

Healthcare and Regulatory Subcommittee  
Thursday, July 20, 2023

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## AGENDA



South Carolina  
House of Representatives  
Legislative Oversight Committee

HEALTHCARE AND REGULATORY  
SUBCOMMITTEE

Chairman Joseph H. “Joe” Jefferson, Jr.

The Honorable April Cromer  
The Honorable Roger K. Kirby  
The Honorable Thomas Duval “Val” Guest, Jr.  
The Honorable Marvin “Mark” Smith

**A G E N D A**

Thursday, July 20, 2023  
10:30 a.m.  
Room 516 - Blatt Building

Pursuant to Committee Rule 6.7, S.C. ETV shall be allowed access for  
internet streaming whenever technologically feasible.

AGENDA

- I. Approval of Minutes
- II. Discussion of the study of the Department on Aging
- III. Adjournment



## MINUTES



# South Carolina House of Representatives Legislative Oversight Committee

## Chair Jeffrey E. “Jeff” Johnson

William H. Bailey  
Gary S. Brewer  
April Cromer  
Kambrell H. Garvin  
Leon Douglas “Doug” Gilliam  
Thomas Duval “Val” Guest, Jr.

William M. “Bill” Hixon  
Joseph H. “Joe” Jefferson, Jr.  
Wendell Keith Jones  
Roger K. Kirby  
Josiah Magnuson  
John R. McCravy, III

## First Vice-Chair Chris Wooten

Timothy A. “Tim” McGinnis  
Adam M. Morgan  
Travis A. Moore  
Russell L. Ott  
Marvin R. Pendarvis  
Marvin “Mark” Smith

Lewis Carter  
Director

Cathy A. Greer  
Administration Coordinator

Roland Franklin  
Legal Counsel

Riley E. McCullough  
Research Analyst

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Columbia, South Carolina 29211  
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Room 228 Blatt Building

## MEETING MINUTES

Tuesday, June 6, 2022

10:30am

Room 516

### Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 4.7, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly’s website (<http://www.scstatehouse.gov>) and clicking on Committee Postings and Reports, then under House Standing Committees click on Legislative Oversight. Then, click on Video Archives for a listing of archived videos for the Committee.

### Attendance

- II. The Healthcare and Regulatory Subcommittee meeting was called to order by Chair Joseph H. Jefferson, Jr. on Tuesday, June 6, 2023, in Room 516 of the Blatt Building. Representative April Cromer, Representative Thomas “Val” Guest, Representative Roger Kirby, and Rep. Marvin “Mark” Smith were present for the meeting.

### Minutes

- I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings.

## Approval of Minutes

### Approval of Minutes

- I. Representative Smith made a motion to approve the meeting minutes from prior meeting. A roll call vote was held, and the motion passed.

Rep. Smith's motion to approve meeting minutes.	Yea	Nay	Not Voting
Rep. Cromer	✓		
Rep. Guest			✓
Rep. Kirby	✓		
Rep. Smith	✓		
Rep. Jefferson	✓		

### Discussion of Commission on Higher Education

- I. Chair Jefferson explains this is the Subcommittee's fourth meeting with the Department on Aging and the purpose is to discuss the Community Resources Organizational Unit, website resources, Title III and Title IV Services, State Health Insurance Assistance Program & Senior Medicare Patrol, Eldercare Trust Fund, and Alzheimer's disease services.
- I. The following agency executives are sworn in:
- Thomas Williams, Community Resource Services Division Director
  - Rene Beard, Project Coordinator – GetCareSC/SC ACT and Privacy Liaison
  - Mary Beth Fields, Program Manager - Title III-B Programs
  - Rowan Goodrich, Program Manager - Senior Nutrition Programs & Evidenced-Based Programs
  - Crystal Strong, Program Manager -SC State Health Insurance (SHIP) & Senior Medicare Patrol (SMP) Programs
  - Jennifer Brewton, Caregiver and Alzheimer's Resource Division & Family Caregiver Support Program Manager
- II. The agency's program staff present information on the following programs and services:
- a. Rene Beard, Project Coordinator – GetCareSC/SC ACT and Privacy Liaison
    - a. GetCareSC
      - i. Resource database
      - ii. Guide to services

- iii. Articles
  - iv. Nursing facility bed locator
- b. Mary Beth Fields, Program Manager - Title III-B; Title III-C; Title V Programs
  - a. Title III-B programs
    - i. Assessments
    - ii. Transportation
      - 1. Group; Medical; Essential shopping; and Assisted transportation
    - iii. Homecare
      - 1. Chore; Homemaker; Personal Care; and Minor Home Repair
    - iv. Information and Referral/Assistance (I&R/A)
  - b. Title V – Senior Community Service Employment (SCSEP)
  - c. Rowan Goodrich, Program Manager - Senior Nutrition Programs & Evidenced-Based Programs
    - c. Title III-C1 and C2 Senior nutrition services
    - d. Title III-D Evidence-based disease prevention and health promotion
- c. Crystal Strong, Program Manager -SC State Health Insurance (SHIP) & Senior Medicare Patrol (SMP) Programs
  - a. SC State Health Insurance (SHIP) services
  - b. Senior Medicare Patrol (SMP) Program services
- d. Thomas Williams, Community Resource Services Division Director
  - a. Eldercare Trust
  - b. COVID-19 funding
  - c. Home modification program
- e. Jennifer Brewton, Caregiver and Alzheimer's Resource Division & Family Caregiver Support Program Manager
  - a. Family caregiver support services
  - b. Lifespan respite
  - c. Break Room pilot initiative
  - d. Alzheimer's Resource Coordination Center

## Adjournment

- I. There being no further business, the meeting is adjourned.



# South Carolina House of Representatives Legislative Oversight Committee

## Chair Jeffrey E. “Jeff” Johnson

William H. Bailey  
Gary S. Brewer  
April Cromer  
Kambrell H. Garvin  
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Roland Franklin  
Counsel/Associate General Counsel for Litigation

Riley E. McCullough  
Research Analyst

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Room 228 Blatt Building

**Monday, June 19, 2023**

10:30am  
Room 516

## Archived Video Available

- I. Pursuant to House Legislative Oversight Committee Rule 6.7, South Carolina ETV was allowed access for streaming the meeting. You may access an archived video of this meeting by visiting the South Carolina General Assembly’s website (<http://www.scstatehouse.gov>) and clicking on *Committee Postings and Reports*, then under *House Standing Committees* click on *Legislative Oversight*. Then, click on *Video Archives* for a listing of archived videos for the Committee.

## Attendance

- I. The Healthcare and Regulatory Subcommittee meeting was called to order by Chair Joseph H., Jr. on Monday, June 19, 2023, in Room 516 of the Blatt Building. Representative April Cromer was present for the meeting. Representative Thomas “Val” Guest, Representative Roger Kirby, and Rep. Marvin “Mark” Smith absent.

## Minutes

- I. House Rule 4.5 requires standing committees to prepare and make available to the public the minutes of committee meetings, but the minutes do not have to be verbatim accounts of meetings.



## **Approval of Minutes**

- I. The Committee did not have a quorum. No vote was made to approve the June 6, 2023, minutes.

## **Discussion of Department on Aging**

- I. Chair Jefferson states the purpose of the meeting, which is to continue the Committee's study of the Department on Aging. No additional staff from the Department on Aging are sworn in prior to testimony.
- II. The following topics were presented during the meeting:
  - a. Agency Funding and Finance
    - i. Flow of Older Americans Act Funding
    - ii. Flow of Department on Aging Funding
    - iii. Federal funding sources
    - iv. Federal funds to Area Agencies on Aging (AAA)
    - v. Tracking of expenditures
    - vi. Intrastate funding formula
    - vii. State appropriations
    - viii. AAA allocations
  - b. Recommended law changes
  - c. Special Projects
    - i. Social Isolation Taskforce
    - ii. Robotic Companion Pets
    - iii. Healthy Palmetto Initiative
  - d. Emerging Issues
    - i. Senior population
    - ii. Senior housing
    - iii. Alzheimer's Disease or dementia
    - iv. Mental
    - v. Senior hunger
  - e. Blueprint for senior wellbeing

## **Adjournment**

- I. There being no further business, the meeting is adjourned.



## STUDY FINDINGS & RECOMMENDATIONS



South Carolina  
House of Representatives  
Legislative Oversight Committee

## DEPARTMENT ON AGING

# Findings and Recommendations

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## Leadership

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1. Since 2005, the Department on Aging has had 10 directors, of which seven had tenures of one year or less.

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## Alzheimer's Disease

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2. The South Carolina Department on Aging's Alzheimer's Resource Coordination Center Advisory Council has designated Alzheimer's disease as a crisis at the state level.

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## State Planning and Service Areas

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3. The 10 regional planning and service areas were established in 1969 through executive order. The state's 46 counties were placed into contiguous regions based on demographics, socioeconomics, social congruence, governance structures, and other interests. The configuration of these regions has not been officially reassessed since 1991.

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## Family Caregivers

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4. The state has over 770,000 family caregivers who provide 737 million hours of "free" services to their chronically ill, disabled, or frail elderly family members.

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## Direct Care Workforce

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5. The shortage of direct care workers is negatively affecting the availability of services seniors receive in the home and institutional setting.

# RECOMMENDATIONS

## Accountability

1. Implement a quarterly meeting with the Area Agencies on Aging and the provider network for the purposes of communication, training, planning, and dissemination of information.
2. Implement and provide mandatory strategic planning training, for all AAA senior executives, annually and assess director knowledge of strategic planning theory and processes prior to each four-year area plan submission.

## Collaboration

3. Collaborate with appropriate state and local government agencies, to promote participation in the U.S. Census Bureau's decennial United States census and the American Community Survey, to improve the accuracy of the population count and enhance the state's ability to receive accurate funding from the Administration for Community Living, which uses census data to calculate funding allotments for senior services under the purview of the Department on Aging.
4. Collaborate with appropriate state agencies (e.g., South Carolina State Housing Finance and Development Authority (SC Housing), Department of Social Services, etc.), local and municipal governments, associated counterparts (e.g., South Carolina Association of Counties, Municipal Association of South Carolina, etc.), and other pertinent stakeholders, to develop a strategic plan for senior home modification. The plan should include an assessment of senior home modification need by county, projected costs associated with the modifications, identification of revenue sources to support modifications (e.g., grants, state and federal funds, etc.), evaluation of available contractors, and a timetable for implementation of the plan. The report must be submitted to the Committee within one year of the Committee's issuance of the study and added as an addendum to the State Plan on Aging 2021-2025.
5. Engage the Department of Administration's Division of State Human Resources for assistance developing and implementing online eLearning and training modules, to evaluate internal staff and AAA staff knowledge and understanding of agency policies, procedures, programs, and initiatives.
6. Partner with the state's workforce development agencies to address limited provider capacity, with the intent to increase the availability of services AAAs can provide seniors in rural and underserved areas of the state.
7. Study and produce a report detailing the direct care workforce shortage and its impact on the state's senior population. The report should include current direct care workforce data, current and future workforce challenges, and provide recommendations to address the identified challenges. This report should be submitted to the Committee within one year of the Committee's issuance of the study.
8. Engage the Division of Procurement Services for support reviewing the agency's enabling statutes to determine if regulations specific to the South Carolina Consolidated Procurement Code have been

implemented and are practiced according to state law at the Area Agencies on Aging. A report of findings should be submitted to the Committee six months after publication of the Committee's report.

9. In coordination with the South Carolina Advisory Council on Aging, and other senior services stakeholders, complete a study to determine the efficacy of developing a 501(c)(3) nonprofit organization whose purpose is to create an endowment to support and sustain the Eldercare Trust. The report should be submitted to the Committee within one year of the Committee's issuance of the study.

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## Effectiveness

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10. Conduct a study to determine if the existing planning and service area model promotes the most efficient distribution of programs and services for the state's senior population. The report should include analysis of demographic trends, socioeconomic factors, county contiguity, availability of healthcare resources, transportation accessibility, and available provider services. The study should note support for the existing model or provide recommended amendments to the model for consideration. The report must be submitted to the Committee within one year of the Committee's issuance of the study and added as an addendum to the State Plan on Aging 2021-2025.

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## Efficiency

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11. In coordination with the Department of Administration's Division of State Human Resources, evaluate the merits of consolidating the agency's volunteer recruitment responsibilities under the Human Resources division. This division would assume responsibility for developing a volunteer recruitment strategy for the Vulnerable Adult Guardian ad Litem program, Long-Term Care Ombudsman Program, and State Health Insurance Program. Provide a written report of the evaluation to the Committee within six months of the Committee's issuance of the study report.
12. Evaluate the value of developing a marketing and communications division responsible for building the agency's brand recognition; establishing relationships with senior centric non-profit organizations; healthcare systems, physician practices, pharmacies, other related healthcare professionals; and peripheral organizations that provide resources for distribution to customers within the agency's core demographic constituency.
13. Request a formal written response from each AAA regarding the efficacy of requiring Information and Referral/Assistance (I&R/A) certification for all AAA staff.
14. Conduct an annual survey of AAAs, and their associated governing bodies, to gauge satisfaction with the Department on Aging and to solicit input regarding opportunities for improvement.

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## Transparency

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15. Request the Office of the State Inspector General conduct an employee satisfaction survey. Agency leadership must report survey findings to the Committee and include an action plan to address identified opportunities for improvement. The survey must be conducted within one year of approval of the study report, and the results provided to the committee. Subsequent employee satisfaction surveys should be conducted every two years.

16. Implement objective performance metrics and targets to evaluate all internal agency programming and services.
17. Conduct a study of AAA service delivery waiting lists. The study should include the following: factors driving the waiting list population, the average time seniors remain on waiting list before receiving services, the number of seniors who voluntarily removed themselves from waiting lists or died before receiving services, and solutions to reduce or mitigate factors contributing to waiting lists. Submit a report to the Committee within one year of approval of the Committee's study.

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## Modernization of Laws

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18. The Committee recommends the General Assembly consider adding the Director of Veterans' Affairs to the Long-term Care Council as a voting member and removing obsolete agency name references and references to the Lieutenant Governor by amending S.C. Code Section 43-21-130, as proposed by the Department on Aging.
19. The Committee recommends the General Assembly consider adding language align state law with federal regulations, specific to reporting of resident-identifying information without the resident's consent, which precludes mandated reporting of suspected abuse, by amending S.C. Code Section 43-35-25, as proposed by the Department on Aging.
20. The Committee recommends the General Assembly consider adding language to increase the Geriatric Physician Loan Forgiveness Program award amount by amending S.C. Code Section 43-21-200, as proposed by the Department on Aging, and amended by the Committee.
21. The Committee recommends the General Assembly consider updating the agency name in S.C. Code Section 43-35-310(A)(2)(b), as proposed by the Department on Aging.
22. The Committee recommends the General Assembly consider updating the agency name in S.C. Code Section 40-25-40(C), as proposed by the Department on Aging.
23. The Committee recommends the General Assembly consider removing the Department on Aging, from S.C. Code Section 51-3-60, and adding approved forms of identification accepted by state park administrators, for free access of certain state park facilities, by aged, blind, or disabled; and disabled veterans, as proposed by the Department on Aging.
24. The Committee recommends the General Assembly consider amending S.C. Code Section 44-36-330, to authorize inclusion of a representative from the House Ways and Means Committee and Senate Finance Committee respectively, to the Alzheimer's Disease and Related Disorders Resource Coordination Center advisory council.

**LAW CHANGE #1**

Law	Summary of Current Law(s) and Recommended Change(s)	Basis for Recommendation	Approval and Others Impacted
<p>Section 43-21-130. Long Term Care Council; membership; meetings; reports</p> <p>Section 43-21-140. Purpose and duties of council.</p>	<p><u>Current Law:</u></p> <ul style="list-style-type: none"> <li>Section 43-21-130(A)(6): The law outlines the voting members of the Long Term Care Council; makes reference to the Department on Aging.</li> <li>Section 43-21-140: The law outlines the responsibilities to identify future policy issues in long term care and coordinate efforts with other member agencies.</li> </ul> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>Correct the agency name in Section 43-21-130(A)(6).</li> <li>Add Director of Veterans Affairs</li> <li>Remove "Lieutenant"</li> <li>Remove Chairman of the Joint Legislative Health Care Planning Oversight Committee</li> <li>Add language to Section 43-21-140 regarding data sharing and development of statewide information system for member agencies to access.</li> </ul>	<p><u>Basis:</u></p> <ul style="list-style-type: none"> <li>Provide consistency within the S.C. Code</li> </ul>	<ul style="list-style-type: none"> <li>Department on Aging is a cabinet agency. Governor's Office has been made aware of this requested change.</li> <li>Department of Veterans' Affairs was consulted by agency.</li> </ul>
Current Law Wording	Proposed Revisions to Law Wording		
<p><b>SECTION 43-21-130.</b> Long Term Care Council; membership; meetings; reports.</p> <p>(A) There is created the Long Term Care Council (council) composed of the following voting members:</p> <p>(1) the Governor or his designee;</p> <p>(2) the Director of the Department of Social Services;</p> <p>(3) the Director of the Department of Health and Environmental Control;</p> <p>(4) the Director of the Department of Mental Health;</p> <p>(5) the Director of the Department of Disabilities and Special Needs;</p> <p>(6) the Director of the Division on Aging;</p>	<p><b>SECTION 43-21-130.</b> Long Term Care Council; membership; meetings; reports.</p> <p>(A) There is created the Long Term Care Council (council) composed of the following voting members:</p> <p>(1) the Governor or his designee;</p> <p>(2) the Director of the Department of Social Services;</p> <p>(3) the Director of the Department of Health and Environmental Control;</p> <p>(4) the Director of the Department of Mental Health;</p> <p>(5) the Director of the Department of Disabilities and Special Needs;</p> <p>(6) the Director of the <del>Division</del> <u>Department</u> on Aging;</p>		



(7) the Director of the Department of Health and Human Services;  
 (8) the Chairman of the Joint Legislative Health Care Planning and Oversight Committee, or his designee;

(9) the Chairman of the Joint Legislative Committee on Aging, or his designee;

(10) one representative of each of the following groups appointed by the Lieutenant Governor annually:

(a) long term care providers;

(b) long term care consumers;

(c) persons in the insurance industry developing or marketing a long term care product.

(B) Each director serving as a council member may authorize in writing a designee to vote on his behalf at two meetings a year. Members appointed by the Lieutenant Governor to represent private groups serve without compensation.

(C) The council shall meet at least quarterly, provide for its own officers, and make an annual report to the General Assembly before January second each year. This report must include new council recommendations.

HISTORY: 1987 Act No. 174 Section 1, eff June 30, 1987; 1991 Act No. 37, Section 1, eff April 24, 1991; 1993 Act No. 181, Section 1025, eff July 1, 1993; 2008 Act No. 353, Section 2, Pt 25C, eff July 1, 2009; 2018 Act No. 261 (S.107), Pt I, Section 12, eff January 1, 2019.

Effect of Amendment

2018 Act No. 261, Section 12, in (A)(1), substituted "the Governor" for "the Lieutenant Governor".

**SECTION 43-21-140.** Purpose and duties of council.

The council has no authority to direct or require any implementing action from any member agency. The council shall identify future policy issues in long term care and may conduct research and demonstration activities related to these issues. Through close coordination of each member agency's planning efforts, the council shall develop recommendations for a statewide service delivery system for all health-impaired elderly or disabled persons, regardless of the persons' resources or source

(7) the Director of the Department of Health and Human Services;  
 (8) The Director of Veterans Affairs;

~~(9) the Chairman of the Joint Legislative Health Care Planning and Oversight Committee, or his designee;~~

(9) the Chairman of the Joint Legislative Committee on Aging, or his designee;

(10) one representative of each of the following groups appointed by the ~~Lieutenant~~ Governor annually:

(a) long term care providers;

(b) long term care consumers;

(c) persons in the insurance industry developing or marketing a long term care product.

(B) Each director serving as a council member may authorize in writing a designee to vote on his behalf at two meetings a year. Members appointed by the ~~Lieutenant~~ Governor to represent private groups serve without compensation.

(C) The council shall meet at least quarterly, provide for its own officers, and make an annual report to the General Assembly before January second each year. This report must include new council recommendations.

HISTORY: 1987 Act No. 174 Section 1, eff June 30, 1987; 1991 Act No. 37, Section 1, eff April 24, 1991; 1993 Act No. 181, Section 1025, eff July 1, 1993; 2008 Act No. 353, Section 2, Pt 25C, eff July 1, 2009; 2018 Act No. 261 (S.107), Pt I, Section 12, eff January 1, 2019.

Effect of Amendment

2018 Act No. 261, Section 12, in (A)(1), substituted "the Governor" for "the Lieutenant Governor".

**SECTION 43-21-140**

The council has no authority to direct or require any implementing action from any member agency. The council shall identify future policy issues in long term care and may conduct research and demonstration activities related to these issues. Through close coordination of each member agency's planning efforts, including sharing necessary data and information, the council shall develop recommendations for a statewide service delivery system for all health-impaired elderly or disabled persons, regardless of the

of payment. These recommendations must be updated annually as needed. The service delivery system must provide for:

- (1) charges based on ability to pay for persons not eligible for Medicaid;
- (2) coordination of community services;
- (3) access to and receipt of an appropriate mix of long term care services for all health-impaired elderly or disabled persons;
- (4) case management; and
- (5) discharge planning and services.

The council, through its member agencies, shall study and make recommendations concerning the costs and benefits of: adult day care centers, in-home and institutional respite care, adult foster homes, incentives for families to provide in-home care, such as cash assistance, tax credits or deductions, and home-delivered services to aid families caring for chronically impaired elderly relatives.

HISTORY: 1987 Act No. 174 Section 1, eff June 30, 1987; 2008 Act No. 353, Section 2, Pt 25C, eff July 1, 2009.

persons' resources or source of payment. These recommendations must be updated annually as needed. The service delivery system must provide for:

- (1) charges based on ability to pay for persons not eligible for Medicaid;
- (2) coordination of community services;
- (3) access to and receipt of an appropriate mix of long term care services for all health-impaired elderly or disabled persons;
- (4) case management; and
- (5) discharge planning and services.

The council, through its member agencies, shall study and make recommendations concerning the costs and benefits of: adult day care centers, in-home and institutional respite care, adult foster homes, incentives for families to provide in-home care, such as cash assistance, tax credits or deductions, and home-delivered services to aid families caring for chronically impaired elderly relatives. The council, shall work to establish and maintain a state-wide access system for consumers to access long term supports and services.

HISTORY: 1987 Act No. 174 Section 1, eff June 30, 1987; 2008 Act No. 353, Section 2, Pt 25C, eff July 1, 2009.

**LAW CHANGE #2**

Law	Summary of Current Law(s) and Recommended Change(s)	Basis for Recommendation	Approval and Others Impacted
<p>Section 43-35-25. Long Term Care Ombudsman Program Representatives; Reporting methods</p>	<p><u>Current Law:</u></p> <ul style="list-style-type: none"> <li>• Law dictates how responsible parties are to report abuse, neglect, or exploitation of adult.</li> </ul> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Add language to make it clear that, consistent with federal law and regulations, the representatives of the Long-Term Care Ombudsman Program in South Carolina are not mandatory reporters for the purpose of South Carolina abuse reporting laws.</li> </ul>	<p><u>Basis:</u></p> <p>Both the Older Americans Act and the Rule prohibit reporting of resident-identifying information without the resident's consent, which precludes mandated reporting of suspected abuse.; state law does not specifically exclude the Long-Term Care Ombudsman Program representatives from the list of mandated reporters, and Congress has clearly spoken on the issue, there is an inherent conflict between federal and state law.</p>	<ul style="list-style-type: none"> <li>• Department on Aging is a cabinet agency. Governor's Office has been made aware of this requested change.</li> <li>• The Long Term Care Ombudsman Program resides at the Department on Aging.</li> <li>• Agency did not cite any other agency affected by this amendment.</li> </ul>
Current Law Wording	Proposed Revisions to Law Wording		
<p><b>SECTION</b> 43-35-25. Persons required to report abuse, neglect, or exploitation of adult; reporting methods.</p> <p>(A) A physician, nurse, dentist, optometrist, medical examiner, coroner, other medical, mental health or allied health professional, Christian Science practitioner, religious healer, school teacher, counselor, psychologist, mental health or intellectual disability specialist, social or public assistance worker, caregiver, staff or volunteer of an adult day care center or of a facility, or law enforcement officer having reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited shall report the incident in accordance with this section. Any other person who has actual knowledge that a vulnerable adult has been abused, neglected, or exploited shall report the incident in accordance with this section.</p> <p>(B) Except as provided in subsection (A), any other person who has reason to believe that a vulnerable adult has been or may be abused, neglected, or exploited may report the incident.</p> <p>(C) A person required to report pursuant to this section is personally responsible for making the report; however, a state agency may make a report on behalf of an</p>	<p><b>SECTION</b> 43-35-25. Persons required to report abuse, neglect, or exploitation of adult; reporting methods</p> <p>(A) A physician, nurse, dentist, optometrist, medical examiner, coroner, other medical, mental health or allied health professional, Christian Science practitioner, religious healer, school teacher, counselor, psychologist, mental health or intellectual disability specialist, social or public assistance worker, caregiver, staff or volunteer of an adult day care center or of a facility, or law enforcement officer having reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited shall report the incident in accordance with this section. Any other person who has actual knowledge that a vulnerable adult has been abused, neglected, or exploited shall report the incident in accordance with this section. <u>Notwithstanding the provisions of this section, the Long Term Care Ombudsman Program and its representatives shall be exempt from reporting suspected abuse, neglect, or exploitation where such reporting would violate the Federal requirement that the Long Term Care Ombudsman Program is prohibited from disclosing the identity of a complainant or resident without appropriate consent or court order, except as otherwise provided in 42 U.S.C. § 3058d and 45 C.F.R. 1324.19(b)(3) through (9). Where the Ombudsman or a representative of the office personally witnesses abuse, neglect, or exploitation of a resident, the Ombudsman or a representative of the office</u></p>		

agency employee if the procedure the agency uses for reporting has been approved in writing by the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division or the investigative entity to which the report is to be made.

(D) A person required to report under this section must report the incident within twenty-four hours or the next working day. A report must be made in writing or orally by telephone or otherwise to:

(1) the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division for incidents occurring in facilities operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs;

(2) the Long Term Care Ombudsman Program for incidents occurring in facilities, except those facilities provided for in item (1); and

(3) the Adult Protective Services Program for incidents occurring in all other settings.

(E) If the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division or an investigative entity receives a report that is not within its investigative jurisdiction, the unit or investigative entity shall forward the report to the appropriate unit or investigative entity not later than the next working day.

(F) No facility may develop policies or procedures that interfere with the reporting requirements of this section.

(G) Provided the mandatory reporting requirements of this section are met, nothing in this section precludes a person also from reporting directly to law enforcement, and in cases of an emergency, serious injury, or suspected sexual assault law enforcement must be contacted immediately.

HISTORY: 1993 Act No. 110, Section 1, eff three months after June 11, 1993; 2006 Act No. 301, Section 5, eff May 23, 2006.

shall seek communication of informed consent from such resident to disclose resident-identifying information in accordance with the procedures outlined in 45 C.F.R. 1324.19(b)(8).

(B) Except as provided in subsection (A), any other person who has reason to believe that a vulnerable adult has been or may be abused, neglected, or exploited may report the incident.

(C) A person required to report pursuant to this section is personally responsible for making the report; however, a state agency may make a report on behalf of an agency employee if the procedure the agency uses for reporting has been approved in writing by the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division or the investigative entity to which the report is to be made.

(D) A person required to report under this section must report the incident within twenty-four hours or the next working day. A report must be made in writing or orally by telephone or otherwise to:

(1) the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division for incidents occurring in facilities operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs;

(2) the Long Term Care Ombudsman Program for incidents occurring in facilities, except those facilities provided for in item (1); and

(3) the Adult Protective Services Program for incidents occurring in all other settings.

(E) If the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division or an investigative entity receives a report that is not within its investigative jurisdiction, the unit or investigative entity shall forward the report to the appropriate unit or investigative entity not later than the next working day.

(F) No facility may develop policies or procedures that interfere with the reporting requirements of this section.

(G) Provided the mandatory reporting requirements of this section are met, nothing in this section precludes a person also from reporting directly to law enforcement, and in cases of an emergency, serious injury, or suspected sexual assault law enforcement must be contacted immediately.

HISTORY: 1993 Act No. 110, Section 1, eff three months after June 11, 1993; 2006 Act No. 301, Section 5, eff May 23, 2006.

**LAW CHANGE #3**

Law	Summary of Current Law(s) and Recommended Change(s)	Basis for Recommendation	Approval and Others Impacted
<p>Section 43-21-200. Physicians trained in geriatrics or geropsychiatry; student loan repayment program.</p>	<p><u>Current Law:</u></p> <ul style="list-style-type: none"> <li>The Geriatric Physician Loan Forgiveness Program was created to encourage physicians who are completing, or have completed, fellowships in the field of geriatrics and/or geriatric psychiatry to practice in South Carolina by helping repay medical school loans.</li> </ul> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>Correct the agency name in Section 43-35-310(A)(2)(b).</li> <li>Increase the amount of the award each year;</li> </ul>	<p><u>Basis:</u></p> <ul style="list-style-type: none"> <li>Loan reimbursement for this program has not changed in 20 years. The cost of medical education has increased. The Department on Aging facilitates this program and recommended an increase from \$35,000 to \$50,000. According to agency testimony, participating physicians have \$250,000 to \$300,000 in student loan debt.</li> </ul>	<ul style="list-style-type: none"> <li>Department on Aging is a cabinet agency. Governor's Office has been made aware of this requested change.</li> <li>Agency did not cite any other agency affected by this amendment.</li> </ul>
Current Law Wording		Proposed Revisions to Law Wording	
<p><b>SECTION 43-21-200.</b> Physicians trained in geriatrics or geropsychiatry; student loan repayment program; Physician Advisory Board created to review applicants.</p> <p>(A) There is established within the Department of Aging the State Loan Repayment Program to reimburse student loan payments of a physician licensed or certified to practice in this State, who has completed a fellowship training program in geriatrics or geropsychiatry accredited by the Accreditation Council for Graduate Medical Education, is accepted into the program, and contracts with the department as provided in subsection (C) of this section.</p> <p>(B)(1) To assist the department in selecting program participants, there is established the Physician Advisory Board to review applicants for the repayment reimbursement program. The board consists of five members, one each appointed by the department to represent:</p> <p>(a) the South Carolina Medical Association;</p> <p>(b) the South Carolina Commission on Higher Education;</p> <p>(c) the Medical University of South Carolina;</p>		<p><b>SECTION 43-21-200.</b> Physicians trained in geriatrics or geropsychiatry; student loan repayment program. Physician Advisory Board created to review applicants.</p> <p>(A) There is established within the Department of Aging the State Loan Repayment Program to reimburse student loan payments of a physician licensed or certified to practice in this State, who has completed a fellowship training program in geriatrics or geropsychiatry accredited by the Accreditation Council for Graduate Medical Education, is accepted into the program, and contracts with the department as provided in subsection (C) of this section.</p> <p>(B)(1) To assist the department in selecting program participants, there is established the Physician Advisory Board to review applicants for the repayment reimbursement program. The board consists of five members, one each appointed by the department to represent:</p> <p>(a) the South Carolina Medical Association;</p> <p>(b) the South Carolina Commission on Higher Education;</p> <p>(c) the Medical University of South Carolina;</p>	

<p>(d) the School of Medicine of the University of South Carolina; and</p> <p>(e) a fellow in geriatrics or geropsychiatry.</p> <p>Board members serve at the pleasure of the department and without compensation, but may receive the mileage, subsistence, and per diem allowed by law for members of boards, committees, and commissions, to be paid from approved accounts of the department.</p> <p>(2) The board shall meet as necessary to review program applications and from among these applications recommend program candidates to the department. No physician may participate in the program who has not been recommended by the board. In considering applications, the board shall consider demonstrable need and make every effort to select those who intend to continue to practice in this State after completing the program. In order of priority in considering applicants for the program, the board shall consider first South Carolina natives completing fellowship programs in this State, then out-of-state applicants completing fellowships in this State, then South Carolina natives completing out-of-state fellowship programs, and finally out-of-state applicants completing out-of-state fellowships.</p> <p>(C)(1) A physician accepted for the program shall execute a contract with the department in which the physician agrees:</p> <p>(a) to practice in this State for no fewer than five consecutive years immediately following completion of his or her fellowship;</p> <p>(b) to accept Medicare and Medicaid patients;</p> <p>(c) to accept reimbursement or contractual binding rates; and</p> <p>(d) not to discriminate against patients based on the ability to pay.</p> <p>(2) Upon execution of the contract, the department shall reimburse student loan payments made by the physician during the last completed calendar quarter. No more than four physicians a year may participate in the program unless sufficient funding is available to reimburse, in accordance with this section, more than four physicians a year. The total amount that may be reimbursed to one physician is thirty-five thousand dollars multiplied by the number of years of the fellowship completed, prorated for periods less than one year.</p> <p>(D) If the department determines that the physician is not in compliance with the contract, it shall refer this matter to the Physicians Advisory Board, which shall recommend an appropriate penalty which may be imposed by the department for noncompliance, which must be an amount not to exceed three times the total of</p>	<p>(d) the School of Medicine of the University of South Carolina; and</p> <p>(e) a fellow in geriatrics or geropsychiatry.</p> <p>Board members serve at the pleasure of the department and without compensation, but may receive the mileage, subsistence, and per diem allowed by law for members of boards, committees, and commissions, to be paid from approved accounts of the department.</p> <p>(2) The board shall meet as necessary to review program applications and from among these applications recommend program candidates to the department. No physician may participate in the program who has not been recommended by the board. In considering applications, the board shall consider demonstrable need and make every effort to select those who intend to continue to practice in this State after completing the program. In order of priority in considering applicants for the program, the board shall consider first South Carolina natives completing fellowship programs in this State, then out-of-state applicants completing fellowships in this State, then South Carolina natives completing out-of-state fellowship programs, and finally out-of-state applicants completing out-of-state fellowships.</p> <p>(C)(1) A physician accepted for the program shall execute a contract with the department in which the physician agrees:</p> <p>(a) to practice in this State for no fewer than five consecutive years immediately following completion of his or her fellowship;</p> <p>(b) to accept Medicare and Medicaid patients;</p> <p>(c) to accept reimbursement or contractual binding rates; and</p> <p>(d) not to discriminate against patients based on the ability to pay.</p> <p>(2). Upon execution of the contract, the department shall reimburse student loan payments made by the physician during the last completed calendar quarter. No more than four physicians <u>or other qualified health professionals</u> a year may participate in the program unless sufficient funding is available to reimburse, in accordance with this section, more than four per year. The total amount that may be reimbursed to one physician is <del>thirty-five</del> <u>fifty</u> thousand dollars multiplied by the number of years of the fellowship completed, prorated for periods less than one <u>year if awarded to a physician participating in a fellowship program</u>.</p> <p>(D) If the department determines that the physician is not in compliance with the contract, it shall refer this matter to the Physicians Advisory Board, which shall recommend an appropriate penalty which may be imposed by the department for</p>
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<p>reimbursement received plus interest at the prime rate plus ten percent calculated from the date noncompliance was determined.</p> <p>(E) The department shall prescribe the form of applications and the procedures for reimbursement and may require such information and documentation as it determines appropriate for these applications and reimbursements.</p> <p>(F) The General Assembly, in the annual general appropriations act, shall appropriate the funds necessary for the operation of the State Loan Repayment Program.</p> <p>HISTORY: 2005 Act No. 165, Section 1, eff upon approval (became law without the Governor's signature on June 14, 2005); 2008 Act No. 353, Section 2, Pt 25C, eff July 1, 2009.</p> <p>Code Commissioner's Note</p> <p>At the direction of the Code Commissioner, references to "Department on Aging" and "department" were substituted for "Division on Aging" and "division" to comply with amendments made by 2018 Act No. 261.</p>	<p>noncompliance, which must be an amount not to exceed three times the total of reimbursement received plus interest at the prime rate plus ten percent calculated from the date noncompliance was determined.</p> <p>(E) The department shall prescribe the form of applications and the procedures for reimbursement and may require such information and documentation as it determines appropriate for these applications and reimbursements.</p> <p>(F) The General Assembly, in the annual general appropriations act, shall appropriate the funds necessary for the operation of the State Loan Repayment Program.</p> <p>HISTORY: 2005 Act No. 165, Section 1, eff upon approval (became law without the Governor's signature on June 14, 2005); 2008 Act No. 353, Section 2, Pt 25C, eff July 1, 2009.</p> <p>Code Commissioner's Note</p> <p>At the direction of the Code Commissioner, references to "Department on Aging" and "department" were substituted for "Division on Aging" and "division" to comply with amendments made by 2018 Act No. 261.</p>
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**LAW CHANGE #4**

Law	Summary of Current Law(s) and Recommended Change(s)	Basis for Recommendation	Approval and Others Impacted
<p><b>SECTION 43-35-310.</b> Council created; membership; filling vacancies.</p>	<p><u>Current Law:</u></p> <ul style="list-style-type: none"> <li>The Adult Protection Coordinating Council is composed of state agencies and other stakeholder organizations. This law defines designated participants/members of the council.</li> </ul> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>Correct the agency name in Section 43-35-310(A)(2)(b).</li> </ul>	<p><u>Basis:</u> Consistency within the S.C. Code</p>	<ul style="list-style-type: none"> <li>Department on Aging is a cabinet agency. Governor's Office has been made aware of this requested change.</li> <li>Agency did not cite any other agency affected by this amendment.</li> </ul>
Current Law Wording	Proposed Revisions to Law Wording		
<p><b>SECTION 43-35-310.</b> Council created; membership; filling vacancies.</p> <p>(A) There is created the Adult Protection Coordinating Council under the auspices of the South Carolina Department of Health and Human Services and is comprised of:</p> <p>(1) one member from the institutional care service provision system who is a consumer or a family member of a consumer of that system and one member from the home and community-based service provision system who is a consumer or a family member of a consumer of that system, both of whom must be appointed by the council for terms of two years; and</p> <p>(2) these members who shall serve ex officio:</p> <p>(a) Attorney General or a designee;</p> <p>(b) Office on Aging, Executive Director, or a designee;</p> <p>(c) Criminal Justice Academy, Executive Director, or a designee;</p> <p>(d) South Carolina Department of Health and Environmental Control, Commissioner, or a designee;</p> <p>(e) State Department of Mental Health, Director, or a designee;</p> <p>(f) South Carolina Department of Disabilities and Special Needs, Director, or a designee;</p> <p>(g) Adult Protective Services Program, Director, or a designee;</p>	<p><b>SECTION 43-35-310.</b> Council created; membership; filling vacancies.</p> <p>(A) There is created the Adult Protection Coordinating Council under the auspices of the South Carolina Department of Health and Human Services and is comprised of:</p> <p>(1) one member from the institutional care service provision system who is a consumer or a family member of a consumer of that system and one member from the home and community-based service provision system who is a consumer or a family member of a consumer of that system, both of whom must be appointed by the council for terms of two years; and</p> <p>(2) these members who shall serve ex officio:</p> <p>(a) Attorney General or a designee;</p> <p>(b) <del>Office</del> <u>Department</u> on Aging, Executive Director, or a designee;</p> <p>(c) Criminal Justice Academy, Executive Director, or a designee;</p> <p>(d) South Carolina Department of Health and Environmental Control, Commissioner, or a designee;</p> <p>(e) State Department of Mental Health, Director, or a designee;</p> <p>(f) South Carolina Department of Disabilities and Special Needs, Director, or a designee;</p> <p>(g) Adult Protective Services Program, Director, or a designee;</p>		



<p>(h) South Carolina Department of Health and Human Services, Executive Director, or a designee;</p> <p>(i) Police Chiefs' Association, President, or a designee;</p> <p>(j) South Carolina Commission on Prosecution Coordination, Executive Director, or a designee;</p> <p>(k) Protection and Advocacy for People with Disabilities, Inc., Executive Director, or a designee;</p> <p>(l) South Carolina Sheriff's Association, Executive Director, or a designee;</p> <p>(m) South Carolina Law Enforcement Division, Chief, or a designee;</p> <p>(n) Long Term Care Ombudsman or a designee;</p> <p>(o) South Carolina Medical Association, Executive Director, or a designee;</p> <p>(p) South Carolina Health Care Association, Executive Director, or a designee;</p> <p>(q) South Carolina Home Care Association, Executive Director, or a designee;</p> <p>(r) South Carolina Department of Labor, Licensing and Regulation, Director, or a designee;</p> <p>(s) executive director or president of a provider association for home and community-based services selected by the members of the council for terms of two years, or a designee;</p> <p>(t) South Carolina Court Administration, Executive Director, or a designee;</p> <p>(u) executive director or president of a residential care facility organization selected by the members of council for terms of two years, or a designee.</p> <p>(B) Vacancies on the council must be filled in the same manner as the initial appointment.</p> <p>HISTORY: 1993 Act No. 110, Section 1, eff three months after June 11, 1993; 2012 Act No. 239, Section 1, eff June 18, 2012.</p>	<p>(h) South Carolina Department of Health and Human Services, Executive Director, or a designee;</p> <p>(i) Police Chiefs' Association, President, or a designee;</p> <p>(j) South Carolina Commission on Prosecution Coordination, Executive Director, or a designee;</p> <p>(k) Protection and Advocacy for People with Disabilities, Inc., Executive Director, or a designee;</p> <p>(l) South Carolina Sheriff's Association, Executive Director, or a designee;</p> <p>(m) South Carolina Law Enforcement Division, Chief, or a designee;</p> <p>(n) Long Term Care Ombudsman or a designee;</p> <p>(o) South Carolina Medical Association, Executive Director, or a designee;</p> <p>(p) South Carolina Health Care Association, Executive Director, or a designee;</p> <p>(q) South Carolina Home Care Association, Executive Director, or a designee;</p> <p>(r) South Carolina Department of Labor, Licensing and Regulation, Director, or a designee;</p> <p>(s) executive director or president of a provider association for home and community-based services selected by the members of the council for terms of two years, or a designee;</p> <p>(t) South Carolina Court Administration, Executive Director, or a designee;</p> <p>(u) executive director or president of a residential care facility organization selected by the members of council for terms of two years, or a designee.</p> <p>(B) Vacancies on the council must be filled in the same manner as the initial appointment.</p> <p>HISTORY: 1993 Act No. 110, Section 1, eff three months after June 11, 1993; 2012 Act No. 239, Section 1, eff June 18, 2012.</p>
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**LAW CHANGE #5**

Law	Summary of Current Law(s) and Recommended Change(s)	Basis for Recommendation	Approval and Others Impacted
<p><b>SECTION 40-25-40.</b> Commission of Hearing Aid Specialists established; membership; terms; per diem and expenses.</p>	<p><u>Current Law:</u></p> <ul style="list-style-type: none"> <li>The law establishes members of the Commission of Hearing Aid Specialists and provides that the Governor will seek recommendations from various agencies, including the Department on Aging, prior to making appointments; Section 40-25-40(C) makes specific reference to the Department on Aging.</li> </ul> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>Correct the agency name in 40-25-40(C).</li> </ul>	<p><u>Basis:</u></p> <ul style="list-style-type: none"> <li>Provide consistency within the S.C. Code</li> </ul>	<ul style="list-style-type: none"> <li>Department on Aging is a cabinet agency. Governor's Office has been made aware of this requested change.</li> <li>Agency did not cite any other agency affected by this amendment.</li> </ul>
Current Law Wording	Proposed Revisions to Law Wording		
<p><b>SECTION 40-25-40.</b> Commission of Hearing Aid Specialists established; membership; terms; per diem and expenses.</p> <p>(A) A Commission of Hearing Aid Specialists is established to guide, advise, and make recommendations to the department.</p> <p>(B)(1) Members of the commission must be residents of the State. The commission consists of:</p> <p>(a) five licensed hearing aid specialists, and each must be a principal dealer of a different manufacturer's hearing aid who are not audiologists;</p> <p>(b) one otolaryngologist;</p> <p>(c) one representative of the general public who is a user of a hearing aid, is not associated with a hearing aid specialist or manufacturer, and is not a member of the other groups or professions required to be represented on the commission;</p> <p>(d) the State Health Officer or his designee.</p> <p>(2) Each hearing aid specialist on the commission must have no less than five years experience under this chapter.</p> <p>(C) Members of the commission in subsection (B)(1)(a) through (d) must be appointed by the Governor. Before appointing the member in subsection (B)(1)(d),</p>	<p><b>SECTION 40-25-40.</b> Commission of Hearing Aid Specialists established; membership; terms; per diem and expenses.</p> <p>(A) A Commission of Hearing Aid Specialists is established to guide, advise, and make recommendations to the department.</p> <p>(B)(1) Members of the commission must be residents of the State. The commission consists of:</p> <p>(a) five licensed hearing aid specialists, and each must be a principal dealer of a different manufacturer's hearing aid who are not audiologists;</p> <p>(b) one otolaryngologist;</p> <p>(c) one representative of the general public who is a user of a hearing aid, is not associated with a hearing aid specialist or manufacturer, and is not a member of the other groups or professions required to be represented on the commission;</p> <p>(d) the State Health Officer or his designee.</p> <p>(2) Each hearing aid specialist on the commission must have no less than five years experience under this chapter.</p> <p>(C) Members of the commission in subsection (B)(1)(a) through (d) must be appointed by the Governor. Before appointing the member in subsection (B)(1)(d), the Governor shall</p>		

the Governor shall invite recommendations from the South Carolina Hearing Aid Society, the Commission on Aging, the Department of Consumer Affairs, the Department of Education, the Department of Vocational Rehabilitation, the Board of Commissioners of the School for the Deaf and the Blind, and other agencies or organizations which might have knowledge of qualified citizens to serve on the commission. The term of each member is four years. Before a member's term expires the Governor shall appoint a successor to assume his duties at the expiration of the term. A vacancy must be filled in the manner of the original appointment. The members annually shall designate one member as chairman and another as secretary. No member of the commission who has served two or more full terms may be reappointed until at least one year after the expiration of his most recent full term of office.

(D) Commission members may receive per diem and mileage provided by law for members of state boards, committees, and commissions for each day actually spent in the duties of the commission. No member may receive more than fifteen days per diem in one fiscal year.

HISTORY: 1962 Code Section 56-745.16; 1971 (57) 1012; 1978 Act No. 460, Section 1; 1992 Act No. 312, Section 1; 1994 Act No. 337, Section 2; 2008 Act No. 273, Section 5.

invite recommendations from the South Carolina Hearing Aid Society, the ~~Commission~~ Department on Aging, the Department of Consumer Affairs, the Department of Education, the Department of Vocational Rehabilitation, the Board of Commissioners of the School for the Deaf and the Blind, and other agencies or organizations which might have knowledge of qualified citizens to serve on the commission. The term of each member is four years. Before a member's term expires the Governor shall appoint a successor to assume his duties at the expiration of the term. A vacancy must be filled in the manner of the original appointment. The members annually shall designate one member as chairman and another as secretary. No member of the commission who has served two or more full terms may be reappointed until at least one year after the expiration of his most recent full term of office.

(D) Commission members may receive per diem and mileage provided by law for members of state boards, committees, and commissions for each day actually spent in the duties of the commission. No member may receive more than fifteen days per diem in one fiscal year.

HISTORY: 1962 Code Section 56-745.16; 1971 (57) 1012; 1978 Act No. 460, Section 1; 1992 Act No. 312, Section 1; 1994 Act No. 337, Section 2; 2008 Act No. 273, Section 5.

**LAW CHANGE #6**

Law	Summary of Current Law(s) and Recommended Change(s)	Basis for Recommendation	Approval and Others Impacted
<b>SECTION 51-3-60.</b> Use of facilities free of charge by aged, blind or disabled; disabled veterans	<p><u>Current Law:</u></p> <ul style="list-style-type: none"> <li>Provides that South Carolina residents over the age of sixty-five may use certain facilities of South Carolina state park at no cost, or reduced cost for campsites.</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>Remove the South Carolina Department on Aging from this statute and provide for government IDs or other authorized means of identification as a way of demonstrating age.</li> </ul>	<p><u>Basis:</u></p> <ul style="list-style-type: none"> <li>The statute implies that the S.C. Department on Aging approves cards to be used to demonstrate age (e.g., Medicare cards). The S.C. Department on Aging is not statutorily authorized to approve cards or identification as a way of demonstrating age.</li> </ul>	<ul style="list-style-type: none"> <li>Department on Aging is a cabinet agency. Governor's Office has been made aware of this requested change.</li> <li>Agency contacted the Department of Parks, Recreation, and Tourism regarding this amendment (PRT). PRT is in favor.</li> </ul>
Current Law Wording		Proposed Revisions to Law Wording	
<p><b>SECTION 51-3-60.</b> Use of facilities free of charge by aged, blind or disabled; disabled veterans; reduced rates for campsites.</p> <p>Any South Carolina resident who is over sixty-five years of age or disabled or legally blind as defined in Section 43-25-20 of the 1976 Code may use any facility of a state park except campsites, overnight lodging and recreation buildings without charge. Such residents may also use campsite facilities at one-half of the prescribed fee. A person exercising this privilege on the basis of age shall present his Medicare card or other card approved by the South Carolina Commission on Aging to the employee of the State Department of Parks, Recreation and Tourism who is in charge of the particular state park, and a person who is disabled or legally blind shall present to such person in charge of the park a certificate to that effect from a licensed doctor of medicine or an official of an agency authorized by law to make determinations of disability or blindness. The authorization for use of the facilities as provided by this section shall not be effective if it conflicts with any federal law, rule or regulation.</p> <p>The term "disabled" as used herein shall mean the inability to perform substantial gainful employment by reason of a medically-determinable impairment, either physical or mental, which has lasted or is expected to last for a continuous period of twelve months or more.</p>		<p><b>SECTION 51-3-60.</b> Use of facilities free of charge by aged, blind or disabled; disabled veterans; reduced rates for campsites.</p> <p>Any South Carolina resident who is over sixty-five years of age or disabled or legally blind as defined in Section 43 25 20 of the 1976 Code may use any facility of a state park except campsites, overnight lodging and recreation buildings without charge. Such residents may also use campsite facilities at one half of the prescribed fee. A person exercising this privilege on the basis of age shall present his Medicare card or other <del>card approved by the South Carolina Commission on Aging</del> <u>valid form of identification to include a birth certificate, state-issued driver's license or identification card, REAL ID, valid unexpired passport or military-issued identification or dependent identification card</u> to the employee of the State Department of Parks, Recreation and Tourism who is in charge of the particular state park, and a person who is disabled or legally blind shall present to such person in charge of the park a certificate to that effect from a licensed doctor of medicine or an official of an agency authorized by law to make determinations of disability or blindness. The authorization for use of the facilities as provided by this section shall not be effective if it conflicts with any federal law, rule or regulation.</p>	

Any South Carolina resident who is a veteran and who has been classified by the Veterans Administration as permanently and totally disabled may also enter any state park without charge upon presentation to the person in charge of the park of an identification card from the county veterans affairs officer stating the veteran's permanent and total disability. A statement of age or disability may not be made for any person whose age and disability records are not maintained in the veterans affairs office at which the request is made.

HISTORY: 1962 Code Section 51-2.6; 1973 (58) 650; 1975 (59) 333; 1979 Act No. 127 Section 1; 1981 Act No. 141, Section 1; 1988 Act No. 414.

The term "disabled" as used herein shall mean the inability to perform substantial gainful employment by reason of a medically-determinable impairment, either physical or mental, which has lasted or is expected to last for a continuous period of twelve months or more.

Any South Carolina resident who is a veteran and who has been classified by the Veterans Administration as permanently and totally disabled may also enter any state park without charge upon presentation to the person in charge of the park of an identification card from the county veterans affairs officer stating the veteran's permanent and total disability. A statement of age or disability may not be made for any person whose age and disability records are not maintained in the veterans affairs office at which the request is made.

HISTORY: 1962 Code Section 51-2.6; 1973 (58) 650; 1975 (59) 333; 1979 Act No. 127 Section 1; 1981 Act No. 141, Section 1; 1988 Act No. 414.

**LAW CHANGE #7**

Law	Summary of Current Law(s) and Recommended Change(s)	Basis for Recommendation	Approval and Others Impacted
<b>SECTION 44-36-330.</b> Advisory council; membership; compensation of members	<p><u>Current Law:</u></p> <ul style="list-style-type: none"> <li>The Alzheimer's Disease and Related Disorders Resource Coordination Center is governed by a council of members appointed by the governor.</li> </ul> <p><u>Recommended Change(s):</u></p> <ul style="list-style-type: none"> <li>Provide for the House Ways and Means Committee and Senate Finance Committee to add representation from their respective body's.</li> </ul>	<p><u>Basis:</u></p> <ul style="list-style-type: none"> <li>The Department on Aging staff identified Alzheimer's as a crisis in the state. Combating the impacts of the disease will require investments from the state. The General Assembly's inclusion on the advisory council will allow for more informed funding decisions for Alzheimer's related services and infrastructure.</li> </ul>	<ul style="list-style-type: none"> <li>The Department on Aging welcomes the addition of General Assembly representation on the council.</li> <li>This amendment would not directly impact any state agency.</li> <li>The council only acts in an advisory capacity.</li> </ul>
Current Law Wording		Proposed Revisions to Law Wording	
<b>SECTION 44-36-330.</b> Advisory council; membership; compensation of members.  (A) The Alzheimer's Disease and Related Disorders Resource Coordination Center must be supported by an advisory council appointed by the Governor including, but not limited to, representatives of:  (1) Alzheimer's Association Chapters;  (2) American Association of Retired Persons;  (3) Clemson University;  (4) Department of Disabilities and Special Needs;  (5) Department of Health and Environmental Control;  (6) Department of Mental Health;		<b>SECTION 44-36-330.</b> Advisory council; membership; compensation of members.  (A) The Alzheimer's Disease and Related Disorders Resource Coordination Center must be supported by an advisory council appointed by the Governor including, but not limited to, representatives of:  (1) Alzheimer's Association Chapters;  (2) American Association of Retired Persons;  (3) Clemson University;  (4) Department of Disabilities and Special Needs;  (5) Department of Health and Environmental Control;  (6) Department of Mental Health;	

<p>(7) Department of Social Services;</p> <p>(8) Department of Health and Human Services;</p> <p>(9) Medical University of South Carolina;</p> <p>(10) National Association of Social Workers, South Carolina Chapter;</p> <p>(11) South Carolina Adult Day Care Association;</p> <p>(12) South Carolina Association of Area Agencies on Aging;</p> <p>(13) South Carolina Association of Council on Aging Directors;</p> <p>(14) South Carolina Association of Nonprofit Homes for the Aging;</p> <p>(15) South Carolina Association of Residential Care Homes;</p> <p>(16) South Carolina Health Care Association;</p> <p>(17) South Carolina Home Care Association;</p> <p>(18) South Carolina Hospital Association;</p> <p>(19) South Carolina Medical Association;</p> <p>(20) South Carolina Nurses' Association;</p> <p>(21) Statewide Alzheimer's Disease and Related Disorders Registry;</p> <p>(22) University of South Carolina;</p> <p>(23) South Carolina State University.</p> <p>(B) Members of the advisory council are not entitled to mileage, per diem, subsistence, or any other form of compensation.</p> <p>HISTORY: 1994 Act No. 326, Section 1; 1994 Act No. 326, Section 3; 2012 Act No. 218, Section 1, eff June 7, 2012; 2018 Act No. 261 (S.107), Pt I, Section 18, eff January 1, 2019.</p> <p>Effect of Amendment</p> <p>2018 Act No. 261, Section 18, in (A), substituted "Governor" for "Lieutenant Governor".</p>	<p>(7) Department of Social Services;</p> <p>(8) Department of Health and Human Services;</p> <p>(9) Medical University of South Carolina;</p> <p>(10) National Association of Social Workers, South Carolina Chapter;</p> <p>(11) South Carolina Adult Day Care Association;</p> <p>(12) South Carolina Association of Area Agencies on Aging;</p> <p>(13) South Carolina Association of Council on Aging Directors;</p> <p>(14) South Carolina Association of Nonprofit Homes for the Aging;</p> <p>(15) South Carolina Association of Residential Care Homes;</p> <p>(16) South Carolina Health Care Association;</p> <p>(17) South Carolina Home Care Association;</p> <p>(18) South Carolina Hospital Association;</p> <p>(19) South Carolina Medical Association;</p> <p>(20) South Carolina Nurses' Association;</p> <p>(21) Statewide Alzheimer's Disease and Related Disorders Registry;</p> <p>(22) University of South Carolina;</p> <p>(23) South Carolina State University.</p> <p><u>(B) The House Ways and Means Committee and Senate Finance Committee may designate one representative from each respective body to the advisory council.</u></p> <p><del>(B)</del> (C) Members of the advisory council are not entitled to mileage, per diem, subsistence, or any other form of compensation.</p>
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