

**SENATE FINANCE COMMITTEE
HEALTH AND HUMAN SERVICES SUBCOMMITTEE
PROVISO RECOMMENDATIONS FOR FY 2021-22**

SECTION 33 - J020 - DEPARTMENT OF HEALTH AND HUMAN SERVICES

33.22 AMEND (Rural Health Initiative) Direct the department to use Rural Health Initiative funds to partner with various state agencies, institutions, and other key stakeholders to develop a strategic plan to address medically underserved communities and authorize the department to leverage federal funds to implement the initiative. Authorize Rural Health Initiative funds to be carried forward and used for the same purpose. Directs the department ensure rural physician coverage through the following: (A)(1) Rural and Underserved Area Provider Capacity; (A)(2) Rural Healthcare Coverage and Education; (A)(3) Rural Medicine Workforce Development; and (A)(4) Statewide Health Innovation. (B) Directs the department to investigate the potential use of DSH and/or other allowable and appropriate sources of funds to improve access to emergency medical services in communities whose access has been degraded due to a hospital's closure during the past five years and to establish a DSH pool for this purpose. (C) Directs RFA and the Area Health Consortium's Office of Healthcare Workforce Analysis and Planning to provide the department with any information required and require the department to submit a report on the evaluation of the state's safety-net providers to the President of the Senate and Speaker of the House by January 1, 2019.

SFC SUBCOMMITTEE RECOMMENDATION: AMEND proviso (A)(1)Rural and Underserved Area Provider Capacity to change "\$1,000,000" to "\$1,500,000" for developing statewide teaching partnerships with MUSC Hospital authority. Amend (A)(4) Statewide Health Innovation to direct the department spend at least \$1 million to contract with Clemson University to develop and continue innovative healthcare delivery and training opportunities through collaborative community engagement via ICARED and other innovative programs and amend to include "Clemson Rural Health Programming." Amend (C) to change "2019" to "of the current fiscal year."

33.22. (DHHS: Rural Health Initiative) From the funds appropriated to the Department of Health and Human Services for the Rural Health Initiative in the current fiscal year, the department shall partner with the following state agencies, institutions, and other key stakeholders to implement these components of a Rural Health Initiative to better meet the needs of medically underserved communities throughout the state. The department may leverage any and all available federal funds to implement this initiative. Recurring and non-recurring funding for the Rural Health Initiative may be carried forward by the department and expended for the same purpose.

(A) The Department of Health and Human Services shall incentivize the development of primary care access in rural and underserved areas, leverage Medicaid spending on Graduate Medical Education (GME) by implementing methodologies that support recommendations contained in the January 2014 report of the South Carolina GME Advisory Group, and continue to leverage the use of teaching hospitals to ensure rural physician coverage in counties with a demonstrated lack of adequate access and coverage through the following provisions:

(1) Rural and Underserved Area Provider Capacity - the department shall partner with the University of South Carolina School of Medicine to develop a statewide Rural Health Initiative to identify strategies for significantly improving health care access, supporting physicians, and reducing health inequities in rural communities. In addition, the department shall also contract with the MUSC Hospital Authority in the amount of ~~\$1,000,000~~ \$1,500,000, and the USC School of Medicine in the amount of \$2,000,000 to further develop statewide teaching partnerships. The department shall also expend \$5,000,000 in accordance with a graduate medical education plan developed cooperatively by the Presidents or their designees of the

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following institutions: the Medical University of South Carolina, the University of South Carolina, and Francis Marion University.

(2) Rural Healthcare Coverage and Education - The USC School of Medicine, in consultation with the South Carolina Office of Rural Health, shall continue to operate a Center of Excellence to support and develop rural medical education and delivery infrastructure with a statewide focus, through clinical practice, training, and research, as well as collaboration with other state agencies and institutions. The center's activities must be centered on efforts to improve access to care and expand healthcare provider capacity in rural communities. The department shall authorize at least \$1,000,000 to support center staffing as well as the programs and collaborations delivering rural health research, the ICARED program, workforce development scholarships and recruitment, rural fellowships, health education development, and/or rural practice support and education. Funding released by the department pursuant to this section must not be used by the recipient(s) to supplant existing resources already used for the same or comparable purposes. No later than February first of the current fiscal year, the USC School of Medicine shall report to the Chairman of the House Ways and Means Committee, the Chairman of the Senate Finance Committee, and the Director of the Department of Health and Human Services on the specific uses of funds budgeted and/or expended pursuant to this provision.

(3) Rural Medicine Workforce Development - The department, in consultation with the Medical Education Advisory Committee (MEAC), shall support the development of additional residency and/or fellowship slots or programs in rural medicine, family medicine, and any other appropriate primary care specialties that have been identified by the department as not being adequately served by existing Graduate Medical Education programs. The department shall ensure that each in-state member of the Association of American Medical Colleges is afforded the opportunity to participate in MEAC. New training sites and/or residency positions are subject to approval as specified by the Accreditation Council for Graduate Medical Education (ACGME). The department may also accept proposals and award grants for programs designed to expose resident physicians to rural practice and enhance the opportunity to recruit these residents for long-term practice in these rural and/or underserved communities. Up to \$500,000 of the recurring funds appropriated to the department for the Rural Health Initiative may be used for this purpose. Additionally, the department shall use up to \$200,000 of the recurring funds appropriated for the Department of Aging's Geriatric Physicians Loan Forgiveness program.

(4) Statewide Health Innovations - At least \$2,000,000 must be expended by the department to contract with the USC School of Medicine *and at least \$1,000,000 to Clemson University* to develop and continue innovative healthcare delivery and training opportunities through collaborative community engagement via ICARED, *Clemson Rural Health Programming*, and other innovative programs that provide clinical services, mental and behavioral health services, children's health, OB/GYN services, and/or chronic disease coverage gaps. In consultation with the Office of Rural Health, the department must ensure collaborative efforts with the greatest potential for impact are prioritized.

(B) The department shall continue to investigate the potential use of DSH and/or any other allowable and appropriate source of funds in order to improve access to emergency medical services in one or more communities identified by the department in which such access has been degraded due to a hospital's closure during the past five years.

(1) In the current fiscal year, the department is authorized to establish a DSH pool, or carry forward DSH capacity from a previous period as federally permissible, for this purpose and/or if deemed necessary to implement transformation plans for which conforming applications were filed with the department pursuant to this or a previous hospital transformation or rural health initiative proviso, but for which additional negotiations or development were required. An emergency department that is established within 35 miles of its sponsoring hospital pursuant to

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this or a previous hospital transformation or rural health initiative proviso and which receives dedicated funding pursuant to this proviso shall be exempt from any Department of Health and Environmental Control Certificate of Need requirements or regulations. Any such facility shall participate in the South Carolina Telemedicine Network.

(2) The department may solicit proposals from and provide financial support for capital expenditures associated with the replacement of two or more rural hospitals, not to exceed one-quarter of the total project capital budget. Such a plan must be submitted by a hospital system approved to advise a rural transformation project, and the project must be subject to ongoing advisement by the submitting facility, or subject to acquisition by the advising facility. The advised facility must be designated as a critical access hospital in a county experiencing not less than four percent decrease in population between the most recent decennial censuses and have been deemed eligible to participate in the rural transformation pool in a prior fiscal year. The department shall require such written agreements which may require project milestone, last-dollar funding, and other stipulations deemed necessary and prudent by the department to ensure proper use of the funds.

(C) The Revenue and Fiscal Affairs Office and the Area Health Education Consortium's Office of Healthcare Workforce Analysis and Planning shall provide the department with any information required by the department in order to implement this proviso in accordance with state law and regulations. Not later than January 1, ~~2019~~ *of the current fiscal year*, the department shall submit to the President of the Senate and Speaker of the House of Representatives an evaluation of the state's safety-net providers that includes, at a minimum, Federally Qualified Health Centers, Rural Health Clinics, and to the extent applicable to funding received by the state, free clinics.

- 33.23** **AMEND** (~~BabyNet~~ *IDEA Part C* Compliance) Directs the department to report to the Governor and the Chairmen of the Senate Finance and House Ways and Means Committees by December 31, 2019, on the status of the department's efforts to bring the BabyNet program into compliance with federal requirements.
WMC: AMEND proviso to change program name from "BabyNet" to "Individuals With Disabilities Education Act (IDEA) Part C." Update calendar year reference to "2021." Requested by Department of Health and Human Services.
HOU: ADOPT proviso as amended.
SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

33.23. (DHHS: ~~BabyNet~~ *IDEA Part C* Compliance) With the funds available to the department, the Department of Health and Human Services shall report to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee no later than December 31, ~~2019~~ *2021* on the status of the department's efforts to bring the ~~BabyNet~~ *Individuals With Disabilities Education Act (IDEA) Part C* program into compliance with federal requirements. This report must specifically address areas in which the ~~BabyNet~~ *IDEA Part C* program has received low performance scores and include any relevant correspondence from the U.S. Department of Education. The report must explain the department's plan for bringing ~~BabyNet~~ *the program* into compliance, including specific steps and the associated timeline.

- 33.24** **AMEND** (Personal Emergency Response System) Directs the department to develop RFPs to provide for Personal Emergency Response Systems (PERS) to be issued to Medicaid recipients based on the department's Medicaid Home and Community-based waiver. Directs that PERS devices must include unlimited 24-7 live phone contact with RNs for triage services. Requires the PERS nurse triage call centers be accredited and separate from PERS emergency response

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call centers. Requires PERS devices comply with all FCC rules and regulations. Requires the department apply for any necessary waivers.

WMC: AMEND proviso to update fiscal year reference to “2021-22.”

HOU: ADOPT proviso as amended.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

33.24. (DHHS: Personal Emergency Response System) With funds appropriated and authorized to the Department of Health and Human Services for Fiscal Year ~~2020-21~~ 2021-22, the department shall develop one or more Requests for Proposals, to provide for Personal Emergency Response Systems (PERS) to be issued to Medicaid recipients pursuant to the department’s Medicaid Home and Community-based waiver. The PERS devices must include in addition to emergency response services, unlimited twenty-four hour, seven-day a week live phone contact with experienced registered nurses for triage services. A PERS nurse triage call center must be accredited and must be separate from the PERS emergency response call center. The PERS device must have a wireless radio transmitter and a console that is cellular and does not require a traditional land line. A PERS device that includes nurse triage services also must comply with the requirements of Federal Communications Commission rules, 47 C.F.R. Part 68; and be approved by the Underwriters Laboratory or Equipment Testing Laboratories as a health care signaling product. The Department of Health and Human Services shall apply for any waiver necessary under the department’s Medicaid Home and Community-based waiver to implement these provisions.

33.26 **ADD** (Meals in Emergency Operations) **WMC:** ADD new proviso to allow the department to provide the cost of meals to state employees who are required to work during emergencies, emergency situation exercises, and when the Governor declares a state of emergency. Fiscal Impact: No impact on the General Fund. RFAO states the department indicates they will be able to use existing funds, therefore there will be no fiscal impact. Requested by Department of Health and Human Services.

HOU: ADOPT new proviso.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

33.26. (DHHS: Meals in Emergency Operations) The cost of meals may be provided to state employees who are not permitted to leave their stations and are required to work during actual emergencies, emergency situation exercises, and when the Governor declares a state of emergency.

33.oss **ADD** (Optional State Supplement Adjustment) **SFC SUBCOMMITTEE CHAIRMAN’S RECOMMENDATION:** ADD new proviso to direct the department to make adjustments to the Optional State Supplementation (OSS) Program to ensure that payment amounts are not reduced due to any federal government cost-of-living adjustments in benefit payments. Direct the department to make a one-time payment in FY 2021-22 to account for the cost-of-living adjustments that happened in the prior two fiscal years.

33.oss. (DHHS: Optional State Supplement Adjustments) Cost-of-living adjustments in benefit payments made by the federal government will result in adjustments in the Optional State Supplementation (OSS) Program as determined necessary by the Department of Health and Human Services to ensure that payment amounts are not reduced. The department shall adjust the OSS net income limitation, the OSS facility rate, and the personal needs allowance to ensure that payment amounts are not reduced. OSS benefit payment amounts shall be adjusted to reflect the changes in recipients’ countable income. The department shall make a one-time payment in

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Fiscal Year 2021-22 to account for the cost-of-living adjustments which occurred in the prior two fiscal years.

SECTION 34 - J040 - DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

- 34.8** **AMEND** (Emergency Medical Services) Provides for the allocation of Emergency Medical Services funds to counties, EMS Regional Councils and the state EMS office. Prohibits funds appropriated for EMS from being transferred to other programs within the department’s budget. Authorizes unexpended funds to be carried forward and specifies how the funds must be used. **WMC:** AMEND proviso to delete the 50% restriction on the amount of carry forward funds that may be spent for administrative and operational support. Direct that after January 1, 50% of unclaimed funds used for aid to counties from the prior fiscal year be transferred to the SC EMS Association. Fiscal Impact: Undetermined. RFAO states the fiscal impact for FY 2021-22 is undetermined since the amount of unexpended funds available is unknown. DHEC indicates that if the amendment had been in effect in the current fiscal year the amount transferred would have been \$11,000 resulting in a decrease of \$217,470 in the amount transferred to the SC EMS Association. Requested by Department of Health and Environmental Control. **HOU:** ADOPT proviso as amended. **SFC SUBCOMMITTEE RECOMMENDATION:** ADOPT proviso as amended.

34.8. (DHEC: Emergency Medical Services) Funds appropriated herein for Emergency Medical Services, shall be allocated for the purpose of improving and upgrading the EMS system throughout the state. The monies allocated to the Counties are for the purpose of improving or upgrading the local EMS system through the licensed ambulance services, the monies allocated to the EMS Regional Councils are for the administration of training programs and technical assistance to local EMS organizations and county systems. All additional funds are to be allocated as follows: to the counties at the ratio of eighty-one percent of the additional funds appropriated herein, to the EMS Regions at a ratio of twelve percent of the additional funds appropriated herein and to the state EMS Office at the ratio of seven percent of the additional funds appropriated herein. The Department of Health and Environmental Control shall develop criteria and guidelines and administer the system to make allocations to each region and county within the state, based on demonstrated need and local match. Funds appropriated to Emergency Medical Services shall not be transferred to other programs within the department’s budget. Unexpended funds appropriated to the program may be carried forward to succeeding fiscal years, and ~~fifty percent~~ may be expended for administrative and operational support and for temporary and contract employees to assist with duties related to improving and upgrading the EMS system throughout the state, including training of EMS personnel and administration of grants to local EMS providers. After January 1st of the current fiscal year, ~~the remaining~~ fifty percent of ~~unexpended~~ *unclaimed* funds ~~carried forward~~ *utilized for aid to counties from the prior fiscal year* shall be transferred to the South Carolina EMS Association to promote and encourage education of emergency medical technicians and directors of emergency medical services; to collect, analyze, and distribute information about emergency medical services; to promote the improvement of patient care; to cooperate with other organizations; and to effect more efficient administration of emergency medical services in the State of South Carolina. In addition, when instructed by the Executive Budget Office or the General Assembly to reduce funds by a certain percentage, the department may not reduce the funds appropriated for EMS Regional Councils or Aid to Counties greater than such stipulated percentage.

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- 34.50** **DELETE** (Ocean Water Quality Outfall Initiative) Directs the department make funds available as state matching funds for Horry County Ocean Water Quality Outfall Initiatives. Authorizes these funds to be retained, carried forward, and used for the same purpose. Requires interest to be retained and used as state match funds for either local or federal funding.
WMC: DELETE proviso. Requested by Department of Health and Environmental Control.
HOU: ADOPT deletion.
SFC SUBCOMMITTEE RECOMMENDATION: ADOPT deletion.

~~34.50. (DHEC: Ocean Water Quality Outfall Initiative) In the current fiscal year, funds appropriated and authorized to the Department of Health and Environmental Control in the department's Beach Renourishment Fund shall be made available as state matching funds for Horry County Ocean Water Quality Outfall Initiatives. The department is authorized to retain and carry forward these funds into the current fiscal year to be used for the same purpose. Any interest generated by the account must be credited and deposited into this account, to be used as state matching funds for either local or federal funding, and utilized for Ocean Water Quality Outfall Initiatives in Horry County.~~

- 34.53** **AMEND** (HIV/AIDS Treatment and Prevention) Authorizes funds for HIV and AIDS prevention and treatment to be used to develop partnerships to provide services to all patients, regardless of their ability to pay. Specifies partnership development with the Joseph H. Neal Health Collaborative and CAN Community Health, Inc. and include a plan for prevention and treatment of Hepatitis C. Directs the department to ensure that the funds are spent solely for testing and treatment services. Allows funds to be used to enhance services provided through federal funds allocation or the state's AIDS Drug Assistance Program rebate funds. Directs Ryan White Part B Grants funds be included in the funds allowed to enhance services.
WMC: AMEND proviso to delete reference to "CAN Community Health, Inc." and direct the department to spend \$500,000 with the Joseph H. Neal Health Collaborative.
HOU: ADOPT proviso as amended.
SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

~~34.53. (DHEC: HIV/AIDS Treatment and Prevention) From the funds appropriated to the Department of Health and Environmental Control in the current fiscal year for HIV and AIDS prevention and treatment, the department shall develop ~~partnerships~~ a partnership with the Joseph H. Neal Health Collaborative and ~~CAN Community Health, Inc.~~ expend \$500,000 to provide comprehensive medical, dental, psychological, and educational services to all patients, regardless of their financial situation, insurance status, or ability to pay. In addition, ~~CAN Community Health, Inc.~~ the Joseph H. Neal Health Collaborative shall ~~develop a~~ deploy its plan for the treatment and prevention of Hepatitis C. The department shall ensure the funds are expended solely for testing, treatment, and follow-up services of HIV/AIDS and Hepatitis C, and providing primary care and dental care. Funds may be used to enhance the services provided through a combination of Ryan White Part B Grant funds and other federal funds or the state's AIDS Drug Assistance Program rebate funds.~~

- 34.56** **ADD** (Reimbursement of Expenditures) **WMC:** ADD new proviso to authorize DHEC to collect, expend, retain, and carry forward all funds received in the current fiscal year as reimbursement of expenditures incurred in the current or prior fiscal year. Fiscal Impact: Undetermined. RFAO states that DHEC indicates that the expenditure impact is undetermined since the amount and type of reimbursements will vary annually. Requested by Department of Health and Environmental Control.
HOU: ADOPT new proviso.

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SFC SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

34.56. (DHEC: Reimbursement of Expenditures) The Department of Health and Environmental Control is authorized to collect, expend, retain, and carry forward for general operating purposes all funds received in the current fiscal year as reimbursement of expenditures incurred in the current or prior fiscal year.

34.57 **ADD** (Organizations Receiving State Appropriations) **WMC:** ADD new proviso to authorize DHEC to reduce funds appropriated for the allocation/contribution of specific amounts of state aid to organizations, programs, special items, or activities by a stipulated percentage except when instructed by EBO or the General Assembly to reduce funds within the department by a certain percentage. Fiscal Impact: RFAO states this proviso will have an undetermined expenditure impact in FY 2021-22. Any impact will depend upon actual appropriations and any potential reduction as instructed by EBO or the General Assembly. Requested by Department of Health and Environmental Control.

HOU: ADOPT new proviso.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

34.57. (DHEC: Organizations Receiving State Appropriations) Notwithstanding any other provisions of this act, the funds appropriated to the Department of Health and Environmental Control for the allocation/contribution of specific amounts of state aid to organizations, programs, special items, or activities shall be distributed as appropriated except when instructed by the Executive Budget Office or the General Assembly to reduce funds within the department by a certain percentage, the department may reduce these items up to the stipulated percentage.

34.58 **ADD** (E-Waste Extension) **WMC:** ADD new proviso to direct DHEC to administer the provisions of Chapter 60, Title 48 [SOUTH CAROLINA MANUFACTURER RESPONSIBILITY AND CONSUMER CONVENIENCE INFORMATION TECHNOLOGY EQUIPMENT COLLECTION AND RECOVERY ACT] until the end of the current fiscal year.

HOU: ADOPT new proviso.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

34.58. (DHEC: E-Waste Extension) The Department of Health and Environmental Control shall administer the provisions of Chapter 60, Title 48 of the 1976 Code until the end of the current fiscal year.

SECTION 35 - J120 - DEPARTMENT OF MENTAL HEALTH

35.11 **AMEND NEW PROVISO** (Fitness to Stand Trial) **WMC:** ADD new proviso to direct the department to create a pilot program to determine the efficacy and cost-effectiveness of providing treatment services in a detention center to adult criminal defendants who have been determined to be unfit to stand trial but who will likely be fit in the foreseeable future. Direct the department to have discretion to provide restoration treatment to a defendant in a hospital or detention facility. Direct the department to submit a report of their findings to the Chairmen of the Senate Finance and the House Ways and Means Committees and the Governor by September 1, 2021. Fiscal Impact: No impact on the General Fund. RFAO states the department indicates they will be able to accomplish these duties within their existing budget. Requested by Department of Mental Health.

HOU: ADOPT new proviso.

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SFC SUBCOMMITTEE RECOMMENDATION: AMEND new proviso to change the reporting date to “June 30, 2022.”

35.11. (DMH: Fitness to Stand Trial) The Department of Mental Health shall initiate a pilot program to determine the efficacy and cost effectiveness of providing treatment services in a detention center to adult criminal defendants who have been determined unfit to stand trial but who are likely to become fit in the foreseeable future. Upon completion of a court hearing, consideration of evidence that a defendant is unfit to stand trial but is likely to become fit to stand trial in the foreseeable future, and when the court orders the defendant hospitalized for up to an additional sixty days, the department shall have discretion to provide restoration treatment to a defendant in a hospital or in a detention facility. The department shall submit a report detailing the findings of the pilot program to the Chairman of the Senate Finance Committee, the Chairman of the House Ways and Means Committee, and the Governor no later than ~~September 1, 2021~~ June 30, 2022.

SECTION 36 - J160 - DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

36.6 **AMEND** (Transfer of Capital/Property) Allows the department to transfer capital to include property and buildings to local DSN providers with State Fiscal Accountability Authority approval.

WMC: AMEND proviso to specify that the department shall only transfer property and buildings to local providers with written consent of the providers by a MOU and upon SFAA approval or the department shall be responsible for maintenance and improvements.

HOU: ADOPT proviso as amended.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

36.6. (DDSN: Transfer of Capital/Property) The department ~~may~~ shall only transfer capital to include property and buildings to local DSN providers with written consent of the providers by memorandum of understanding and upon State Fiscal Accountability Authority approval, otherwise, the department shall be responsible for maintenance and improvements.

36.14 **AMEND FURTHER** (Beaufort DSN Facility) Provides for the department to retain the proceeds from the sale of the local DSN Board of Beaufort County property and to use the funds to purchase a new property. Authorizes unexpended funds to be carried forward and used for the same purpose. Requires the department provide a status report to the Beaufort County Legislative Delegation by June 30, 2019.

WMC: AMEND proviso to update fiscal year reference to “2021-22” and reporting date to “2021.”

HOU: ADOPT proviso as amended.

SFC SUBCOMMITTEE RECOMMENDATION: AMEND FURTHER to change the reporting date to “2022.”

36.14. (DDSN: Beaufort DSN Facility) For Fiscal Year ~~2020-21~~ 2021-22, the Department of Disabilities and Special Needs is authorized to retain the full amount of proceeds from the sale of the local Disabilities and Special Needs Board of Beaufort County property. The funds retained from this sale must be used by the department to purchase a new property for the local Disabilities and Special Needs Board in Beaufort County that more appropriately meets the needs of the individuals served. Unexpended funds may be carried forward into the current fiscal year and used for the same purpose. The department must provide a status report to the Beaufort

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County Legislative Delegation by June 30, 2019 ~~2021~~ 2022, detailing the retention of any sale proceeds and/or the expenditures of those funds.

SECTION 38 - L040 - DEPARTMENT OF SOCIAL SERVICES

38.1 CONFORM TO FUNDING / AMEND (Fee Retention) Requires DSS to recoup all refunds and identified program overpayments in accordance with established collection policy. Requires \$800,000 of Child Support Enforcement Program (Title IV D) funds collected to be remitted to the State Treasurer and credited to the general fund and authorizes the department to retain all funds collected above \$800,000 and use the funds for Self-Sufficiency and Family Preservation and Support initiatives.

WMC: AMEND proviso to delete the directive that \$800,000 of refunds and overpayments collected be sent to the State Treasurer and credited to the General Fund. Authorize the department to retain all refunds and overpayments recouped and allow the funds to be used toward FTI and PII data security and child support operations. Fiscal Impact: This provision will decrease General Fund revenues by \$800,000 and increase agency other funds by a like amount. Requested by Department of Social Services.

HOU: ADOPT proviso as amended.

SFC SUBCOMMITTEE RECOMMENDATION: CONFORM TO FUNDING.

38.1. (DSS: Fee Retention) The Department of Social Services shall recoup all refunds and identified program overpayments and all such overpayments shall be recouped in accordance with established collection policy. ~~Funds of \$800,000 collected under the Child Support Enforcement Program (Title IV D) which are state funds shall be remitted to the State Treasurer and credited to the General Fund of the State.~~ All state funds above \$800,000 shall be retained by the department and may be used to fund Self-Sufficiency and Family Preservation and Support initiatives, to make improvements to the security for FTI and PII data, and for child support operations.

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

WMC: AMEND proviso to change the payments from “\$500” to “\$605;” “\$523” to “\$708;” and “\$589” to “\$747.” Requested by Department of Social Services.

HOU: ADOPT proviso as amended.

SFC SUBCOMMITTEE RECOMMENDATION: CONFORM TO FUNDING.

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

ages 0	-	5	\$500	<u>\$605</u>	per month
ages 6	-	12	\$523	<u>\$708</u>	per month
ages 13	+		\$589	<u>\$747</u>	per month

These specified amounts are for the basic needs of the foster children to include kinship care assistance. Basic needs within this proviso are identified as food (at home and away), clothing, housing, transportation, education and other costs as defined in the U.S. Department of Agriculture study of “Annual Cost of Raising a Child to Age Eighteen”. Further, each agency shall identify and justify, as another line item, all material and/or services, in excess of those basic needs listed above, which were a direct result of a professional agency evaluation of

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clientele need. Legitimate medical care in excess of Medicaid reimbursement or such care not recognized by Medicaid may be considered as special needs if approved by the sponsoring/responsible agency and shall be reimbursed by the sponsoring agency in the same manner of reimbursing other special needs of foster children.

- 38.17 DELETE** (Child Support Enforcement System) Requires the department to prepare a detailed report on the status of the Child Support Enforcement System. Requires the report include actions being undertaken to become compliant with federal requirements and the cost required to meet minimum federal guidelines; total funds spent on the system to date; the amount of fines assessed for noncompliance; and expenditures required to satisfy actions taken by the state judicial system or other entities that may have altered the amount required for meeting minimum federal guidelines. Require the report be submitted to the General Assembly by August 31st.
WMC: DELETE proviso. Requested by Department of Social Services.
HOU: ADOPT deletion.
SFC SUBCOMMITTEE RECOMMENDATION: ADOPT deletion.

~~**38.17.** (DSS: Child Support Enforcement System) From the funds appropriated in Part IA, Section 38 (H.F.), the Department of Social Services shall prepare a detailed report on the status of the Child Support Enforcement System. The report shall include, but not be limited to, actions currently being undertaken to become compliant with federal government requirements; the cost required to meet minimum federal guidelines; total funds spent so far on the system; the amount of fines assessed by the federal government associated with noncompliance; how much has been spent to satisfy actions taken by the state judicial system; and how much has been spent related to actions taken by any other entity which may have altered the amount required for meeting minimum federal guidelines. The report shall be submitted to the General Assembly by August thirty first of the current fiscal year.~~

- 38.24 AMEND** (Internal Child Fatality Review Committees) Requires the Director of the Department of Social Services to create and fund Internal Child Fatality Review Committees to allow for rapid and expeditious review of child fatalities that are reported to the Department.
WMC: AMEND proviso to update fiscal year reference to “2021-22.”
HOU: ADOPT proviso as amended.
SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

~~**38.24.** (DSS: Internal Child Fatality Review Committees) For Fiscal Year ~~2020-21~~ 2021-22, the Director of the Department of Social Services shall create and fund Internal Child Fatality Review Committees (internal committees) pursuant to the authority granted in Sections 43-1-60(3), 43-1-80, and 63-7-910(E) of the 1976 Code to allow for the rapid and expeditious review of reported child fatalities that are reported to the Department of Social Services on suspicion of abandonment, child abuse, neglect or harm as defined in Section 63-7-20. This review process will enable the department to respond to the safety needs of any surviving siblings and will lead to improvement in the department’s efforts to prevent child fatalities caused by abandonment, child abuse, neglect or harm. Each internal committee shall be composed of a board-certified child abuse pediatrician, an agent from the State Law Enforcement Division, a local law enforcement officer, a representative from the local coroner’s office, and representatives from the Department of Social Services. The internal committee may invite other service provider organizations as deemed necessary. The department is authorized to provide reasonable compensation for board-certified child abuse pediatricians serving on an internal committee. Internal committees shall have access to information and records maintained by a provider of medical care regarding a child whose death is being reviewed by the internal~~

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committee, including information on prenatal care; all information and records maintained by any state, county, or local government agency, including, but not limited to, birth certificates, law enforcement investigation data, county coroner or medical examiner investigation data, parole and probation information and records, and information and records of health agencies that provided services to the child or family. The meetings, information obtained by, reports prepared by, and statements made before the internal committees are confidential and protected from disclosure pursuant to the Freedom of Information Act, criminal and civil proceedings, and subpoenas as set forth in Sections 63-7-940 and 63-7-1990.

38.29 AMEND FURTHER (Foster Care Child Placements) Directs the department to implement specific child placement provisions and to promulgate necessary rules and regulations for implementation.

HOU: AMEND proviso to change “must” to “may” to make the attachment assessment requirement permissive rather than mandatory regarding a child that has been in a foster home for at least 9 consecutive months and if the foster parents are willing to provide a permanent home through adoption. Sponsor: Rep. Henderson-Myers.

SFC SUBCOMMITTEE RECOMMENDATION: AMEND FURTHER to update fiscal year reference from “2018-19” to “2021-22.”

38.29. (DSS: Foster Care Child Placements) With funds appropriated and authorized to the Department of Social Services for Fiscal Year ~~2018-19~~ 2021-22, the department shall ensure that the following provisions are implemented related to child placements. The department shall promulgate any necessary rules or regulations to implement these provisions:

(A) If a child in foster care has been placed within the same foster home for at least 9 consecutive months and if the foster parents are willing to provide permanency through adoption for the child, the department ~~must~~ may obtain an attachment assessment, as defined through rules or regulations promulgated by the agency, of the child and current foster parents before selecting a different adoptive placement or other alternative setting. The attachment assessment must be conducted by a qualified attachment expert. Qualified attachment experts may include individuals who can demonstrate training and or education in attachment theory, developmental psychology, and other qualifications defined through rules or regulations promulgated by the agency.

(B) If a child’s permanency plan includes reunification with a parent or caregiver, the department shall develop a transition plan for the child, with input from the Guardian ad Litem and a child-focused or other appropriate mental health professional. The department’s proposed transition plan must include sufficient visitation with the permanent guardian to promote a successful and emotionally healthy transition for the child, facilitate a positive relationship between caregiver and child, and lessen trauma that may result from the move. If the department pursues placement with a natural parent, relative, or other adult with whom the child has never lived, as determined to be in the child’s best interest, the department’s proposed transition plan must be progressive and include increased overnight visitation with ongoing assessment of the plan and the child’s adjustment by the Guardian ad Litem and child focused or other appropriate mental health professional. Modifications to the plan must be driven by the child’s adjustment to the transition.

(C) The department must file a Termination of Parental Rights petition if a child has been in foster care for 15 of the last 22 months unless there are extenuating circumstances as defined in Section 63-7-1710 as follows:

(1) When the child is over the age of 16 and the department has identified another planned permanent living arrangement.

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(2) The department asserts to the court that the child may be safely returned to the parent because the parent has remedied the conditions that caused the removal, with or without supervision by the department for up to 12 months.

(3) The department's proposed treatment plan can be extended up to 18 months but only if: (a) the department presents compelling and persuasive evidence of how the parent has demonstrated due diligence in completing the plan; (b) the department can articulate for the court specific reasons to believe the parent will timely remedy the conditions which led to the removal; (c) the department affirms that the return of child to the parent would not cause unreasonable risk of harm; (d) the department has compelling reasons to assert that a Termination of Parental Rights is not in the best interests of the child; (e) the department has compelling reasons to assert the best interests of the child will be served by the extension.

(4) If the department assesses the viability of adoption and determines that adoption is not a viable option and has compelling reasons to assert that Termination of Parental Rights is not in the best interests of the child, then the department may pursue a permanent plan of custody or legal guardianship to relative or other person.

(D) In accordance with Sections 63-7-1640(G) and 1700(E), the department must file the petition for a Termination of Parental Rights within sixty days of the family court order designating the child's permanent plan or concurrent plan as Termination of Parental Rights and adoption.

38.30 DELETE (Comprehensive Child Welfare Information System) Directs DSS to use a portion of their recurring funds to issue a RFP by 9/30/18 for a vendor to implement a comprehensive case management data and analysis system.

WMC: DELETE proviso. Requested by Department of Social Services.

HOU: ADOPT deletion.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT deletion.

~~**38.30.** (DSS: Comprehensive Child Welfare Information System) A portion of the recurring funds appropriated to the department shall be used to issue a request for proposal, no later than September 30, 2018, for a vendor to implement a comprehensive case management data and analysis system.~~

SECTION 40 - L060 - DEPARTMENT ON AGING

40.1 AMEND (State Matching Funds Carry Forward) Authorizes Distribution to Subdivisions required state matching funds to be carried forward.

WMC: AMEND proviso to change "Distribution to Subdivisions" to "Aging Assistance." Requested by Department on Aging.

HOU: ADOPT proviso as amended.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

40.1. (AGING: State Matching Funds Carry Forward) Any unexpended balance on June thirtieth of the prior fiscal year of the required state matching funds appropriated in Part IA, Section 40, ~~Distribution to Subdivisions~~ Aging Assistance, shall be carried forward into the current fiscal year to be used as required state match for federal funds awarded to subdivisions on or before September thirtieth of the current fiscal year.

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40.2 **AMEND** (State Match Funding Formula) Directs that Distribution to Subdivision funds be first allocated for the required state match for the Older Americans Act funds and that the balance be distributed to the planning and service areas.

WMC: AMEND proviso to change “Distribution to Subdivisions” to “Aging Assistance.” Requested by Department on Aging.

HOU: ADOPT proviso as amended.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

40.2. (AGING: State Match Funding Formula) Of the state funds appropriated under ~~“Distribution to Subdivisions,”~~ “Aging Assistance,” the first allocation by the Department on Aging shall be for the provision of required State matching funds according to the Department on Aging formula for distributing Older Americans Act funds. The balance of this item shall be distributed to the planning and service areas of the State. In the event state appropriations are reduced, reductions to the planning and service areas shall be based on amounts distributed in accordance with the previous requirements.

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

WMC: AMEND proviso to delete references to “formerly Home Care Level I” and “formerly Home Care Level II.” Change “Interstate” to “Intrastate.” Requested by Department on Aging.

HOU: ADOPT proviso as amended.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

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

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

SECTION 41 - L800 - DEPARTMENT OF CHILDREN'S ADVOCACY

41.2 **AMEND** (Guardian Ad Litem Program) Requires the Guardian ad Litem Program and funds be administered separately from other programs within the Department of Children's Advocacy and that program funds be used exclusively for the program. Directs the Department of Revenue reduce the rate of interest paid on eligible refunds by 2 percentage points and to deposit these funds into the S.C. Guardian ad Litem Trust Fund. Authorizes program funds to be carried forward.

WMC: AMEND proviso to delete the requirement that the Guardian ad Litem Program and funds be administered separately from other programs within the Department of Children's Advocacy and that program funds be used exclusively for the program. Fiscal Impact: No impact on the General Fund. RFAO states deletion of the restriction on the use of the funds would expand the allowable uses of the funds for other statutory duties associated with the Guardian Ad Litem Program. The agency indicates that use of these funds would reduce the need for additional appropriations by allowing the agency to use the trust fund for related expenses such as investigating complaints and related services. Requested by Department of Children's Advocacy.

HOU: ADOPT proviso as amended.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

~~**41.2.** (DCA: Guardian Ad Litem Program) Both the program and the funds appropriated to the Department of Children's Advocacy, Guardian ad Litem Program must be administered separately from other programs within the Department of Children's Advocacy and must be expended for the exclusive use of the Guardian ad Litem Program.~~

For the current fiscal year, the Department of Revenue is directed to reduce the rate of interest paid on eligible refunds by two percentage points. The revenue resulting from this reduction must be used exclusively for operations of the Guardian ad Litem program and be deposited in the State Treasury in a separate and distinct fund known as the "South Carolina Guardian ad Litem Trust Fund." Unexpended revenues in this fund carry forward to succeeding fiscal years, and earnings in this fund must be credited to it. The Guardian ad Litem program may carry forward the other funds authorized herein for its operations from the prior fiscal year into the current fiscal year.

SECTION 103 - E500 - REVENUE AND FISCAL AFFAIRS OFFICE

103.3 **AMEND** (SC Health & Human Services Data Warehouse) Establishes the South Carolina Health and Human Services Data Warehouse within the Revenue and Fiscal Affairs Office to ensure that health and human services agencies operations may be enhanced by coordination and integration of client information; defines client data; provides guidelines for operation of the data warehouse; and specifies agencies which are required to report client information.

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WMC: AMEND proviso to include “other electronic health record system” in DHEC’s exemption from using the integrated client management system and the analytic query tools. Requested by Department of Health and Environmental Control.

HOU: ADOPT proviso as amended.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

103.3. (RFAO: SC Health & Human Services Data Warehouse) There is hereby established within the Revenue and Fiscal Affairs Office, the South Carolina Health and Human Services Data Warehouse. The purpose of the Warehouse is to ensure that the operation of health and human services agencies may be enhanced by coordination and integration of client information. Client data is defined as person-level data that is created, received, and/or maintained by state agencies and other entities required to report client information to the Revenue and Fiscal Affairs Office under this provision. To integrate client information, client data from health and human services state agencies will be linked to improve client outcome measures, enabling state agencies to analyze coordination and continuity of care issues. The addition of these data will enhance existing agency systems by providing client data from other state agency programs to assist in the provision of client services. Certain client information shall be delivered to the Revenue and Fiscal Affairs Office in order to assist in the development and maintenance of this Warehouse. The following agencies shall report client information:

- Departments of:
 - (1) Health and Human Services;
 - (2) Health and Environmental Control;
 - (3) Mental Health;
 - (4) Alcohol and Other Drug Abuse Services;
 - (5) Disabilities and Special Needs;
 - (6) Social Services;
 - (7) Vocational Rehabilitation;
 - (8) Education;
 - (9) Juvenile Justice;
 - (10) Corrections;
 - (11) Probation, Parole and Pardon Services;
- Department of Children’s Advocacy:
 - (1) Children’s Foster Care Review Board;
 - (2) Continuum of Care;
- Department on Aging;
- South Carolina School for the Deaf and the Blind;
- Commission for the Blind; and
- Other entities as deemed necessary by the Revenue and Fiscal Affairs Office.

These agencies and departments shall collect and provide client data in formats and schedules to be specified by the Revenue and Fiscal Affairs Office (Office). The Office shall establish a Memorandum of Agreement with each agency, department or division. These Memorandums of Agreement shall specify, but are not limited to, the confidentiality of client information, the conditions for the release of data that may identify agencies, departments, divisions, programs and services, or clients, any restrictions on the release of data so as to be compliant with state and federal statutes and regulations on confidentiality of data, conditions under which the data may be used for research purposes, and any security measures to be taken to insure the confidentiality of client information.

To ensure accountability and the coordinated, efficient delivery of health and human services, the Office shall implement, in consultation with state health and human services agencies and

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other entities as deemed necessary by the Office, an integrated data system that includes client data from all participating agencies.

In order to provide for inclusion of other entities into the South Carolina Health and Human Services Data Warehouse and other research and analytic-oriented applications that will assist the state in the efficient and effective provision of services, the Office shall have the authority to enter into agreements or transactions with any federal, state or municipal agency or other public institution or with any private individual, partnership, firm, corporation, association or other entity to provide statistical, research and information dissemination services including, but not limited to, program and outcomes evaluation, program monitoring/surveillance, projects to determine the feasibility of data collection and/or analyses, information dissemination and research. The confidentiality of data collected under these initiatives shall comply with applicable state and federal laws governing the privacy of data. The Office shall have the power to promulgate regulations, policies and procedures, in consultation with the participating agencies, for the development, protection and operation of the Data Warehouse, other research and analytic-oriented applications, and their underlying processes.

The Office shall develop internet-accessible secure analytic query tools (such as analytic cubes) using integrated client data from the Warehouse. All agencies shall cooperate with the Office in the development of these analytic tools. It is the intent of this provision that the analytic tools developed under this provision shall be made available to members of the South Carolina General Assembly and their research staff members, state agencies, and researchers. To that end, the Office shall, in consultation with the participating agencies, promulgate regulations addressing access to and use and release of information generated through use of the query tools.

All state agencies participating in the Warehouse shall utilize it and its associated software applications in the day-to-day operation of their programs and for coordination, collaboration, program evaluation and outcomes analysis. The Department of Health and Environmental Control shall be exempt from usage of the integrated client management system and the analytic query tools in the day-to-day operation of their Client Automated Record and Encounter System *or other electronic health record system* and their South Carolina Community Assessment Network, but shall provide the Warehouse with client data from the system and network.

No state agency shall duplicate any of the responsibilities of this provision.

For purposes of this subsection, all state laws, regulations, or any rule of any state agency, department, board, or commission having the effect or force of law that prohibits or is inconsistent with any provision of this subsection is hereby declared inapplicable to this subsection.

SECTION 106 - F300 - STATEWIDE EMPLOYEE BENEFITS

106.2 CONFORM TO FUNDING / AMEND (Suspend SCRS & PORS Employer Contribution Rate Increase) Suspends the increase in the employer contribution rate pursuant to Section 9-1-1085 [EMPLOYER AND EMPLOYEE CONTRIBUTION RATES] and Section 9-11-225 [EMPLOYER AND EMPLOYEE CONTRIBUTION RATES] for Fiscal Year 2020-21. Directs that the contribution rate for SCRS and PORS shall remain at the same rate as in Fiscal Year 2019-20.

WMC: AMEND proviso to update fiscal year references from “2020-21” to “2021-22”. Direct that the contribution rate for SCRS and PORS shall increase by 1% from the Fiscal Year 2020-21 rates set in Act 135 of 2020.

HOU: ADOPT proviso as amended.

SFC SUBCOMMITTEE RECOMMENDATION: CONFORM TO FUNDING.

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106.2. (SEB: Suspend SCRS & PORS Employer Contribution Rate Increase) The increase in the employer contribution rate imposed by Section 9-1-1085 and Section 9-11-225 for Fiscal Year ~~2020-21~~ 2021-22, respectively, are suspended. The employer contribution rate for the South Carolina Retirement Systems and the Police Officers Retirement Systems during Fiscal Year ~~2020-21~~ 2021-22, expressed as a percentage of earnable compensation, shall ~~remain at the same rate imposed for Fiscal Year 2019-20~~ increase by 1% from Fiscal Year 2020-21 rates as set in Act 135 of 2020.

SECTION 108 - F500 - PUBLIC EMPLOYEE BENEFIT AUTHORITY

108.3 **AMEND** (Health Plan Tobacco User Differential) Authorizes the board to differentiate between tobacco users and nonusers regarding rates charged to enrollees in its health plans by imposing a surcharge on enrollee rates based upon tobacco use. Directs that the surcharge for tobacco use may not exceed \$40 per month per subscriber or \$60 per month per subscriber and dependent(s).
WMC: AMEND proviso to include e-cigarette usage.
HOU: ADOPT proviso as amended.
SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

108.3. (PEBA: Health Plan Tobacco User Differential) For health plans adopted under the authority of Section 1-11-710 of the 1976 Code by the Public Employee Benefit Authority during the current fiscal year, the board is authorized to differentiate between tobacco or e-cigarette users and nonusers regarding rates charged to enrollees in its health plans by imposing a surcharge on enrollee rates based upon tobacco or e-cigarette use. The surcharge for tobacco or e-cigarette use may not exceed \$40 per month per subscriber or \$60 per month per subscriber and dependent(s).

108.6 **CONFORM TO FUNDING / AMEND** (State Health Plan) Directs that employer and subscriber premiums for Plan Year 2021 shall remain the same as in Plan Year 2020. Authorizes PEBA to adjust the plan, benefits, or contributions during Plan Year 2021 to ensure the plan remains fiscally stable.
WMC: Direct that for Plan Year 2022 there shall be an employer premium increase of 0.8% and a subscriber increase of 0%. Authorize PEBA to adjust the plan, benefits, or contributions during Plan Year 2022 to ensure the plan remains fiscally stable.
HOU: ADOPT proviso as amended.
SFC SUBCOMMITTEE RECOMMENDATION: CONFORM TO FUNDING.

108.6. (PEBA: State Health Plan) Of the funds authorized for the State Health Plan pursuant to Section 1-11-710(A)(2) of the 1976 Code, an employer premium increase of 0.8 percent and a subscriber premiums for Plan Year 2021 shall remain the same as in Plan Year 2020 premium increase of zero percent will result for the standard State Health Plan for Plan Year 2022. Copayments for participants of the State Health Plan shall remain the same in Plan Year ~~2021~~ 2022 as in Plan Year ~~2020~~ 2021. Notwithstanding the foregoing, pursuant to Section 1-11-710(A)(3), the Public Employee Benefit Authority may adjust the plan, benefits, or contributions of the State Health Plan during Plan Year ~~2021~~2022 to ensure the fiscal stability of the Plan.

108.12 **ADD** (COVID-19 Return to Work Extension) **WMC:** ADD new proviso to direct that for FY 2021-22, the earnings limitation does not apply to retired SCRS or PORS members who return

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to covered employment to participate in the state's public health preparedness and response to COVID-19.

HOU: ADOPT new proviso.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

108.12. (PEBA: COVID-19 Return to Work Extension) For Fiscal Year 2021-22, the earnings limitation imposed pursuant to Section 9-1-1790 and Section 9-11-90 of the 1976 Code does not apply to retired members of the South Carolina Retirement System or the Police Officers Retirement System who return to covered employment to participate in the state's public health preparedness and response to the COVID-19 virus.

108.13 ADD (Optional Payment of Employee Contributions by Employer) **WMC:** ADD new proviso to allow an employer in the SCRS or PORS, by July 1, 2021, to elect to pay all or a portion of the employee contribution set in Sections 9-1-1085 and 9-11-225 [SCRC & PORS EMPLOYER AND EMPLOYEE CONTRIBUTION RATES]. Direct that an employer which chooses to exercise this option shall, in lieu of compensation deductions, pick up all or a portion of the required employee contributions and shall not reduce or offset its employees' compensation.

HOU: ADOPT new proviso.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

108.13. (PEBA: Optional Payment of Employee Contributions by Employer) No later than July 1, 2021, an employer in the South Carolina Retirement System or the Police Officers Retirement System may elect to pay all or a portion of the employee contribution set out in Sections 9-1-1085 and 9-11-225, respectively, of the 1976 Code with respect to its employees during the fiscal year. In lieu of the deductions from compensation required by Sections 9-1-1020, 9-1-1160, and 9-11-210, as applicable, an employer electing to pay employee contributions under this provision hereby elects to pick up all or a portion of the employee contributions required by Sections 9-1-1085 and 9-11-225, as applicable, for the fiscal year without a reduction or offset from its employees' compensation. Employee contributions picked up without such reduction or offset from the employee's compensation shall be treated as employer contributions in determining federal tax treatment under Section 414(h)(2) of the United States Internal Revenue Code, but shall be credited as employee contributions for the purposes of the South Carolina Retirement System or the Police Officers Retirement System. An employer making the election provided by this provision shall be deemed to have taken formal action to provide that the contributions on behalf of its employees, although designated as employee contributions, shall be paid by the employer in lieu of employee contributions. The employer shall pay these employee contributions from the same source of funds which is used in paying earnings to the employee. The employee, however, must not be given any option of choosing to receive the contributed amount of the pick ups directly instead of having them paid by the employer to the South Carolina Retirement System or the Police Officers Retirement System. An employer's election to pick up contributions without a reduction or offset from its employees' compensation pursuant to this proviso may not be changed during the fiscal year. Employee contributions picked up by an employer pursuant to this provision without a reduction or offset from the member's compensation are: 1) not earnable compensation for the purposes of the South Carolina Retirement System or the Police Officers Retirement System; and 2) shall be deposited in the employee's South Carolina Retirement System or Police Officers Retirement System individual accumulated contribution account described in Sections 9-1-10(1), 9-11-10(2) and (6), and 9-11-260(2), as applicable, of the 1976 Code.

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- 108.14 ADD** (Non-State Agency Furloughs) **WMC:** ADD new proviso to allow an employer which participates in the SCRS or PORS that is not a state agency or institution of higher learning to make both employee and employer contributions for up to 90 working days during a furlough program that was implemented due to COVID-19, if the terms of the furlough program were consistent with the requirements of an approved mandatory furlough program established by a state agency or institution.
HOU: ADOPT new proviso.
SFC SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

108.14. (PEBA: Non-State Agency Furloughs) For the current fiscal year, a participating employer in the South Carolina Retirement System or Police Officers Retirement System that is not a state agency or institution of higher learning may make employee and employer contributions for a period of not more than ninety working days during a furlough program that was implemented as a result of and took place during the COVID-19 Public Health Emergency and if the terms of the furlough program are consistent with the requirements for an approved mandatory furlough program established by a state agency or institution of higher learning under state law. The participating employer shall make such contributions in order to ensure that a furloughed employee's retirement benefits are not interrupted as a result of the furlough, and the period for which such contributions are made will not be considered a break in consecutive employment.

SECTION 117 - X900 - GENERAL PROVISIONS

- 117.75 AMEND** (Information Technology for Health Care) Directs DHHS to use funds appropriated and awarded to them for the Health Information Technology for Economic and Clinical Health Act of 2009 to advance the use of health information technology and health information exchange to improve quality and efficiency of health care and to decrease the costs of health care. Provides guidelines for the release of patient records and medical information.
WMC: AMEND proviso to delete the term “awarded” and change to “authorized.” Delete reference to the Health Information Technology for Economic and Clinical Health Act of 2009. Establish the Health Information Exchange Strategy Development Committee to make recommendations for a statewide HIE strategy to promote interoperability to improve patient safety, eliminate unnecessary testing, and increase the efficiency of the health care system. Direct the committee to assess other states’ approaches for governing, financing, and implementing HIE efforts. Direct the committee to report their findings to the Governor and the Chairmen of the House Ways and Means and Senate Finance Committees by November 15, 2021. Authorize the department to use any available and uncommitted funds to develop, submit, or implement advance planning documents for the continuance of a HIE strategy and secure federal funding.
HOU: ADOPT proviso as amended.
SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

117.75. (GP: Information Technology for Health Care) From the funds appropriated and ~~awarded~~ authorized to the ~~South Carolina~~ Department of Health and Human Services for the ~~Health Information Technology for Economic and Clinical Health Act of 2009~~, the department shall advance the use of health information technology and health information exchange to improve quality and efficiency of health care and to decrease the costs of health care: as follows:
(A) In order to facilitate the qualification of Medicare and/or Medicaid eligible providers and hospitals for incentive payments for meaningful health information technology (HIT) use, a health care organization participating in the South Carolina Health Information Exchange

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

(B) There is established the Health Information Exchange Strategy Development Committee to make recommendations on the development of a statewide HIE strategy that is intended to promote interoperability for purposes of improving patient safety, eliminating redundant or unnecessary testing, and increasing the efficiency of the healthcare system. The committee shall assess other states' approaches to governing, financing, and implementing their statewide HIE efforts, including enhanced funding made available through the Centers for Medicare and Medicaid Services or other relevant agencies, and shall report its findings and recommendations to the Governor, the Chairman of the House Ways and Means Committee, and the Chairman of the Senate Finance Committee no later than November 15, 2021. The committee shall consider and leverage the capabilities of existing exchanges and organizations already present in South Carolina and shall solicit and evaluate the input of appropriate stakeholders, including but not limited to, those represented on the committee. Upon the request of the committee, the department shall furnish staff and other necessary resources to support the work of the committee, which shall be comprised of the following:

(1) the director of the Revenue and Fiscal Affairs Office or his designee, who shall serve as chair;

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

(3) the director of the Department of Health and Environmental Control or his designee;

(4) the president of the Medical University of South Carolina or his designee;

(5) the CEO of the South Carolina Hospital Association or his designee;

(6) the CEO of the South Carolina Medical Association or his designee;

(7) the CEO of the South Carolina Primary Health Care Association or his designee,

and

(8) an individual with substantial HIE experience, who shall be appointed by the Governor.

(C) The department shall be authorized to use any of its available and uncommitted funds to develop, submit, or implement any advance planning documents or other similar plans in furtherance of a statewide HIE strategy, and to secure any available federal funding. The department shall expeditiously prepare and submit any such documents or plans, particularly if necessary to meet any federal deadlines.

117.118 DELETE (BabyNet) Directs EBO to conduct an inventory of all BabyNet related spending and submit it to the Governor and the Chairmen of the Senate Finance and House Ways and Means Committees by July 15, 2019. Directs affected agencies to provide such information upon request so that the first recommendation contained in the 2011 LAC audit report may be implemented.

WMC: DELETE proviso. Requested by Department of Health and Human Services.

HOU: ADOPT deletion.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT deletion.

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~~117.118. (GP: BabyNet) From funds available in the current fiscal year for budgetary analysis and oversight, the Executive Budget Office shall conduct an inventory of all BabyNet related spending, which shall be submitted to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee no later than July 15, 2019. All affected agencies shall support the Executive Budget Office in this effort by providing information upon request, so that the first recommendation of the Legislative Audit Council's 2011 report on BabyNet may be implemented.~~

117.119 AMEND (South Carolina Telemedicine Network) Directs the MUSC Hospital Authority and the Department of Health and Human Services to continue to develop the SC Statewide Telemedicine Network. Directs DHHS and PEBA to review federal additions to telehealth coverage established under specific federal legislation and for each to submit a report by October 1, 2019, to the Governor and the Chairmen of the Senate Finance and House Ways and Means Committees on how they intend to broaden their service-based coverage to align with the federal changes and to improve sustainability of telehealth services.

WMC: AMEND proviso to require MUSC to provide DHHS with all necessary information and material to seek federal medical assistance associated with the contract. Delete PEBA from the requirement to review federal additions to telehealth coverage in certain federal legislation and/or regulation and from the reporting requirement. Amend the reporting requirement to direct DHHS to report on policy and benefit changes it introduced to improve telehealth services sustainability. Requested by Department of Health and Human Services.

HOU: ADOPT proviso as amended.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

117.119. (GP: South Carolina Telemedicine Network) From the funds appropriated to the Medical University of South Carolina for the MUSC Hospital Authority for Telemedicine and the funds appropriated and authorized for the Department of Health and Human Services, the agencies must continue the development of the South Carolina Statewide Telemedicine Network. The South Carolina Telehealth Alliance shall submit a proposal to the MUSC Hospital Authority and the Department of Health and Human Services to determine which hospitals, clinics, schools or other entities are best suited for Telemedicine partnerships.

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

(B) During the current fiscal year the Department of Health and Human Services shall contract with the MUSC Hospital Authority in the amount of \$5,000,000 to lead the development and operation of a statewide, open access South Carolina Telemedicine Network. *At the request of the department, MUSC shall provide the department with all information and materials necessary to seek federal medical assistance for this contract.* The MUSC Hospital Authority shall contract with each Regional Support Hub to ensure funding and support of strategic plans submitted by the Regional Support Hubs and approved by both the MUSC Hospital Authority and the Department of Health and Human Services. Institutions and other entities participating in the network must be afforded the opportunity to meaningfully participate in the development of any annual refining to the initiative's strategic plan. Working with the department, the MUSC Hospital Authority shall collaborate with Palmetto Care Connections to pursue this goal. No less than \$1,000,000 of these funds shall be allocated toward support of Palmetto Care Connections and other hospitals in South Carolina. The MUSC Hospital Authority must provide the department with quarterly reports regarding the funds allocation and progress of telemedicine

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transformation efforts and networks. These reports must include an itemization of the ultimate recipients of these funds, whether vendors, grantees, specific participating institutions, or the Medical University of South Carolina, and must distinguish between funds allocation to the university as a participating institution as opposed to those retained and used by the university in its capacity as the administering entity for the network.

~~(C) The Department of Health and Human Services and the Public Employee Benefit Authority shall each review federal additions to telehealth coverage established under the Bipartisan Budget Act of 2018, the SUPPORT for Patients and Communities Act, and other recent federal legislation and/or regulation shall continue to identify and implement telehealth benefits and policies that are evidence-based, cost efficient, and aligned with the needs of the Medicaid population. The department must also continue to review the temporary telephonic and telehealth flexibilities it has adopted to address the COVID-19 public health emergency and make permanent those that are suitable for inclusion in the Medicaid benefit. No later than October 1, 2019, both of these agencies~~ *the department* shall submit a report to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee on ~~how they intend to broaden their service-based coverage to align with these federal changes and to improve~~ *policy and benefit changes it has introduced in the furtherance of this goal and as part of its ongoing effort to improve* the sustainability of telehealth services.

117.123 AMEND (SCRS & PORS Trust Fund) Directs that the funds allocated to PEBA for the SCRS or PORS Trust Funds be credited toward contributions due from participating employers in those systems for FY 2020-21; directs that no credits shall be issued for covered employees of special purpose districts, joint authorities, non-profits, hospitals, participating associations or service organizations as defined in Section 9-1-10(11)(e) [RETIREMENT SYSTEMS DEFINITIONS], and state employees whose salaries are paid with federal funds. Directs that the SC Ports Authority, the SC Public Service Authority, and the Medical University Hospital Authority are excluded from this prohibition. Directs PEBA to collaborate with DOA, EBO, and RFA to determine the amount of credit exclusion for federally funded state employees.

WMC: AMEND proviso to update fiscal year reference to “2021-22.”

HOU: ADOPT proviso as amended.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

117.123. (GP: SCRS & PORS Trust Fund) Unless otherwise provided in Paragraphs A through D of this provision, the funds appropriated to the Public Employee Benefit Authority (PEBA) for the South Carolina Retirement System Trust Fund and the Police Officers’ Retirement System Trust Fund in Part IA, Section 108 of this act shall be credited toward the contributions due from participating employers in SCRS and PORS for Fiscal Year ~~2020-21~~ *2021-22*. Each employer’s credit shall be determined at the same rate as calculated by PEBA for the pension funding allocation credit for Fiscal Year 2017-18. A participating employer shall not receive a credit that exceeds the employer contributions due from the employer.

(A) From the funds available for allocation pursuant to this provision, no credits shall be issued for covered employees of special purpose districts, joint authorities, or non-profit corporations; however, this provision does not apply to the South Carolina State Ports Authority and the South Carolina Public Service Authority.

(B) From the funds available for allocation pursuant to this provision, no credits shall be issued for covered employees of hospitals; however this provision does not apply to the Medical University Hospital Authority.

(C) From the funds available for allocation pursuant to this provision, no credits shall be issued for covered employees of participating associations or service organizations as defined in Section 9-1-10(11)(e) of the 1976 Code.

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(D) From the funds available for allocation pursuant to this provision, no credits shall be issued for state employees who are funded with federal funds. The Public Employee Benefits Authority shall collaborate with the Department of Administration, Executive Budget Office and the Revenue and Fiscal Affairs Office to determine the amount of credit exclusion for federally-funded employees of state agencies.

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

WMC: AMEND proviso to delete the directive that DHHS, in consultation with DAODAS, identify at least one county that has a disproportionately high number and incidence of opioid-related overdoses and deaths and provide up to \$500,000 to develop a local continuum of substance and behavioral health service coordination within the target county and across the region. Delete the requirement that the advisory board provide a report on the development and implementation of the plan. Requested by Department of Health and Human Services.

HOU: ADOPT proviso as amended.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT proviso as amended.

117.125. (GP: Opioid Abuse Prevention and Treatment Plan) From the funds appropriated and authorized to the Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services in the current fiscal year, the agencies shall establish a coalition of state agencies, providers and other related entities to combat the opioid epidemic in a collaborative manner and ensure that appropriate services and treatments are made available statewide. This initiative should include efforts to coordinate funding for the provision of treatment with an assessment of current programs and funding levels, to enhance available prevention, treatment and recovery services; expand provider capacity; and enable workforce development for substance use disorder services. General Funds appropriated to any state agency for Opioid Abuse Prevention and Treatment may be carried forward and expended for the same purpose.

(A) The Department of Alcohol and Other Drug Abuse Services, the State Law Enforcement Division, and the Department of Health and Human Services shall establish an advisory board with representation from both agencies, to provide both oversight and administrative direction to the coalition. The advisory board may also include representation from the Department of Health and Environmental Control, the Department of Mental Health, the Medical University of South Carolina, the University of South Carolina's School of Medicine, the Department of Labor Licensing and Regulation, the Department of Corrections, state and local law enforcement agencies, the judicial branch, the South Carolina Hospital Association, the South Carolina Medical Association, the South Carolina Primary Health Care Association, Behavioral Health Centers and other related entities. The advisory board must consider recommendations made in the 2018 report by the South Carolina House of Representatives Opioid Abuse Prevention Study Committee, as well as any recommendations made by the South Carolina Behavioral Health Coalition related to substance use disorders and create a plan to ensure implementation of appropriate recommendations.

(B) The Department of Health and Human Services may leverage any and all available federal funds to implement enhanced treatment services and resources for this coalition.

(C) In consultation with the Department of Alcohol and Other Drug Abuse Services and the Medical University of South Carolina Hospital Authority, the Department of Health and Human Services shall review and evaluate outcomes data from the program for MAT services for prescription opioid dependency and addiction established by Act 97 of 2017 and expanded by Act 264 of 2018. Based on the success rate and ability to continue expansion of this model, the

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department may provide funding not to exceed \$2,500,000 to continue and expand the program to additional providers that are necessary to ensure greater impact in geographical areas of critical need. All medications proven to be effective in treating opioid addiction shall be considered as viable options on a case by case basis to ensure the greatest level of success for individuals in the program.

~~(D) In consultation with the Department of Alcohol and Other Drug Abuse Services, the Department of Health and Human Services shall identify at least one county with a disproportionately high number and incidence of opioid-related overdoses and deaths to provide up to \$500,000 to develop a local continuum of substance and behavioral health service coordination within the target county and across the region.~~

~~(E)(D)~~ The Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services shall assist the Department of Health and Environmental Control with any funding required to implement necessary programmatic enhancements to the Prescription Monitoring Program. The departments must consider changes to strengthen risk assessments and patient support tools, as well as the potential integration of Electronic Health Record systems. To the extent possible, the program must be expanded to include the administration of naloxone and other opioid overdose antidotes.

~~(F)(E)~~ In order to provide comprehensive treatment, from the point of incarceration, to individuals charged with criminal offenses who suffer from any substance use disorder that is treatable with medication, the Department of Alcohol and Other Drug Abuse Services must solicit potential cooperation from law enforcement, the state's solicitors, Magistrate Courts and Circuit Courts, to establish a diversion program in at least one judicial circuit. This program shall provide both behavioral and medical treatment, consultations with peer support specialists, and continued supervision of participants who are released, which may include electronic monitoring.

~~(G)(F)~~ The Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services shall also coordinate with at least one four-year college or university and one two-year technical college with on-campus dormitories to establish pilot programs for Collegiate Recovery Programs to target intervention and the retention of students. These programs must offer academic support in designated spaces that provide for group meetings, clinical support, technology access, and academic advising, to assist students in recovery.

~~(H) The advisory board shall provide a report on the success of the development of the plan and the implementation of recommendations to the Chairman of the Senate Finance Committee, the Chairman of the House Ways & Means Committee, and the Governor no later than January 31, 2020. The report may also include proposals for amending existing recommendations or the establishment of new policies to combat the opioid epidemic.~~

117.157 ADD (Sickle Cell Disease) WMC: ADD new proviso to direct the Department of Health and Human Services to transfer \$1,000,000 to the MUSC Hospital Authority to develop a comprehensive approach to advancing awareness, detection, treatment, and scientific knowledge of sickle cell disease and trait. Authorize the authority to partner with independent research entities to advance curative therapies and to endow one or more nationally leading academic research centers with a research chair named the "Rena N. Grant Endowed Chair for Hematology." Direct the authority to perform statewide cultural competency training in all hospitals and urgent care centers in the state to educate health care professionals on the symptoms and stigma associated with sickle cell disease and trait, especially pain relief. Direct that the goals in this provision be included in the SC Statewide Telemedicine Network. Authorize DHHS to pursue a Health Services Initiative through CHIP to improve child and maternal health regarding sickle cell disease and trait. Direct the department and authority to each submit a progress report on these initiatives by January 15th to the Chairmen of the Senate Finance and House Ways and Means Committees and the Governor.

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HOU: ADOPT new proviso.

SFC SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

117.157. (GP: Sickle Cell Disease) From the funds appropriated to the Department of Health and Human Services, the department shall transfer \$1,000,000 to the Medical University of South Carolina Hospital Authority to develop a comprehensive approach to advancing the awareness, detection, treatment, and scientific knowledge of sickle cell disease and trait within South Carolina. The Medical University of South Carolina Hospital Authority shall be authorized to partner with independent research entities to advance curative therapies for sickle cell disease and trait and shall be authorized to endow one or more nationally leading academic research centers with a research chair named the “Rena N. Grant Endowed Chair for Hematology” in furtherance of this goal. Additionally, to improve the quality of care provided to sickle cell patients, the authority shall perform statewide cultural competency training in all hospitals, including urgent care centers, in this State using its preexisting training model in order to educate and increase the awareness of health care professionals that are most likely to treat sickle cell patients on the symptoms and stigma associated with sickle cell disease and trait, especially pain relief.

For purposes of this proviso:

(1) ‘Health care professional’ has the meaning as in Section 44-66-20 of the 1976 Code.

(2) ‘Hospital’ means a facility organized and administered to provide overnight medical or surgical care or nursing care of illness, injury, or infirmity and may provide obstetrical care, and in which all diagnoses, treatment, or care is administered by or under the direction of persons currently licensed to practice medicine, surgery, or osteopathy.

In developing and implementing the South Carolina Statewide Telemedicine Network, the department and the authority shall include the goals set forth in this provision to bring better care to individuals with sickle cell disease or trait.

The Department of Health and Human Services shall be authorized to pursue a Health Services Initiative through the Children’s Health Insurance Program for the purposes of improving child and maternal health when either or both exhibit the sickle cell disease or trait, and improve outreach, access to crisis stabilization, and coping resources for children with sickle cell disease.

By January fifteenth of the current fiscal year, the department and the authority shall each submit a report to the Chairman of the Senate Finance Committee, the Chairman of the House Ways and Means Committee, and the Governor outlining their progress on these initiatives.

117.161 AMEND NEW PROVISO (Statewide Mobile Health Units Coordination Project) **HOU:** ADD new proviso to direct the SC Center for Rural and Primary Healthcare to provide technical assistance and coordination to mobile units to coordinate statewide delivery of services to increase access to preventative and diagnostic health care and to reduce health inequalities for rural, vulnerable, underserved and displaced populations. Direct that coordinating systems be developed to provide organization and collaboration among mobile units. Direct the mobile health units to collaborate with the SC Center for Rural & Primary Healthcare and their partners. Sponsor: Rep. Cobb-Hunter.

SFC SUBCOMMITTEE RECOMMENDATION: AMEND new proviso to change “current fiscal year” to “Fiscal Year 2021-22” and change “shall” to “may” regarding providing coordination and “requested” technical assistance to mobile health units. Authorize the SC Center for Rural and Primary Healthcare to (1) “identify and maintain a directory of” currently operating mobile health units rather than to “analyze currently operating clinics and identify relevant stakeholders;” (2) “offer” rather than “provide” technical assistance to the units “as requested;” and (3) direct the center to also partner with DHEC to develop coordinating systems,

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training, and health education services. Change “shall” to “may” pertaining to the center providing organization and collaboration among the units and the units collaborating with the center and other partners.

~~117.161. (GP: Statewide Mobile Health Units Coordination Project) For the current fiscal year Fiscal Year 2021-22, the South Carolina Center for Rural and Primary Healthcare shall may provide technical assistance and coordination and requested technical assistance to mobile health units in South Carolina, in order to coordinate statewide delivery of services to increase access to preventative and diagnostic health care, and reduce health inequities for rural, vulnerable, underserved, and displaced populations in South Carolina. The To support this goal, the South Carolina Center for Rural and Primary Healthcare shall: 1) be authorized to analyze identify and maintain a directory of currently operating mobile health clinics and identify relevant stakeholders for the purpose of identifying those units currently in use units, the areas of the state in which they serve, and the scope of services they provide; 2) provide offer technical assistance to these units, and any established in the future, in the form of operational, technical, or logistical guidance and consultation as requested; and 3) partner with The University of South Carolina Salkehatchie and Denmark Technical College, along with other public institutions of higher education and organizations, and the Department of Health and Environmental Control to develop coordinating systems, training and health education services, and identify other needs for these mobile units. These efforts The center shall be available to assist and support implementation strategies driven by local, regional, and state data and research and aligned efforts, and shall may provide organization and collaboration among mobile health units and any units that may begin operating in the future. The mobile health units shall may collaborate with the South Carolina Center for Rural & Primary Healthcare, and their other partners, in these efforts.~~

- 117.162 ADOPT NEW PROVISO** (Child Welfare Providers Protection) **HOU:** ADD new proviso to prohibit state funds from being used to take any discriminatory action against a person that provides or declines to provide adoption or foster care services due to religious beliefs or moral conviction. Prohibit any discriminatory action from being taken against a person who would care for a foster or adopted child in a manner consistent with their religious beliefs or moral conviction. Sponsor: Rep. G.R. Smith.
SFC SUBCOMMITTEE RECOMMENDATION: ADOPT new proviso.

~~117.162. (GP: Child Welfare Providers Protection) In the current fiscal year, no funds may be expended by the state government to take any discriminatory action against a person that advertises, provides, or facilitates adoption or foster care, wholly or partially on the basis that such person has provided or declined to provide any adoption or foster care service, or related service, based upon or in a manner consistent with a sincerely held religious belief or moral conviction.~~

~~In the current fiscal year, no funds may be expended by the state government to take any discriminatory action against a person to whom the State grants custody of a foster or adoptive child, or a person who seeks from the State custody of a foster or adoptive child, wholly or partially on the basis that the person guides, instructs, or raises a child, or intends to guide, instruct, or raise a child, based upon or in a manner consistent with a sincerely held religious belief or moral conviction.~~

~~The state government shall consider accredited, licensed, or certified any person that would otherwise be accredited, licensed, or certified, respectively, for any purposes under state law but for a determination against such person wholly or partially on the basis that the person believes, speaks, or acts in accordance with a sincerely held religious belief or moral conviction.~~

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This provision must be construed in favor of a broad protection of free exercise of religious beliefs and moral convictions, to the maximum extent permitted by the state and federal constitutions.

The protection of free exercise of religious beliefs and moral convictions afforded by this provision are in addition to the protections provided under federal law, state law, and the state and federal constitutions.

Nothing in this provision may be construed to:

(1) preempt or repeal any state or local law that is equally or more protective of free exercise of religious beliefs or moral convictions;

(2) narrow the meaning or application of any state or local law protecting free exercise of religious beliefs or moral convictions; or

(3) prevent state government from providing, either directly or through an individual or entity not seeking protection under this provision, any benefit or service authorized under state law.

This provision applies to, and in cases of conflict supersedes, any ordinance, rule, regulation, order, opinion, decision, practice, or other exercise of the state government's authority that impinges upon the free exercise of religious beliefs and moral convictions protected by this provision.

As used in this provision unless the context requires otherwise:

(1) 'Adoption or foster care' or 'adoption or foster care service' means social services provided to or on behalf of children, including:

(a) assisting abused or neglected children;

(b) teaching children and parents occupational, homemaking, and other domestic skills;

(c) promoting foster parenting;

(d) providing foster homes, residential care, group homes, or temporary group shelters for children;

(e) recruiting foster parents;

(f) placing children in foster homes;

(g) licensing foster homes;

(h) promoting adoption or recruiting adoptive parents;

(i) assisting adoptions or supporting adoptive families;

(j) performing or assisting home studies;

(k) assisting kinship guardianships or kinship caregivers;

(l) providing family preservation services;

(m) providing family support services; or

(n) providing temporary family reunification services.

(2) 'Discriminatory action' means any action taken by the state government to:

(a) alter in any way the tax treatment of, or cause any tax, penalty, or payment to be assessed against, or deny, delay, revoke, or otherwise make unavailable an exemption from taxation of any person referred to in Section 63 10 20 of the 1976 Code;

(b) disallow, deny, or otherwise make unavailable a deduction for state tax purposes of any charitable contribution made to or by such person;

(c) withhold, reduce, exclude, terminate, materially alter the terms or conditions of, or otherwise make unavailable or deny any state grant, contract, subcontract, cooperative agreement, guarantee, loan, scholarship, or other similar benefit from or to such person;

(d) disqualify, disfavor, discredit, disregard, or otherwise make less competitive or qualifying any application, tender, offer, bid, proposal, or request for any state grant, contract, subcontract, cooperative agreement, guarantee, loan, scholarship, or other similar benefit from or to such person;

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(e) withhold, reduce, exclude, terminate, materially alter the terms or conditions of, or otherwise make unavailable or deny any entitlement or benefit under a state benefit program from or to such person;

(f) disqualify, disfavor, discredit, disregard, or otherwise make less competitive or qualifying any application, tender, offer, bid, proposal, or request for any entitlement or benefit under a state benefit program from or to such person;

(g) withhold, reduce, exclude, terminate, materially alter the terms or conditions of, or otherwise make unavailable or deny any license, certification, accreditation, custody award or agreement, diploma, grade, recognition, or other similar benefit, position, or status from or to any person; or

(h) refuse to hire or promote, force to resign, fire, demote, sanction, discipline, materially alter the terms or conditions of employment, or retaliate or take other adverse employment action against a person employed or commissioned by state government.

(3) 'Person' means:

(a) a natural person, in that person's individual capacity, regardless of religious affiliation or lack thereof, or in that person's capacity as a member, officer, owner, volunteer, employee, manager, religious leader, clergy, or minister of any entity described in this item;

(b) a religious organization;

(c) a sole proprietorship, partnership, trust, closely held corporation, or other closely held entity operating with a sincerely held religious belief or moral conviction described in Section 63 10 20; or

(d) cooperatives, ventures, or enterprises comprised of two or more individuals or entities described in this item regardless of nonprofit or for profit status.

(4) 'Religious organization' means:

(a) a house of worship including, but not limited to, churches, synagogues, shrines, mosques, and temples;

(b) a religious group, corporation, association, school or educational institution, ministry, order, society, or similar entity, regardless of whether affiliated with a church or other house of worship; or

(c) an officer, owner, employee, manager, religious leader, clergy, or minister of an entity or organization described in this item.

(5) 'State benefit program' means any program administered or funded by the State, or by any agent on behalf of the State, providing cash, payments, grants, contracts, loans, or in kind assistance.

(6) 'State government' means:

(a) the State or a political subdivision of the State;

(b) any agency of the State or of a political subdivision of the State, including a department, bureau, board, commission, council, court, or public institution of higher education;

(c) any municipality, county, or special purpose district, including a school district;

(d) any person acting under color of state law; or

(e) any private person suing under or attempting to enforce a law, rule, or regulation of the State or a political subdivision of the State.