

**HEALTH CARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2014-15
TO THE PROVISO SUBCOMMITTEE**

SECTION 33 - J02-DEPARTMENT OF HEALTH AND HUMAN SERVICES

33.9 DELETE (Provider Reimbursement Rate Report) Requires the department in conjunction with the B&C Board, Office of Research and Statistics prepare a report comparing the reimbursement rate of Medicaid providers to the reimbursement rate of the Medicare Program and the State Health Plan. Directs that the report be submitted to the Governor and to members of the General Assembly

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. *Funds directed toward this report could be used for Medicaid services.* Requested by Department of Health and Human Services.

~~**33.9.** (DHHS: Provider Reimbursement Rate Report) The Department of Health and Human, in conjunction with the Office of Research and Statistics of the Budget and Control Board, shall prepare a report that compares the reimbursement rate of Medicaid providers to the reimbursement rate of the Medicare Program and the State Health Plan. This report shall be completed by January thirty first, each year, and submitted to the Governor and the members of the General Assembly.~~

33.16 AMEND (Medicaid Cost and Quality Effectiveness) Directs the department to establish a procedure to assess the various forms of managed care to measure cost effectiveness and quality. Requires the cost effectiveness measures include a comparison of managed care vs. fee-for-service and requires annual healthcare report cards for each managed care plan participating in the Medicaid program.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to delete specific references to types of managed care and refer to “health care delivery systems” instead. Direct that the department’s annual healthcare report cards for each participating plan be based on the plans’ reported NCQA report and other appropriate measures. Require the report card be issued for all plans operating in the state and the Medicaid fee-for service program. *The agency is moving towards the Managed Care Organization model. Medical Home Networks, as they exist today, will no longer be available through the SC Medicaid program. Updates terminology more in line with efforts of the Coordinated Care Group.* Requested by Department of Health and Human Services.

~~**33.16.** (DHHS: Medicaid Cost and Quality Effectiveness) The Department of Health and Human Services shall establish a procedure to assess the various forms of ~~managed care (Health Maintenance Organizations and Medical Home Networks, and any other forms authorized by the department)~~ health care delivery systems to measure cost effectiveness and quality. These measures must be compiled on an annual basis. The Healthcare Effectiveness Data and Information Set (HEDIS) shall be utilized for quality measurement and must be performed by an independent third party according to HEDIS guidelines. Cost effectiveness shall be determined in an actuarially sound manner and data must be aggregated in a manner to be determined by a third party in order to adequately compare cost effectiveness of the different managed care programs versus Medicaid fee-for-service. The methodology must use appropriate case-mix and actuarial adjustments ~~that allow cost comparison of managed care organizations, medical home networks, and fee for service.~~ The department shall issue annual healthcare report cards for each participating ~~Medicaid managed care plan and Medical Home Network operating in South Carolina and the Medicaid fee for service program~~ plan based on the plans’ reported NCQA report and other measures deemed appropriate by the department required under state and federal guidelines. *The report card will be issued for all plans*~~

**HEALTH CARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2014-15
TO THE PROVISO SUBCOMMITTEE**

operating in South Carolina and the Medicaid fee-for-service program. The report card measures shall be developed by the department and the report card shall be formatted in a clear, concise manner in order to be easily understood by Medicaid beneficiaries. The results of the cost effectiveness calculations, quality measures and the report cards shall be made public on the department's website by December thirty-first for the prior state fiscal year.

- 33.20 DELETE** (Community Health Plans) Requires the Department to oversee all community health plans approved to operate as a pilot program for the purpose of providing health care. Directs that such oversight shall include the review and approval of the financial and business plan of the community health plan.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. *This activity is not a core function of the Medicaid program.* Requested by Department of Health and Human Services.

~~33.20. (DHHS: Community Health Plans) The Department of Health and Human Services shall oversee all community health plans approved to operate as a pilot program for the purpose of providing health care. Such oversight shall include the review and approval of the financial and business plan of the community health plan. Only those plans receiving approval from the department, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee prior to January 1, 2009 shall be authorized to operate as an approved community health plan pursuant to this provision. The department shall approve participation requirements of community health plans. An approved community health plan acting in accordance with these provisions shall not be considered as providing insurance or an unauthorized insurer.~~

- 33.23 DELETE** (Medicaid Reporting) Directs the department to report quarterly on all cost-saving measures they have implemented; designates what information shall be reported by county; and directs the reports be posted on the department's website.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. *Agency monitors such impacts.* Requested by Department of Health and Human Services.

~~33.23. (DHHS: Medicaid Reporting) Within ninety days of the end of each quarter during the current fiscal year, the department shall report each cost savings measure implemented. By county, the department shall report the number of enrolled and active providers by provider type, provider specialty and sub-specialty, the number of recipients, the number of recipients by provider type, the expenditures by provider type and specialty, and service level utilization trends. The department shall continue to annually report HEDIS measures, noting where measures improve or decline. Each report shall be prominently displayed on the department's website.~~

- 33.24 AMEND** (~~Grant~~ *Contract* Authority) Authorizes the department to issue a total of \$20 million in grants to community-based not-for-profit organizations for local projects that further the objectives of department programs and limits individual grants to \$500,000. Requires the department develop policies and procedures and allows them to promulgate regulations associated with the grants. Authorizes the department to require grant recipients to provide match funds. Requires the department report to the Chairmen of the Senate Finance and House Ways and Means Committee on the grants awarded.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to allow the department to "contract with" rather than "make grants to" community-based not-for-profit organizations and delete the references to funding amounts. Requested by Department of Health and Human Services.

**HEALTH CARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2014-15
TO THE PROVISO SUBCOMMITTEE**

33.24. (DHHS: ~~Grant~~ Contract Authority) The Department of Health and Human Services is authorized to ~~make grants to~~ contract with community-based not-for-profit organizations for local projects that further the objectives of department programs. ~~The department is authorized to issue a total of \$20,000,000 in grants, with no individual grant exceeding \$500,000.~~ The department shall develop policies and procedures and may promulgate regulations to assure compliance with state and federal requirements associated with the funds used for the ~~grants~~ contracts and to assure fairness and accountability in the award and administration of these ~~grants~~ contracts. The department may require a match from ~~grant~~ contract recipients. The department shall report to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committees on the ~~grants awarded~~ contracts administered.

- 33.27** **AMEND** (Medicaid Healthcare Initiatives Outcomes) Requires the department director present a report to the House Ways and Means Healthcare Budget Subcommittee before February 15th on outcomes of Medicaid healthcare initiatives that were enacted during FY 13-14 to improve the well-being of persons receiving services from Medicaid providers.
SUBCOMMITTEE RECOMMENDATION: AMEND proviso to change fiscal year reference to “the current fiscal year.” Requested by Department of Health and Human Services.

33.27. (DHHS: Medicaid Healthcare Initiatives Outcomes) Prior to February 15 of the current fiscal year, the Director of the Department of Health and Human Services shall make a presentation to the House Ways and Means Healthcare Budget Subcommittee on the outcomes of Medicaid healthcare initiatives enacted during ~~Fiscal Year 2013-14~~ the current fiscal year to improve the well being of persons enrolled in the Medicaid program and receiving services from Medicaid providers.

SECTION 34 - J04-DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

- 34.9** **CONFORM TO FUNDING / AMEND** (Rape Violence Prevention Contract) Requires \$1,103,956 of Rape Violence Prevention funds be used to support the state’s rape crisis centers. Prohibits the department from reducing rape crisis center contracts below the current funding level.
SUBCOMMITTEE RECOMMENDATION: CONFORM TO FUNDING / AMEND proviso to update fiscal year reference to 2014-15.

34.9. (DHEC: Rape Violence Prevention Contract) Of the amounts appropriated in Rape Violence Prevention, \$1,103,956 shall be used to support programmatic efforts of the state’s rape crisis centers with distribution of these funds based on the Standards and Outcomes for Rape Crisis Centers and each center’s accomplishment of a pre-approved annual action plan. For Fiscal Year ~~2013-14~~ 2014-15, the department shall not reduce these contracts below the current funding level.

- 34.11** **CONFORM TO FUNDING / AMEND** (Sickle Cell Programs) Provides for distribution of funds appropriated for Sickle Cell program services.
SUBCOMMITTEE RECOMMENDATION: CONFORM TO FUNDING / AMEND proviso to update fiscal year reference to 2014-15.

**HEALTH CARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2014-15
TO THE PROVISO SUBCOMMITTEE**

34.11. (DHEC: Sickle Cell Programs) \$761,233 is appropriated for Sickle Cell program services and shall be apportioned as follows:

(1) sixty-seven percent is to be divided equitably between the existing Community Based Sickle Cell Programs located in Spartanburg, Columbia, Orangeburg, and Charleston; and

(2) thirty-three percent is for the Community Based Sickle Cell Program at DHEC.

The funds shall be used for providing prevention programs, educational programs, testing, counseling and newborn screening. The balance of the total appropriation must be used for Sickle Cell Services operated by the Independent Living program of DHEC. The funds appropriated to the community based sickle cell centers shall be reduced to reflect any percent reduction assigned to the Department of Health and Environmental Control by the Budget and Control Board; provided, however, that the department may not act unilaterally to reduce the funds for the Sickle Cell program greater than such stipulated percentage. The department shall not be required to undertake any treatment, medical management or health care follow-up for any person with sickle cell disease identified through any neonatal testing program, beyond the level of services supported by funds now or subsequently appropriated for such services. No funds appropriated for ongoing or newly established sickle cell services may be diverted to other budget categories within the DHEC budget. For Fiscal Year ~~2013-14~~ 2014-15, the department shall not reduce these funds below the current funding level.

34.30 **AMEND** (Beach Renourishment and Monitoring and Coastal Access Improvement) Directs the expenditure of Beach Renourishment funds.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to delete authorization for \$1,000,000 of beach renourishment funds to be spent on specific beach erosion efforts and for \$500,000 to be spent on constructing outfalls for stormwater from specific areas. *Agency indicates budget items related to beach renourishment and ocean outfalls for stormwater will be encumbered and expended within FY 2014.* Requested by Department of Health and Environmental Control.

~~**34.30.** (DHEC: Beach Renourishment and Monitoring and Coastal Access Improvement) \$1,000,000 of funds allocated or carried forward for beach renourishment may be spent in accordance with all required state and federal permits and certifications to benefit an area in which the erosion of the beaches located in state jurisdiction is attributed to a federally authorized navigation project as documented by the findings of a Section 111 Study conducted under the authority of the federal Rivers and Harbors Act of 1968, as amended by the federal Water Resources Development Act of 1986, and approved by the United States Army Corps of Engineers and \$500,000 may be spent in accordance with all required state and federal permits and certifications for the purpose of constructing outfalls for stormwater emanating from jurisdictions where maintenance of near shore water quality is critical to tourism. If state funds are made available or carried forward from any general revenue, capital, surplus or bond funding appropriated to the department for beach renourishment and maintenance, the department shall be able to expend not more than \$100,000 of these funds annually to support annual beach profile monitoring. Additional funds made available or carried forward for beach renourishment projects that are certified by the department as excess may be spent for beach renourishment and departmental activities that advance the policy goals contained in the State Beachfront Management Plan, R-30-21.~~

34.42 **DELETE** (Laurens County) Directs the department to transfer \$39,425 to Laurens County by August 1st to reimburse the county for expenses associated with reroofing a building the department subsequently vacated.

**HEALTH CARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2014-15
TO THE PROVISO SUBCOMMITTEE**

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. *Transfer has been completed.* Requested by Department of Health and Environmental Control.

~~34.42. (DHEC: Laurens County) By August 1, 2013, the department shall transfer \$39,425 to the County of Laurens, South Carolina to reimburse the county for the expenses of reroofing a building vacated by the department.~~

34.43 DELETE (Cancer Early Detection/Screenings) Directs the department to use \$1,000,000 for the Best Chance Network and \$500,000 as matching funds for the Colon Cancer Prevention Network, but excludes the use of Restricted fund accounts

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. *Agency states it received one time funding for this purpose for FY 2013-14.* Requested by Department of Health and Environmental Control.

~~34.43. (DHEC: Cancer Early Detection/Screenings) Of the funds appropriated and/or authorized to the Department of Health and Environmental Control, excluding department Restricted fund accounts, \$1,000,000 shall be used for the Best Chance Network and \$500,000 shall be used as matching funds for the Colon Cancer Prevention Network.~~

34.45 AMEND (Residential Treatment Facilities Swing Beds) Allows residential treatment facilities to swing/convert up to 10 beds to acute psychiatric beds. Includes stipulation the conversion would have to comply with federal CMS rules and regulations.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update fiscal year reference to "2014-15."

34.45. (DHEC: Residential Treatment Facilities Swing Beds) For Fiscal Year ~~2013-14~~ 2014-15 in coordination with the South Carolina Health Plan and to improve access for acute psychiatric beds as patient populations demand, Residential Treatment Facilities (RTF) may swing up to 10 beds per qualifying facility to accommodate patients with a diagnosis of an acute psychiatric disorder. In order to qualify to utilize swing beds a facility must meet the following criteria: the facility must currently have both licensed acute psychiatric and residential treatment facility beds, the RTF beds must meet the same licensure requirements as the existing licensed acute psychiatric beds, and any facility utilizing swing beds must keep the acute and RTF patient populations separate and distinct. The utilization of swing beds must also comply with all federal Centers for Medicare and Medicaid Services rules and regulations.

34.46 DELETE (Surface Water Withdrawal Permit) Allows any existing surface water withdrawer as defined in Section 49-4-20(9) to file a permit application, pay the \$1,000 application fee, and receive an existing surface water withdrawer permit as long as the application is submitted before July 15, 2013.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso.

~~34.46. (DHEC: Surface Water Withdrawal Permit) For purposes of compliance with the requirements of R.61-119, any existing surface water withdrawer, as defined in Section 49-4-20(9) of the 1976 Code, as amended, shall be allowed to file a permit application, pay the \$1,000 application fee and receive a permit as an existing surface water withdrawer, as long as the application is submitted prior to July 15, 2013.~~

**HEALTH CARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2014-15
TO THE PROVISO SUBCOMMITTEE**

34.48 **DELETE** (Tuberculosis Outbreak) Allows the department, upon discovering a TB outbreak, to expend any available funds for related surveillance, investigation, containment, and treatment.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso.

~~34.48. (DHEC: Tuberculosis Outbreak) Upon discovery of a tuberculosis outbreak, the Department of Health and Environmental Control may expend any funds available to the agency, for the purpose of surveillance, investigation, containment, and treatment activities related thereto.~~

SECTION 35 - J12-DEPARTMENT OF MENTAL HEALTH

35.3 **DELETE** (Practice Plan) Authorizes department employees affiliated with the USC School of Medicine, who hold faculty appointments in the School, to participate in the School's Practice Plan if that participation does not take place during regular working hours.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. *Due to changes in the University's Practice Plan, faculty appointments of DMH employees in the School of Medicine no longer result in a requirement to participate in the Plan. Requested by Department of Mental Health.*

~~35.3. (DMH: Practice Plan) Employees of the department affiliated with the University of South Carolina School of Medicine, who hold faculty appointments in the School, may participate in the School's Practice Plan provided that participation not take place during regular working hours. Funds generated by such participants shall be handled in accordance with University policies governing Practice Plan funds.~~

35.4 **DELETE** (Huntington's Disease) Requires the department to designate \$150,000 for administrative and personnel costs for Huntington's Disease clinical services within the department.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. *The department states that since it consistently expends more than the \$150,000 required the proviso is outdated. In FY 2013, the department expended approximately \$572,287 for the care of patients with Huntington's Disease. Requested by Department of Mental Health.*

~~35.4. (DMH: Huntington's Disease) Of funds appropriated, the Department of Mental Health shall designate \$150,000 for administrative and personnel costs for Huntington's Disease clinical services within the Department of Mental Health.~~

35.8 **AMEND** (Uncompensated Patient Medical Care)) Establishes an Uncompensated Patient Care Fund to be used by the department for medical costs incurred for patients that must be transferred to a private hospital for services.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to delete requirement that the funds be used for patients "that must be transferred to a private hospital for services." *Patients at the department often require services beyond the scope of the department, but that do not rise to the level of hospital care (e.g. specialists in private practice) for which these funds should also be applicable. Requested by Department of Mental Health.*

35.8. (DMH: Uncompensated Patient Medical Care) There is created an Uncompensated Patient Care Fund to be used by the department for medical costs incurred for patients ~~that must~~

**HEALTH CARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2014-15
TO THE PROVISO SUBCOMMITTEE**

~~be transferred to a private hospital for services. These funds may be carried forward from the prior fiscal year into the current fiscal year to be used for the same purpose.~~

- 35.11 DELETE** (State Veterans Domiciliary Facility) Requires the department prepare a report that evaluates the feasibility and desirability of the State furnishing domiciliary care to eligible veterans in State Veterans' Homes. Requires the report consider and discuss the feasibility of locating a facility near current State Veterans Nursing Homes and to consider the private sector's role in operating such facilities. Requires the report be submitted by January 10, 2014.
SUBCOMMITTEE RECOMMENDATION: DELETE proviso. *Report has been submitted.*
Requested by Department of Mental Health.

~~**35.11.** (DMH: State Veterans Domiciliary Facility) The Department of Mental Health shall prepare a report evaluating the feasibility and desirability of the State furnishing domiciliary care to eligible veterans in State Veterans' Homes. Domiciliary care is the provision of shelter, sustenance, and incidental medical care on an ambulatory self care basis to assist eligible veterans, disabled by age or illness to attain physical, mental, and social well-being through rehabilitative programs. This report must consider and discuss the feasibility of locating a facility in proximity to current State Veterans Nursing Homes, including but not limited to available space at the agency's C.M. Tucker Nursing Care Center in Columbia. The report must also consider and discuss opportunities for the private sector's role in operating such facilities. This report shall be provided to the Chairman of the Senate Finance Committee, the Chairman of the Senate Medical Affairs Committee, the Chairman of the House Ways and Means Committee, and the Chairman of the Medical, Military, Public, and Municipal Affairs Committee by January 10, 2014.~~

SECTION 36 - J16-DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

- 36.9 DELETE** (Modular Ramps) Authorizes the department to lease modular ramps if determined the ramps would generate a cost-savings to the department.
SUBCOMMITTEE RECOMMENDATION: DELETE proviso.

~~**36.9.** (DDSN: Modular Ramps) The Department of Disabilities and Special Needs is authorized to lease modular ramps in the event the department can foresee demonstrated cost-savings to the department.~~

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

36.11. (DDSN: Debt Service Account) The department shall utilize the uncommitted dollars in their debt service account, account E164660, for operations and services that are not funded in the appropriations bill. By August 1, the department must report to the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee on the remaining balance in this account and on the amounts and purposes for which the account was used in the prior fiscal year.

**HEALTH CARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2014-15
TO THE PROVISO SUBCOMMITTEE**

SECTION 37 - J20-DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES

37.3 DELETE (Eligibility for Treatment Services) Provides that any South Carolina resident, upon payment of all applicable fees, is eligible to take part in treatment programs offered by the department.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso.

~~**37.3.** (DAODAS: Eligibility for Treatment Services) Upon the payment of all applicable fees, any resident of South Carolina is eligible to take part in the treatment programs offered by the Department of Alcohol and Other Drug Abuse Services during the current fiscal year.~~

SECTION 117 - X90-GENERAL PROVISIONS

117.70 AMEND (Healthcare Employee Recruitment and Retention) Provides guidelines for DOC, DDSN, DHEC, DHHS, DJJ, DMH, and Voc Rehab to spend state, federal, and other sources of revenue to provide lump sum bonuses to aid in recruiting and retaining healthcare workers in critical needs healthcare jobs based on objective guidelines established by the B&C Board. Provides guidelines for paid educational leave for employees, for repaying outstanding student loans, and for tuition reimbursement.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to add Psychologists to those employees that agencies may enter into an agreement with to repay outstanding student loans and delete the term “newly” employed. *The Department of Mental Health is experiencing considerable difficulty in recruiting and hiring Psychologists in several program areas. Additionally, as a retention tool for Psychiatrists, Nurses and Psychologists, the Department of Mental Health would like to be able to offer the loan repayment option to existing employees, as well.* Requested by Department of Mental Health.

117.70. (GP: Healthcare Employee Recruitment and Retention) The Department of Corrections, Department of Disabilities and Special Needs, Department of Health and Environmental Control, Department of Health and Human Services, Department of Juvenile Justice, Department of Mental Health, and Department of Vocational Rehabilitation are allowed to spend state, federal, and other sources of revenue to provide lump sum bonuses to aid in recruiting and retaining healthcare workers in critical needs healthcare jobs based on objective guidelines established by the Budget and Control Board. The employee bonus amount shall be approved by the State Human Resources Director and shall not exceed \$10,000 per year. Payment of these bonuses is not a part of the employee’s base salary and is not earnable compensation for purposes of employee and employer contributions to respective retirement systems.

These agencies may also provide paid educational leave for any employees in an FTE position to attend class while enrolled in healthcare degree programs that are related to the agency’s mission. All such leave is at the agency head’s discretion.

These agencies may enter into an agreement with Psychiatrists, Psychologists, and Nurses ~~newly~~ employed in those positions to repay them for their outstanding student loans associated with completion of a healthcare degree. The employee must be employed in a critical needs area, which would be identified at the agency head’s discretion. Critical needs areas could include rural areas, areas with high turnover, or where the agency has experienced recruiting difficulties. Agencies may pay these employees up to twenty percent or \$7,500, whichever is less, of their outstanding student loan each year over a five-year period. Payments will be made directly to the employee at the end of each year of employment. The agency will be

**HEALTH CARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2014-15
TO THE PROVISO SUBCOMMITTEE**

responsible for verifying the principle balance of the employee's student loan prior to issuing payments.

Employees of these agencies working on a practicum or required clinical experience towards completion of a healthcare degree may be allowed to complete these requirements at their state agency or another state agency at the discretion of the agency head. This field placement at another state agency may be considered work time for participating employees.

These agencies are also authorized to allow tuition reimbursement from a maximum of ten credit hours per semester; allow probationary employees to participate in tuition programs; and provide tuition pre-payment instead of tuition reimbursement for employees willing to pursue a degree in a healthcare program. An agency may pay up to fifty percent of an employee's tuition through tuition pre-payment. The remaining tuition could be reimbursed to the employee after successful completion of the class.

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