 100 percent of administered immunizations into the IIS.</p> <p>Objective 1.6.1 - Increase by five percent the percentage of potentially eligible Women, Infants, and Children (WIC) clients who enroll in WIC nutrition services by end of December 2017.</p> <p>Objective 1.6.2 (a) - Increase to 95 percent the percentage of newborns delivered in South Carolina hospitals whose blood spot screening specimens are submitted to the DHEC laboratory within 24 hours of collection by the end of December 2016.</p> <p>Objective 1.6.2 (b) - Increase to 97 percent the percentage of infants in South Carolina hospitals who receive screenings for hearing impairment by the end of December 2016.</p> <p>Objective 1.7.1 - Review and update, no later than March of each year, all emergency response plans that pertain to public health and ensure that all standard operating procedures are integrated into both the state emergency operations plan and state homeland security strategy.</p> <p>Objective 1.7.2 - Work with local, state, federal, and voluntary healthcare professionals across the state to maximize participation in one state full scale exercise and four regional exercises on an annual basis to increase the state's public health capabilities to detect, prevent, and respond to disasters, both natural and man-caused.</p>
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Associated Programs

			<p>Objective 2.1.1 (a) - By December 31, 2016, at least 80 percent of persons who receive their HIV-positive test results are linked to medical care and attend their first medical appointment (within 90 days of positive HIV test).</p> <p>Objective 2.1.1 (b) - By December 31, 2016, at least 80 percent of targeted minority populations who receive their HIV-positive test results are linked to medical care and attend their first medical appointment (within 90 days of positive HIV test).</p> <p>Objective 2.2.1 - By April 30, 2017, increase the number/percent of minority women screened through the Best Chance Network (BCN) program to 45 percent.</p> <p>Objective 2.2.2 - By December 31, 2016, develop the capacity and infrastructure in at least eight community and faith based organizations so they can implement initiatives to address health disparities, targeting diabetes or heart disease, or the associated risk factors of unhealthy eating, limited physical activity, and tobacco use.</p>
<p>Health Regulation</p>	<p>DHEC Health Regulation’s primary purpose is to work with health care facilities and services to protect the public’s health by assuring that safe, quality care is provided. Supporting this effort, include the following areas: Health Facilities Licensing and Certification; Certificate of Need (CON); Emergency Medical Services (EMS) and Trauma; Radiological Health; Construction, Fire and Life Safety; and Drug Control.</p> <p>Health Facilities Licensing and Certification Licensing and certification of health care facilities is critical to ensuring that established standards are met by hospitals, ambulatory surgical centers, hospice programs, and other health care facilities. Rules and regulations are developed to ensure that South Carolinians receive safe, high quality health care.</p> <p>Certificate of Need (CON) Authorizes the implementation or expansion of health care facilities and services in South Carolina. A certificate of need is based on a calculation of need for a particular medical service from the South Carolina Health Plan. A CON authorizes a person or facility to provide a portion of that calculated need in a county or service area, which may comprise several counties.</p> <p>Emergency Medical Services (EMS) and Trauma Develops and regulates systems for quality emergency medical care in South Carolina. This ensures EMS providers are fully trained and that their medical vehicles are properly equipped.</p> <p>Radiological Health</p>	<p>S.C. Code Ann. Section 44-1-140 40-25-10 through 190 13-7-20 through 140 44-7-110 through 394 44-34-10 through 110 44-61-10 through 160 44-69-10 through 100 44-70-10 et seq. 44-71-10 through 110 44-75-10 through 120 44-89-10 through 100 44-63-10 through 180</p>	<p style="text-align: center;">Objective the Program Helps Accomplish</p>
	<p>Energy emitted from a source is generally referred to as radiation. Radiation exists in the natural environment (e.g., heat and light from the sun), as well as being generated by man-made devices (e.g., X-rays). The Radiological Health program works to protect South Carolinians from unnecessary exposure to radiation, which can come from a variety of sources such as X-ray equipment, radioactive materials, and tanning beds.</p> <p>Construction, Fire and Life Safety Reviews plans, specifications, and construction for health care facilities licensed by the state. The program also conducts periodic fire and life safety surveys of facilities to ensure continued compliance with appropriate codes, standards, and regulations.</p>		<p>Objective 1.1.1 - Complete transition of military medic to civilian paramedic programs by July 2017.</p> <p>Objective 1.1.2 - Collaborate with National Highway Transportation Safety Administration (NHTSA) to perform statewide EMS system assessment by December 2016.</p> <p>Objective 1.1.3 - Complete implementation of the Stroke System of Care Act of 2011 by January 2018.</p>

Associated Programs

	<p>Drug Control Aims to promote and protect public health through enforcement of South Carolina’s Controlled Substances Act. The program administers the state’s prescription drug monitoring program (known as SCRIPTS), which tracks the prescribing and dispensing of all Schedule II, III, and IV controlled substances by licensed professionals such as doctors, pharmacists, dentists, and veterinarians.</p>		<p>Objective 1.2.1 - Establish a comprehensive baseline inventory and objectives for statewide partnerships within 12 months to help better impact the public’s health and environment.</p> <p>Objective 1.2.2 - Implement 70 percent of the priority recommendations of the American College of Surgeons (ACS) June 2014 assessment, including improving advisory council leadership system, develop strategic plan, and increase support staff, by January 2018.</p>
<p>Environmental Affairs</p>	<p>DHEC Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.</p> <p>Bureau of Air Quality (BAQ) Develops and implements strategies to maintain the quality of South Carolina’s air. BAQ provides a variety of services including:</p> <ul style="list-style-type: none"> • Reviewing permit applications and issuing air quality construction and operating permits to industrial, commercial, and institutional facilities • Supporting permitting through modeling, technical assistance, and daily ozone forecasts • Implementing federal and state air toxics programs by offering technical and compliance assistance to staff and industry • Conducting compliance assistance and assurance through routine monitoring, review of operational and emissions reports, and periodic inspections <p>Bureau of Environmental Health Services (BEHS) Supports DHEC’s air, land, and water programs through regional offices and a central laboratory. BEHS is also responsible for emergency response activities. The services they provide include:</p> <ul style="list-style-type: none"> • Inspecting permitted facilities and issuing food and septic tank permits • Responding to foodborne outbreak investigations • Responding to citizen complaints about any actual or potential release of pollutants into the air, land, or water • Responding to chemical and oil spills, fish kills, and open burning of items such as tires, plastic, copper wire, and asbestos covered material 	<p>S.C. Code Ann. Section 44-1-110 44-1-140 44-1-150 44-55-2310 through 2380 44-56-40 through 495 44-93-10 through 240 48-1-10 through 350 48-39-10 through 360 49-1-10 through 90 49-11-110 through 260</p>	<p align="center">Objective the Program Helps Accomplish</p>
	<p>Bureau of Land & Waste Management (BLWM) Coordinates mining and waste-related activities and implements assessment and corrective actions for contaminated sites. BLWM provides a variety of services including:</p> <ul style="list-style-type: none"> • Providing technical assistance for the proper management of solid and hazardous waste, technical review of sampling protocols, and analytical data • Issuing permits for solid waste and mining activities as well as underground storage tanks • Promoting waste reduction and recycling through technical assistance and education/awareness programs to local governments, schools, businesses, and the public • Overseeing the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, and brownfield sites <p>Bureau of Water (BOW) Helps ensure that South Carolina’s waters are drinkable, swimmable, and fishable through regulatory and voluntary programs to control sources of pollution. BOW provides a variety of services including:</p> <ul style="list-style-type: none"> • Permitting wastewater discharges from industrial and domestic sources and as well as on-site wastewater systems (septic tanks) • Issuing stormwater permits through the National Pollutant Discharge Elimination System for construction sites, municipal systems, and industrial sites • Developing state water quality standards, issuing the bi-annual list of the state’s polluted waters and developing corrective action plans for those waters and controlling nonpoint sources of pollution through grants, voluntary 		<p>Objective 1.2.1 - Establish a comprehensive baseline inventory and objectives for statewide partnerships within 12 months to help better impact the public’s health and environment.</p> <p>Objectives 1.3.1 - By December 31, 2016, develop an employee health education program for retail food establishments to help decrease the potential of food-borne outbreaks.</p> <p>Objective 1.3.2 - By December 31, 2016, review 100 percent of reported potential rabies exposures statewide.</p> <p>Objective 1.3.3 - By December 31, 2016 investigate 100 percent of reported vector-borne diseases received by agency epidemiology staff across the state.</p> <p>Objective 3.1.1 - Review and develop, no later than June of each year, environmental quality assurance measures, to include project plans, operating procedures, etc., to ensure that sufficient and quality data are provided to assess and characterize environmental conditions.</p>

Associated Programs

	<p>measures, and technical assistance</p> <ul style="list-style-type: none"> • Implementing and overseeing the state's dam safety program for more than 2,300 dams statewide <p>Office of Ocean & Coastal Resource Management (OCRM) Preserves sensitive and fragile areas while promoting responsible development in the eight S.C. coastal counties. OCRM offers a variety of services including:</p> <ul style="list-style-type: none"> • Implementing the Coastal Zone Management Program to manage wetland alterations, stormwater, and land disturbance activities, certify all federal and state permits, and direct federal actions and all alterations of tidally influenced critical area lands, waters, and beaches • Preserving sensitive natural, historic, and cultural resources through regulatory oversight and guidance • Providing technical expertise to resolve complex coastal management issues • Encouraging low impact and alternative development to preserve water quality and environmental integrity 		<p>Objective 3.1.2 - Meet 100 percent of ozone monitoring sites and continue to maintain the ozone standard by 2018.</p> <p>Objective 3.1.3 - Assess all water quality monitoring data in even calendar years (2016 and 2018) to determine compliance with water quality standards and statewide general water quality. Produce 303(d) List of Impaired Waters and 305(b) report.</p> <p>Objective 3.1.4 - Increase the number of Hazardous Waste Small Quantity Generator (SQG) inspections. Inspect at least 10 percent of the SQG population annually.</p> <p>Objective 3.2.1 - Increase state recycling rate to 40 percent and the per person disposal rate of 3.25 pounds per person (p/p/d) per day by 2020.</p> <p>Objective 3.2.2 - Improve and increase public access to beaches by 10 percent from 2010-2020.</p> <p>Objective 3.3.1 - Encourage participation in the Voluntary Cleanup Program for brownfields sites. Increase by at least five percent per year the number of signed and executed Voluntary Cleanup contracts for brownfields sites during 2010-2018.</p> <p>Objective 3.3.2 - Work with the EPA to establish a strategy for long term priority plans for the development of Total Maximum Daily Loads (TMDLs) for priority watersheds by the end of 2016.</p>
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Strategic Budgeting

This is the next chart because once the agency determines its goals, strategies and objectives, as well as the programs that will best allow the agency to accomplish its objectives, the agency needs to determine how to allocate its funds to most effectively and efficiently accomplish the objectives. After allocating the funds to the objectives, the agency may decide to go back and revise which associated programs it will continue, curtail or eliminate in order to most effectively and efficiently accomplish its goals and objectives.

Agency Responding	Department of Health and Environmental Control
Date of Submission	2/5/2016
Fiscal Year for which information below pertains	2015-2016

IMPORTANT TIME SAVING NOTE: Please note that only one year of budgeted funds is requested. Once an agency is under study with the House Legislative Oversight Committee, the Committee may request information on how the agency budgeted and spent money for the previous five years. If an agency is chosen for study five years from now, the agency can quickly and easily combine the information from this chart for each of the last five years.

Part A Instructions: Estimated Funds Available this Fiscal Year (2015-16)

1) Please enter each source of funds for the agency in a separate column. Group the funding sources however is best for the agency (i.e. general appropriation programs, proviso 18.2, proviso 19.3, grant ABC, grant XYZ, Motor Vehicle User Fees, License Fines, etc.) to provide the information requested below each source (i.e. state, other or federal funding; recurring or one-time funding; etc.). The agency is not restricted by the number of columns below so please delete or add as many as needed. **However the agency chooses to group its funding sources, it should be clear through Part A and B, how much the agency estimates it has available to spend and where the agency has budgeted the funds it has available to spend.**

Part B Instructions: How Agency Budgeted Funds this Fiscal Year (2015-16)

1) Enter each agency objective and description (i.e. Objective 1.1.1 - insert description of objective). The agency can insert as many rows as necessary so that all objectives are included.
 2) After entering all of the objectives, enter each "unrelated purpose" for which money received by the agency will go (i.e. Unrelated Purpose #1 - insert description of unrelated purpose) on a separate row. An "unrelated purpose" is money the agency is legislatively directed to spend on something that is not related to an agency objective (i.e. pass through, carry forward, etc.).
 3) Enter how much money from each source of funds the agency budgets to spend on each objective and unrelated purpose. The "Total budgeted to spend on objectives and unrelated purposes" for each source of funds in Part B should equal the "Amount estimated to have available to spend this fiscal year" in Part A.

Explanations from the Agency regarding Part A:

Insert any additional explanations the agency would like to provide related to the information it provides below.

**PART A
Estimated Funds
Available this
Fiscal Year
(2015-16)**

Source of Funds:	Totals	H3701 State Appropriations	State Carryforward	Proviso 118.14	Federal Funds	Earmarked-Non restrictive	Earmarked-Restrictive	Medicare / Medicaid - restrictive	Medicare / Medicaid- restrictive	35747001 Solid Waste Cash Bonds; Dry Cleaning Trust; Environmental Emergency; Starmet Trust Fund	4000 Restricted Funds- Included in the Budget Authorization	4000 Restricted funds not Included in Budget Authorization (Mainly Env. Site Specific)
Is the source state, other or federal funding:	Totals	State	State	State	Federal Funds	Earmarked-Non restrictive	Earmarked-Restrictive	Medicare / Medicaid - restrictive	Medicare / Medicaid- restrictive	Earmarked	Restricted - Budgeted	
Is funding recurring or one-time?	Totals	Recurring	One-Time Funding	One-time funding	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring	Recurring
\$ From Last Year Available to Spend this Year												
Amount available at end of previous fiscal year	\$175,448,297	-	8,088,511.00		-	27,202,630.00	31,700,118.00	2,130,671.00	7,581,857.00	5,387,016.00	15,071,083.00	78,254,909.00
Amount available at end of previous fiscal year that agency can actually use this fiscal year:		-	8,088,511.00		-	27,202,630.00	31,700,118.00	2,130,671.00	7,581,857.00	5,387,106.00	15,071,083.00	78,254,909.00
If the amounts in the two rows above are not the same, explain why :	Enter explanation for each fund to the right											
\$ Estimated to Receive this Year												
Amount budgeted/estimated to receive in this fiscal year:	\$526,723,058	107,261,738.00		3,196,529.00	286,170,200.00	62,023,586.00	44,228,259.00	3,185,831.00	807,052.00	-	11,133,205.00	8,746,658.00
Total Actually Available this Year												
Amount estimated to have available to spend this fiscal year (i.e. Amount available at end of previous fiscal year that agency can actually use in this fiscal year PLUS Amount budgeted/ estimated to receive this fiscal year):	\$702,171,355	107,261,738.00	8,088,511.00	3,196,529.00	286,170,200.00	89,226,216.00	75,928,377.00	5,316,502.00	8,388,909.00	5,387,106.00	26,204,288.00	87,001,567.00

Strategic Budgeting

Explanations from the Agency regarding Part B: DHEC does not capture costs in this manner. Costs to accomplish objectives are allocated as part of a program area's overarching functions and are derived from budget revenues established by state, local, federal, and/or a combination of revenues, including earned revenues. These revenues are represented above. The agency has multiple federal and earned resources, each containing multiple deliverable requirements.

**PART B
How Agency
Budgeted Funds
this Fiscal Year
(2015-16)**

Source of Funds: (the rows to the left should populate automatically from what the agency entered in Part A)	Totals	H3701 State Appropriations	State Carryforward	Proviso 118.14	Federal Grantors	Earmarked-Non restrictive	Earmarked-Restrictive	Medicare / Medicaid - restrictive	Medicare / Medicaid- restrictive	35747001 Solid Waste Cash Bonds; Dry Cleaning Trust; Environmental Emergency; Starmet	4000 Restricted Funds- included in the Budget Authorization	4000 Restricted funds not included in Budget Authorization (Mainly Env. Site Specific)					
Is source state, other or federal funding: (the rows to the left should populate automatically from what the agency entered in Part A)	Totals	State	State	State	Federal Funds	Earmarked-Non restrictive	Earmarked-Restrictive	Medicare / Medicaid - restrictive	Medicare / Medicaid- restrictive	Earmarked	Restricted - Budgeted	Restricted Funds not consuming Budget Authorization					
Restrictions on how agency is able to spend the funds from this source:	n/a	Appropriation specific	Appropriation Specific	Appropriation Specific	Federal Grant Specific	n/a	Section 48-2-10; Reg 61-63, Reg 61-30; 13-7-10; 13-7-45 (A)(1), Sec. 48-43-540;Section 48-2-10; Reg 61-30; Section 48-20-100; Reg 89-340; Section 48-2-10; Section 44-87-50; Reg 61-30; Section 48-2-10; Section 44-55-120; 48-55-2350 Reg 61-30; R61-105, Section 48-2-10; Reg 61-30; R61-105, Section 2-65-20; Sec-48-2-10; Reg 61-30; Section 44-55-120; Reg 61-30; 48-2-10, Section 48-2-10; Reg 61-30; R61-63; 13-7-10, Section 44-55-2350; Reg 61-30; 48-2-10, Section 49-4-10; Section 48-60-160; Court Ordered Settlement; Various Contracts and Section 44-1-180; Reg 61-55; Reg 61-56-1; Reg 61-17; Section 48-2-10; Reg 61-30; Sec/ 44-56-240, Sec 61-56.2, Sec/ 48-1-10; Sec. 44-55-10, Sec 48-39-145 and 61-30.G(13); 48-39-170, Sec 48-2-10; Reg 61-30, Sec 44-55-2370, Sec 9003(h) for RCR Act, Sec 44-56-170, Proviso 34.18, Sec 48-43-30, Reg 121.8.4.A.4, Section 2-65-20, Section 44-32-120; 40-25-190; 44-7-2950; R61-30; R61-63; Reg 61-64; Reg 61-106; Proviso 34-26.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Amount estimated to have available to spend this fiscal year: (the rows to the left should populate automatically from what the agency entered in Part A)	\$0	-	-	-	-	-	-	-	-	-	-	-					
Are expenditure of funds tracked through SCEIS? (if no, state the system through which they are recorded so the total amount of expenditures could be verified, if needed)	n/a	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes					
Where Agency Budgeted to Spend Money this Year												Goals and Objectives					
I. Administration		8,066,191.00	10,000.00	68,436.00	199,648.00	17,630,788.00						1.2.1-3.3.2					
II. A. 1. Underground Storage Tanks					2,182,042.00	226,168.00	1,424,775.00				35,246,950.00	1.2.1; 1.7.1; 1.7.2; 3.1.1; 3.1.3; 3.1.4; 3.3.2					
II. A. 2. Water Quality Improvement		5,577,040.00		32,544.00	12,604,097.00	5,794,715.00	11,348,980.00				183,961.00	755.00	1.2.1; 1.7.1; 1.7.2; 3.1.1; 3.1.3; 3.1.4; 3.3.2				
II. A. 3. Environmental Health		20,692,506.00		181,344.00	7,802,972.00	818,038.00	7,776,717.00				1,380,543.00		1.2.1; 1.3.1; 1.3.2; 1.3.3; 1.7.1; 1.7.2; 3.1.1; 3.1.3; 3.1.4; 3.3.2				
II. B. Coastal Resource Management		1,070,601.00		8,880.00	3,601,939.00	1,113,318.00	438,046.00						1.2.1; 1.7.1; 1.7.2; 3.1.1; 3.1.3; 3.1.4; 3.2.1; 3.2.2; 3.3.2				
II. C. Air Quality Improvement		3,027,125.00		27,304.00	3,168,614.00	3,195,445.00	12,256,453.00			915,421.00	680,382.00	23,607.00	1.2.1; 1.7.1; 1.7.2; 3.1.1; 3.1.2; 3.1.4				
II. D. Land Quality Improvement		6,094,056.00		14,176.00	8,445,905.00	2,801,381.00	2,841,778.00			4,471,595.00	11,518,684.00	51,630,255.00	1.2.1; 1.7.1; 1.7.2; 3.1.1; 3.1.4; 3.2.1; 3.3.1				
II. E. 1. Family Health - Infectious Disease		16,807,185.00		68,872.00	53,751,189.00	239,826.00	15,896,652.00	1,697,416.00	136,527.00				1.2.1; 1.2.2; 1.7.1; 1.5.1; 2.1.1(a); 2.1.1(b); 2.2.2				
II. E. 1 a. Palmetto Aids Life Support		50,000.00											Pass-through				
II. E. 2. Maternal/Infant Health		2,869,103.00		28,712.00	128,880,269.00	1,108,834.00	14,461,740.00	213,635.00	6,996,477.00				1.2.1; 1.2.2; 1.6.1; 1.6.2(a); 1.6.2(b)				
II. E. 2. a. Continuation Teen Pregnancy Prevention		546,972.00	133,462.00										1.2.1; 1.2.2; 1.6.1; 1.6.2(a); 1.6.2(b)				
II.E. 2. b. Maternal & Infant Health-Newborn Screening		421,750.00											1.2.1; 1.2.2; 1.6.1; 1.6.2(a); 1.6.2(b)				
II. E. 2. c. Abstinence Until Marriage Emerging Program		100,000.00											1.2.1; 1.2.2; 1.6.1; 1.6.2(a); 1.6.2(b)				

Strategic Budgeting

II. E. 3. Chronic Disease Prevention		1,282,503.00		5,800.00	18,015,147.00	441,541.00	1,437,338.00						1.2.1; 1.2.2; 2.2.1; 2.2.2
II. E. 3. a. Youth Smoking					-						12,440,718.00		1.2.1
II. E. 4. Accessing Public Health Services		23,410,129.00	4,113,344.00	271,772.00	26,447,165.00	4,909,093.00	3,185,137.00	300,962.00	1,255,905.00				1.2.1; 1.2.2; 1.7.1; 1.7.2
II. E. 5. Drug Control					321,150.00	3,871,180.00						100,000.00	1.2.1; 1.2.2; 1.7.1
II. E. 6. Rape		1,356,689.00			1,231,552.00								1.2.1; 1.2.2
II. E. 7. Independent Living		5,351,460.00		10,120.00	4,590,816.00	28,756,611.00		3,104,489.00					1.2.1; 1.2.2; 1.7.1
II. E. 7. b. Sickle Cell Prof. Education		100,000.00			-			44,196.00					1.2.1; 1.2.2; 1.7.1
II. F. 1. Health Care Standards-Radiological Health		1,286,539.00		12,048.00	85,782.00	81,892.00	1,082,358.00						1.2.1; 1.2.2
II. F. 2. Health Care Standards- Health Facilities and Services Development		1,362,880.00		800.00	-								1.2.1; 1.2.2
II. F. 3. Health Care Standards - Health Facilities Licensing		2,085,993.00		18,816.00	4,271.00	373,575.00	3,601,688.00						1.2.1; 1.2.2
II. F. 4. Health Care Standards - Certification					5,873,654.00								1.2.1; 1.2.2
II. F. 5. Health Care Standards - Emergency Medical Services		1,892,376.00	427,665.00	9,104.00	184,589.00	13,745.00	132,519.00						1.2.1; 1.2.2; 1.1.1; 1.1.2; 1.1.3
II. F. 6. Trauma Center Fund		2,268,886.00	23,886.00		-								1.2.1; 1.2.2; 1.1.1; 1.1.2; 1.1.3
II. G. 1. Health Surveillance Support Services - Health Laboratory		1,382,668.00		12,000.00	5,854,736.00	9,370,250.00							1.2.1; 1.2.2; 1.6.2(a); 1.6.2(b)
II. G. 2. Health Surveillance Support Services - Vital Records		159,086.00		800.00	2,888,977.00	8,479,816.00							1.2.1; 1.2.2
Real Mad - Real Men Against Domestic Violence		-		100,000.00	-								Pass- through
James R. Clark Sickle Cell Center		-	43,838.00	100,000.00	-								Pass- through
Best Chance Network			605,052.00	675,000.00	-								3.2.2
Stroke System of Care			50,000.00		-								1.1.3
City of North Myrtle Beach				500,000.00	-								Pass- through
Indoor Aquatic and Community Center				100,000.00	-								Pass- through
Nurse Family Partnership			1,249.00		-								1.2.1
National Kidney Foundation				1.00	-								Pass- through
Waterlee Community				250,000.00	-								Pass- through
OCRM Water Hazard Removal			4,243.00		-								3.2.2
SC Coalition Against Domestic Violence				500,000.00	-								Pass- through
Beach Renourishment			666,972.00		-								3.2.2
SC Bleeding Disorder				100,000.00	-								Pass- through
Beach Renourishment Trust Fund			2,000,000.00		-								Pass- through
Donate Life -Organ Transplant				100,000.00	-								Pass- through
Beach Outfall Pipe Removal			8,800.00		-								3.2.2
Capital Projects					5,686.00								
Total Budgeted to Spend on Objectives and Unrelated Purposes: (this should be the same as Amount estimated to have available to spend this fiscal year).	\$702,139,853	107,261,738.00	8,088,511.00	3,196,529.00	286,140,200.00	89,226,216.00	75,928,377.00	5,316,502.00	8,388,909.00	5,387,016.00	26,204,288.00	87,001,567.00	
	702,139,853.00	107,261,738.00	8,088,511.00	3,196,529.00	286,140,200.00	89,226,216.00	75,928,377.00	5,316,502.00	8,388,909.00	5,387,016.00	26,204,288.00	87,001,567.00	

Performance Measures

This is the next chart because once the agency determines the associated programs and amount of funds it is allocating to accomplish each objective, the agency needs to ensure it has proper performance measures established to track how effectively and efficiently it is utilizing the resources allocated. The agency also needs to consider potential negative impacts which may arise, and need to be addressed, if the objective is not accomplished; ensure the agency is addressing issues raised in previous audits or reviews; and continually consider which partners the agency could work with to more effectively and efficiently accomplish each objective.

Agency Responding	Department of Health and Environmental Control
Date of Submission	2/5/2016
Fiscal Year for which information below pertains	2015-16

PERFORMANCE MEASURES

* Note: Following conversations with Committee staff, this Performance Measures worksheet was created to help provide greater clarity and increase readability for Committee members and the general public. Information from the original Objectives Detail section has been included in this worksheet, as well as the Strategy, Obj. & Reasonability worksheet.

Types of Performance Measures:

Outcome Measure - A quantifiable indicator of the public and customer benefits from an agency's actions. Outcome measures are used to assess an agency's effectiveness in serving its key customers and in achieving its mission, goals and objectives. They are also used to direct resources to strategies with the greatest effect on the most valued outcomes. Outcome measures should be the first priority. Example - % of licensees with no violations.

Efficiency Measure - A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units. Efficiency measures are used to assess the cost-efficiency, productivity, and timeliness of agency operations. Efficiency measures measure the efficient use of available resources and should be the second priority. Example - cost per inspection

Output Measure - A quantifiable indicator of the number of goods or services an agency produces. Output measures are used to assess workload and the agency's efforts to address demands. Output measures measure workload and efforts and should be the third priority. Example - # of business license applications processed.

Input/Explanatory/Activity Measure - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received.

Input/Explanatory/Activity Measure - Resources that contribute to the production and delivery of a service. Inputs are "what we use to do the work." They measure the factors or requests received that explain performance (i.e. explanatory). These measures should be the last priority. Example - # of license applications received.

Strategic Plan Part and Description	Performance Measure	Results	Reporting	Target Value 2014-2015	Target Value 2015-2016	Responsible Person Name:	Position:	Department or Division:	Department or Division Summary:
(i.e. Goal 1 - Insert description, Strategy 1.1 - Insert Description, Objective 1.1.1 - Insert Description)	(Type of Measure; Why was this performance measure chosen?)	(2013-14 Actual Results (as of 6/30/14); 2014-15 Target Results; 2014-15 Actual Results (as of 6/30/15); 2015-16; Minimum Acceptable Results; 2015-16 Target Results.)	(What, if any, state or federal government entity, outside the agency and House Oversight Committee, require the agency to track this measure and information?)	(Were the target values reached in 2014-15? If not, what changes were made to try and ensure it was reached?)	(Based on the performance so far in 2015-16, does it appear the agency is going to reach the target for 2015-16? If no, what changes are being made to try and reach it or what resources are being diverted to ensure performance measures more likely to be reached, are reached? What was considered when determining the level to set the target value in 2015-16 and why was the decision finally made on setting it at the level at which it was set?)				

Performance Measures

<p>Objective 1.2.1 - Establish a comprehensive baseline inventory and objectives for statewide partnerships within 12 months to help better impact the public's health and environment.</p>	<p>Output Measure: Inventory and objectives for statewide partnerships.</p>	<p>The agency is currently establishing a baseline. 2015-16 Minimum Acceptable Results: An established baseline inventory and objectives. 2015-16 Target Results: An established baseline inventory and objectives.</p>	<p>No.</p>	<p>n/a</p>	<p>Yes. In process of establishing. 2016 is a baseline year.</p>	<p>Lisa Davis, Shelly Kelly, Myra Reece</p>	<p>Director of Health Services, Director of Health Regulation, Director of Environmental Affairs</p>	<p>Health Services, Health Regulation, Environmental Affairs</p>	<p>Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.</p> <p>Health Regulation's primary purpose is to work with health care facilities and services to protect the public's health by assuring that safe, quality care is provided. Supporting this effort, include the following areas: Health Facilities Licensing and Certification; Certificate of Need (CON); Emergency Medical Services (EMS) and Trauma; Radiological Health; Construction, Fire and Life Safety; and Drug Control.</p> <p>Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.</p>
<p>Objective 1.2.2 - Implement 70 percent of the priority recommendations of the American College of Surgeons (ACS) June 2014 assessment, including improving advisory council leadership system, develop strategic plan, and increase support staff, by January 2018.</p>	<p>Input/Explanatory/Activity Measure: The implementation of 70 percent of the priority recommendations of the ACS assessment.</p>	<p>The agency is currently establishing a baseline. From June 2014 to December 2015: The agency implemented 40 percent of the ACS's priority recommendations. From January 2016 to June 2016: The agency plans to implement 50 percent of the priority recommendations.</p>	<p>No.</p>	<p>The agency is currently in the process of implementing recommendations. The target was recently established.</p>	<p>Yes. In process of establishing. 2016 is a baseline year.</p>	<p>Shelly Kelly</p>	<p>Director of Health Regulation</p>	<p>Health Regulation</p>	<p>Health Regulation's primary purpose is to work with health care facilities and services to protect the public's health by assuring that safe, quality care is provided. Supporting this effort, include the following areas: Health Facilities Licensing and Certification; Certificate of Need (CON); Emergency Medical Services (EMS) and Trauma; Radiological Health; Construction, Fire and Life Safety; and Drug Control.</p>
<p>Strategy 1.3 - Protect the public against food-borne outbreaks, vector-borne, and rabies diseases.</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>
<p>Objectives 1.3.1 - By December 31, 2016, develop an employee health education program for retail food establishments to help decrease the potential of food-borne outbreaks.</p>	<p>Input/Explanatory/Activity Measure: The number of inspections completed, and education materials and special training sessions provided to retail food establishments across the state.</p>	<p>The agency is currently establishing a baseline. 2015-16 Minimum Acceptable Results/Target Results: Development of an employee health education program.</p>	<p>No.</p>	<p>n/a</p>	<p>Yes. The continued monitoring and provision of employee health education in retail food establishments is a responsibility of the agency's food safety efforts. The agency is in the process of establishing a baseline, and 2016 (Oct. 1- Sept. 30) is the baseline year.</p>	<p>Myra Reece</p>	<p>Director of Environmental Affairs</p>	<p>Environmental Affairs</p>	<p>Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.</p>

Performance Measures

Objective 1.3.2 - By December 31, 2016, review 100 percent of reported potential rabies exposures statewide.	Input/Explanatory/Activity Measure: The number of animal bites reported.	Animal bites reported: 2011: 11,384, 2012: 12,152, 2013: 11,657, 2014: 12,159. DHEC efforts are focused on responding to reported animal bites and communicating the importance of animal bites being reported in a timely manner so that proper education and preventative action can occur. 2015-16 Minimum Acceptable Results/Target Results: Continued monitoring. 100% of reported potential rabies exposures reviewed.	Yes. These diseases are on the South Carolina List of Reportable Conditions and they are nationally-notifiable, and are reported to the CDC.	n/a	Yes. Key responsibility of agency's ongoing efforts to protect public health through surveillance and reporting.	Myra Reece, Lisa Davis	Director of Environmental Affairs, Director of Health Services	Environmental Affairs	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina. Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.
Objective 1.3.3 - By December 31, 2016 investigate 100 percent of reported vector-borne diseases received by agency epidemiology staff across the state.	Input/Explanatory/Activity Measure: The total number of reported human cases investigated.	2013-14 Actual Results: 28 human cases 2014-15 Target Results: n/a 2014-15 Actual Results: 26 human cases 2015-16 Minimum Acceptable Results: 100% 2015-16 Target Results: n/a *Please note: The results are reported based on calendar year and not fiscal year.	Yes. These diseases are on the South Carolina List of Reportable Conditions and they are nationally-notifiable, and are reported to the CDC.	n/a	Yes. Key responsibility of agency's ongoing efforts to protect public health through surveillance and reporting.	Lisa Davis	Director of Health Services	Health Services Environmental Affairs	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina. Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.
Strategy 1.4 - Promote healthy behaviors.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Objective 1.4.1 - Implement interventions by March 29, 2017 to increase by five (from 61 to 66) the number of South Carolina public school districts that deploy 100 percent tobacco-free policies to protect students from exposure to secondhand smoke; increase by 15 percent (or 488) the number of total health provider referrals to the Quitline; and increase by four (from 64 to 68) the number of local municipalities whose citizens are protected from secondhand smoke in all indoor workplaces to reduce exposure to secondhand smoke.	Outcome Measure: Increase number of South Carolina public school districts implementing policies; Increase by 15 percent the number of healthcare provider referrals; Increase by four the number of local municipalities.	2013-14 Actual Results (as of 6/30/14): 49 (or 6 total) 2014-15 Target Results: 54 2014-15 Actual Results (as of 6/30/15): 56 (or 7 total) 2015-16 Minimum Acceptable Results: 61 2015-16 Target Results: 61 2016-17 Minimum Acceptable Results: 66 2016-17 Target Results: 66; 2013-14 Actual Results (as of 6/30/14): 203 2014-15 Target Results: 230 2014-15 Actual Results (as of 6/30/15): 361 2015-16 Minimum Acceptable Results: 295 2015-16 Target Results: 295 2016-17 Minimum Acceptable Results: 488 2016-17 Target Results: 488; 2013-14 Actual Results (as of 6/30/14): 55 2014-15 Target Results: 59 2014-15 Actual Results (as of 6/30/15): 59 2015-16 Minimum Acceptable Results: 64 2015-16 Target Results: 64 2016-17 Minimum Acceptable Results: 68 2016-17 Target Results: 68	Federal Grant (National State Based Tobacco Control Programs CDC)	n/a	Yes. Smoking costs the state more than \$2 billion in annual health care costs. An estimated 19 percent of South Carolinians currently smoke cigarettes, 6.2 percent use electronic cigarettes, and 4.1 percent use both. Working with partners to promote healthy behaviors is essential to promoting healthier lifestyle choices, reducing deaths related to preventable diseases, and protecting the public's health.	Lisa Davis	Director of Health Services	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.

Performance Measures

Objective 1.7.1 - Review and update, no later than March of each year, all emergency response plans that pertain to public health and ensure that all standard operating procedures are integrated into both the state emergency operations plan and state homeland security strategy.	Output Measure: Review and update all plans and ensure that all standards are integrated.	2013-14 Actual Results: Completed review and update. 2014-15 Target Results: Complete review and update. 2014-15 Actual Results: Completed review and update. 2015-16 Minimum Acceptable Results: Completed review and update. 2015-16 Target Results: Complete review and update.	No.	n/a	Yes. Key agency responsibility in working with state partners to prepare for potential emergency-related responses.	Lisa Davis	Director of Health Services	Health Services Environmental Affairs	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
Objective 1.7.2 - Work with local, state, federal, and voluntary healthcare professionals across the state to maximize participation in one state full scale exercise and four regional exercises on an annual basis to increase the state's public health capabilities to detect, prevent, and respond to disasters, both natural and man-caused.	Output Measure: Work with local, state, federal, and voluntary health care professionals to maximize participation in one state full scale exercise and four regional exercises.	The agency is currently establishing a baseline. Currently, no historical data exist.	No.	n/a	Yes. The agency is currently in the process of completing the necessary steps. Collaborative efforts and participation in public health exercises helps to ensure public health professionals are able and ready to detect, prevent, and respond to disasters, both natural and man-caused.	Lisa Davis	Director of Health Services	Health Services Environmental Affairs	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
Goal 2 - Eliminate health disparities.	n/a	n/a	n/a	n/a	n/a	Lisa Davis	Director of Health Services	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
Strategy 2.1 - Reduce disparities in the incidence and the impact of communicable diseases.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Objective 2.1.1 (a) - By December 31, 2016, at least 80 percent of persons who receive their HIV-positive test results are linked to medical care and attend their first medical appointment (within 90 days of positive HIV test).	Outcome Measure: Increase the percentage of HIV-positive persons who are linked to medical and attend their first medical appointment (within 90 days of positive test result).	2013-14 Actual Results: CY 2013 = 80% 2014-15 Target Results: 80% 2014-15 Actual Results: CY 2014 = 91% 2015-16 Minimum Acceptable Results: 80% 2015-16 Target Results: > than 80% *Please note these measures align with national CDC performance standards and are reported on a calendar year basis.	No.	Yes.	CDC chose the target, as grantees we adhere to performance standards of funders. Please note CY 2015 will not be available until at the earliest April 2016.	Lisa Davis	Director of Health Services	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
Objective 2.1.1 (b) - By December 31, 2016, at least 80 percent of targeted minority populations who receive their HIV-positive test results are linked to medical care and attend their first medical appointment (within 90 days of positive HIV test).	Outcome Measure: Increase the percentage of HIV-positive persons who are linked to medical and attend their first medical appointment (within 90 days of positive test result). Measure is a CDC national performance standard for the PS12-1201 funding.	2013-14 Actual Results: CY 2013 = 85% 2014-15 Target Results: 80% 2014-15 Actual Results: CY 2014 = 85% 2015-16 Minimum Acceptable Results: 80% 2015-16 Target Results: > than 80% *Please note these measures align with national CDC performance standards and are reported on a calendar year basis.	No.	Yes.	CDC chose the target, as grantees we adhere to performance standards of funders. Please note CY 2015 will not be available until at the earliest April 2016.	Lisa Davis	Director of Health Services	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.

Performance Measures

Strategy 2.2 - Reduce disparities in illness, disability, and premature deaths from chronic diseases.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Objective 2.2.1 - By April 30, 2017, increase the number/percent of minority women screened through the Best Chance Network (BCN) program to 45 percent.	Outcome Measure: Increase the number/percent of minority women screened.	2013-14 Actual Results (as of 6/30/14): 11,799 women screened total (50%; 5,910 Minority: 50%; 5,889 White) 2014-15 Target Results: 7500 women total screened 2014-15 Actual Results (as of 6/30/15): 12,065 women screened total (44%; 5,298 Minority: 56%; 6,767 White) 2015-16 Minimum Acceptable Results: 6,500 total women screened 2015-16 Target Results: Year to Date 4,816 women screened total (44%; 2,119 Minority: 56%; 2,697 White). As our numbers screened fluctuate based on available screening funding, % screened is better measure to use as over # screened.	Federal Grant deliverable (South Carolina Breast and Cervical Cancer Control Program (NU58DP003942-04-01), CDC Cooperative Agreement.	n/a	Yes. Early detection is of paramount importance to the successful identification and treatment of breast cancer and cervical cancer. The breast cancer mortality rate (age adjusted) for African American women was 28.1 compared to 21.3 for white women in 2014. The cervical cancer mortality rate (age adjusted) for African-American women was 4.3 compared to 2.1 for white women in 2014. DHEC continues to meet its target to increase screening of minority women through the BCN. By providing access to early detection and treatment services and increasing the number of minority women screened, the program aims to help more women in South Carolina win their battle against cancer.	Lisa Davis	Director of Health Services	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
Objective 2.2.2 - By December 31, 2016, develop the capacity and infrastructure in at least eight community and faith based organizations so they can implement initiatives to address health disparities, targeting diabetes or heart disease, or the associated risk factors of unhealthy eating, limited physical activity, and tobacco use.	Output Measure: The development and implementation community and faith based initiative to address health disparities.	The agency is currently establishing a baseline. 2016 Minimum Acceptable Results: 8 2015-16 Target Result: 8	No.	n/a	Yes. Working with partners to promote healthy behaviors is an essential component to increasing healthy communities and improved lifestyle choices.	Lisa Davis	Director of Health Services	Health Services	Health Services is comprised of the following areas: Maternal and Child Health (MCH); Community Health and Chronic Disease Prevention (CHCDP); Disease Control (DC); Client Services; and Public Health Statistics and Information Services (PHSIS). Health Services works with the four health regions, the Centers for Disease Control and Prevention (CDC), and community partners to prevent disease and injury, promote healthy families, and prevent and control communicable diseases and outbreaks in South Carolina.
Goal 3 - Protect, enhance, and sustain environmental and coastal resources.	n/a	n/a	n/a	n/a	n/a	Myra Reece	Director of Environmental Affairs	Environmental Affairs	Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.
Strategy 3.1 - Protect the environment to improve public health and safety.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Objective 3.1.1 - Review and develop, no later than June of each year, environmental quality assurance measures, to include project plans, operating procedures, etc., to ensure that sufficient and quality data are provided to assess and characterize environmental conditions.	Input/Explanatory/Activity Measure: The development and review of quality improvement measures.	Development and review of quality assurance measures are completed every year by the agency and reported to the Environmental Protection Agency (EPA) as required.	Yes. The information is required by the EPA as part of the Performance Partnership Grant.	Yes.	Yes. Development and review of quality assurance measures are completed every year by the agency and reported to the EPA.	Myra Reece	Director of Environmental Affairs	Environmental Affairs	Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.

Performance Measures

Objective 3.3.1 - Encourage participation in the Voluntary Cleanup Program for brownfields sites. Increase by at least five percent per year the number of signed and executed Voluntary Cleanup contracts for brownfields sites during 2010-2018.	Output Measure: Increase by 5 percent per year the number of cleanup of signed and executed Voluntary Cleanup contracts.	2015 FY Actual results: A total of 63 Voluntary Cleanup Contracts (Responsible Party and Non-Responsible Party) executed which is a 14.5% increase over the previous year. 2016 FY Minimum Acceptable Results: Increase by 5%. 2016 FY Target Results: Increase by 5%.	No.	Yes.	Yes. 2015 FY results – A total of 63 Voluntary Cleanup Contracts (Responsible Party and Non-Responsible Party) executed.	Myra Reece	Director of Environmental Affairs	Environmental Affairs	Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.
Objective 3.3.2 - Work with the EPA to establish a strategy for long-term priority plans for the development of Total Maximum Daily Loads (TMDLs) for priority watersheds by the end of 2016.	Output Measure: Continue to develop TMDLs for priority watersheds.	The agency is currently establishing a baseline. FY 2014 Actual Results: 15 TMDLs completed. FY 2015 Actual Results: 4 TMDLs completed. 2015-16 Minimum Acceptable Results/2015-16 Target Results: Continue to develop TMDLs and work with EPA to reevaluate TMDL priorities to focus on long-term goals rather than short-term results.	Yes. The annual report for the 106 grant program documents progress towards TMDL development.	Yes. EPA and states began a process of reevaluating TMDL priorities to focus on long-term goals rather than short-term results.	Yes. The states and EPA have embarked on a new process for evaluating progress towards TMDL goals. The new process calls for states to provide EPA with long-term priority plans for TMDL development. We are on target with the development of the long-term TMDL strategy.	Myra Reece	Director of Environmental Affairs	Environmental Affairs	Environmental Affairs consists of five bureaus: Air Quality, Environmental Health Services, Land & Waste Management, Water, and the Office of Ocean & Coastal Resource Management.

Restructuring Recommendations and Feedback

Agency Responding	Department of Health and Environmental Control
Date of Submission	2/5/2016
Fiscal Year for which information below pertains	2015-16

RESTRUCTURING RECOMMENDATIONS

Instructions: Please answer the questions below and add as many rows as needed.

Does the agency have any recommendations, minor or major, for restructuring?

If the agency has recommendations for restructuring, list each one on a separate row in the chart below. Add as many rows as needed.

Does the agency recommendation require legislative action?	Recommendation for restructuring
Yes	Yes. The agency proposes removal of the licensing of midwives from our current regulatory scope. The agency believes that the licensing of midwives should be conducted by the S.C. Department of Labor, Licensing, and Regulation, which oversees health care professionals. Licensed midwives are currently regulated under Regulation 61-24.

FEEDBACK (Optional)

Instructions: Please answer the questions below to provide feedback on this Annual Restructuring Report ("Report").

Please list 1-3 benefits the agency sees in the public having access to the information requested in the Report, in the format it was requested.	Please list 1-3 benefits to agency management and employees in having all of this information available in one document.	Now that the agency has completed the Report, please list 1-3 things the agency could do differently next year (or it could advise other agencies to do) to complete the Report in less time and at a lower cost to the agency.
1 Optimal and transparent use of allocated resources to accomplish agency mission, vision, and goals in the promotion and protection of the public health and environment of South Carolina.	1 Provides a consistent and easily accessible single source of agency information for management and staff.	1
2	2	2
3	3	3

Does the agency believe this year's Restructuring Report was less burdensome than last year's?	Please list 1-3 changes to the Report questions, format, etc. the agency recommends to ensure the Report provides the best information to the public and General Assembly, in the least burdensome way to the agency.	Please add any other feedback the agency would like to provide (add as many additional rows as necessary)
	1 To provide greater ease and clarity for agency staff completing future reports, it is recommended that identical or related information be consolidated into one worksheet. This will help to increase efficiency and reduce potential areas of redundancy.	Committee staff members Jennifer Dobson and Charles Appleby were extremely helpful in providing time to meet with the agency to discuss questions concerning the report.
Why or why not?	2	
N/A.	3	

Agencies are not required to do anything in this worksheet. This worksheet is part of the document so the proper drop down menus can be available in the other tabs.

Is Performance Measure Required?

State

Federal

Only Agency Selected

Type of Performance Measure

Outcome

Efficiency

Output

Input/Explanatory/Activity

Is the Partner a State/Local Government Entity; College, University; or Other Business, Association, or Individual?

State/Local Government Entity

College/University

Business, Association or Individual

Does the Agency have any restructuring recommendations

Yes

No

Does the agency believe this year's Restructuring Report was less burdensome than last year's?

Yes

No