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This issue contains notices, proposed regulations, emergency regulations, final form regulations, and other documents filed in the Office of the Legislative Council, pursuant to Article 1, Chapter 23, Title 1, Code of Laws of South Carolina, 1976.
An official state publication, the *South Carolina State Register* is a temporary update to South Carolina’s official compilation of agency regulations—the *South Carolina Code of Regulations*. Changes in regulations, whether by adoption, amendment, repeal or emergency action must be published in the *State Register* pursuant to the provisions of the Administrative Procedures Act. The *State Register* also publishes the Governor’s Executive Orders, notices or public hearings and meetings, and other documents issued by state agencies considered to be in the public interest. All documents published in the *State Register* are drafted by state agencies and are published as submitted. Publication of any material in the *State Register* is the official notice of such information.

**STYLE AND FORMAT**

Documents are arranged within each issue of the *State Register* according to the type of document filed:

- **Notices** are documents considered by the agency to have general public interest.
- **Notices of Drafting Regulations** give interested persons the opportunity to comment during the initial drafting period before regulations are submitted as proposed.
- **Proposed Regulations** are those regulations pending permanent adoption by an agency.
- **Pending Regulations Submitted to the General Assembly** are regulations adopted by the agency pending approval by the General Assembly.
- **Final Regulations** have been permanently adopted by the agency and approved by the General Assembly.
- **Emergency Regulations** have been adopted on an emergency basis by the agency.
- **Executive Orders** are actions issued and taken by the Governor.

**2017 PUBLICATION SCHEDULE**

Documents will be accepted for filing on any normal business day from 8:30 A.M. until 5:00 P.M. All documents must be submitted in the format prescribed in the *Standards Manual for Drafting and Filing Regulations*.

To be included for publication in the next issue of the *State Register*, documents will be accepted no later than 5:00 P.M. on any closing date. The modification or withdrawal of documents filed for publication must be made by **5:00 P.M.** on the closing date for that issue.

|---------------------|------|------|------|------|-----|------|------|------|-------|------|-----|------|

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To adopt, amend or repeal a regulation, an agency must publish in the State Register a Notice of Drafting; a Notice of the Proposed Regulation that contains an estimate of the proposed action’s economic impact; and, a notice that gives the public an opportunity to comment on the proposal. If requested by twenty-five persons, a public hearing must be held at least thirty days after the date of publication of the notice in the State Register.

After the date of hearing, the regulation must be submitted to the General Assembly for approval. The General Assembly has one hundred twenty days to consider the regulation. If no legislation is introduced to disapprove or enacted to approve before the expiration of the one-hundred-twenty-day review period, the regulation is approved on the one hundred twentieth day and is effective upon publication in the State Register.

EMERGENCY REGULATIONS

An emergency regulation may be promulgated by an agency if the agency finds imminent peril to public health, safety or welfare. Emergency regulations are effective upon filing for a ninety-day period. If the original filing began and expired during the legislative interim, the regulation can be renewed once.

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Regulations promulgated to comply with federal law are exempt from General Assembly review. Following the notice of proposed regulation and hearing, regulations are submitted to the State Register and are effective upon publication.

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Final Regulations take effect on the date of publication in the State Register unless otherwise noted within the text of the regulation.

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<thead>
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<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Billing Address (if different from mailing address)</th>
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</table>

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<th>Contact Person(s)</th>
<th>E-mail Address</th>
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<tbody>
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</tr>
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<tbody>
<tr>
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</table>

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<table>
<thead>
<tr>
<th>Printed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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# TABLE OF CONTENTS

## REGULATIONS SUBMITTED TO GENERAL ASSEMBLY

Status and Legislative Review Expiration Dates...................................................................................................1
Committee List of Regulations Submitted to General Assembly........................................................................3

## NOTICES

**HEALTH AND ENVIRONMENTAL CONTROL, DEPARTMENT OF**
- Capacity Use Area Groundwater Management Plan and Public Hearing..........................................................5
- Certificate of Need ...............................................................................................................................................5
- Notice of Voluntary Cleanup Contract, Contribution Protection, and Comment Period - Milliken Barnwell Site..................................................................................................................................................8
- Underground Storage Tanks..................................................................................................................................9

**REVENUE AND FISCAL AFFAIRS OFFICE**
- Economic Advisors, Board of
  - Limit on Compensation for Noneconomic Damages on a Medical Malpractice Claim................................10
  - Limit on Punitive Damage Awards..................................................................................................................10

**SOCIAL SERVICES, DEPARTMENT OF**
- Regulations for the Licensing of Child Care Centers (Termination of Document No. 4688).........................10

## PROPOSED REGULATIONS

**HEALTH AND HUMAN SERVICES, DEPARTMENT OF**
- Document No. 4744 Updating Article 1, Subarticles 2 and 4 of Chapter 126 ..................................................11
- Document No. 4745 Updating Article 3 of Chapter 126......................................................................................13
- Document No. 4746 Updating Articles 4, 5, 7 and 8 of Chapter 126.................................................................18

## EMERGENCY REGULATIONS

**HEALTH AND ENVIRONMENTAL CONTROL, DEPARTMENT OF**
- Document No. 4743 The Evaluation of School Employees for Tuberculosis..................................................24
### REGULATIONS SUBMITTED TO GENERAL ASSEMBLY

In order by General Assembly review expiration date

The history, status, and full text of these regulations are available on the South Carolina General Assembly Home Page: [http://www.scstatehouse.gov/regnsrch.php](http://www.scstatehouse.gov/regnsrch.php)

<table>
<thead>
<tr>
<th>DOC. NO.</th>
<th>RAT. NO.</th>
<th>FINAL ISSUE</th>
<th>SUBJECT</th>
<th>EXP. DATE</th>
<th>AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>4624</td>
<td></td>
<td></td>
<td>Professional Employer Organizations</td>
<td>5/10/17</td>
<td>Department of Consumer Affairs</td>
</tr>
<tr>
<td>4625</td>
<td></td>
<td></td>
<td>Licensing Standards for Continuing Care Retirement Communities</td>
<td>5/10/17</td>
<td>Department of Consumer Affairs</td>
</tr>
<tr>
<td>4649</td>
<td></td>
<td></td>
<td>Securities Division</td>
<td>5/10/17</td>
<td>Secretary of State</td>
</tr>
<tr>
<td>4656</td>
<td></td>
<td></td>
<td>At-Risk Students</td>
<td>5/10/17</td>
<td>State Board of Education</td>
</tr>
<tr>
<td>4657</td>
<td></td>
<td></td>
<td>Minimum Standards of Student Conduct and Disciplinary Enforcement Procedures to be Implemented by Local School Districts</td>
<td>5/10/17</td>
<td>State Board of Education</td>
</tr>
<tr>
<td>4658</td>
<td></td>
<td></td>
<td>Operation of Public Pupil Transportation Services</td>
<td>5/10/17</td>
<td>State Board of Education</td>
</tr>
<tr>
<td>4659</td>
<td></td>
<td></td>
<td>School Resource Officers</td>
<td>5/10/17</td>
<td>State Board of Education</td>
</tr>
<tr>
<td>4664</td>
<td></td>
<td></td>
<td>Hotels, Motels, and Similar Facilities</td>
<td>5/10/17</td>
<td>Department of Revenue</td>
</tr>
<tr>
<td>4683</td>
<td></td>
<td></td>
<td>Transportation Project Prioritization</td>
<td>5/10/17</td>
<td>Department of Transportation</td>
</tr>
<tr>
<td>4684</td>
<td></td>
<td></td>
<td>Secretary of Transportation Approval of Actions</td>
<td>5/10/17</td>
<td>Department of Transportation</td>
</tr>
<tr>
<td>4685</td>
<td></td>
<td></td>
<td>Commission Approval of Actions</td>
<td>5/10/17</td>
<td>Department of Transportation</td>
</tr>
<tr>
<td>4719</td>
<td></td>
<td></td>
<td>Maximum Time for Certification</td>
<td>5/10/17</td>
<td>LLR-Building Codes Council</td>
</tr>
<tr>
<td>4715</td>
<td></td>
<td></td>
<td>IRC Section R502.11.4 Truss Design</td>
<td>5/10/17</td>
<td>LLR-Building Codes Council</td>
</tr>
<tr>
<td>4716</td>
<td></td>
<td></td>
<td>IRC Section R802.10.1 Wood Truss Design</td>
<td>5/10/17</td>
<td>LLR-Building Codes Council</td>
</tr>
<tr>
<td>4721</td>
<td></td>
<td></td>
<td>Board of Registration for Foresters</td>
<td>5/10/17</td>
<td>LLR</td>
</tr>
<tr>
<td>4713</td>
<td></td>
<td></td>
<td>Barbershop Requirements; Applications for Inspection and Registration and Shop License</td>
<td>5/10/17</td>
<td>LLR-Board of Barber Examiners</td>
</tr>
<tr>
<td>4714</td>
<td></td>
<td></td>
<td>Purpose and Definitions</td>
<td>5/10/17</td>
<td>LLR-Office of Amusement Rides</td>
</tr>
<tr>
<td>4711</td>
<td></td>
<td></td>
<td>Real Estate Commission</td>
<td>5/10/17</td>
<td>LLR</td>
</tr>
<tr>
<td>4717</td>
<td></td>
<td></td>
<td>IRC Section R703.4 Flashing</td>
<td>5/10/17</td>
<td>LLR-Building Codes Council</td>
</tr>
<tr>
<td>4720</td>
<td></td>
<td></td>
<td>Sanitary and Safety Rules for Salons and Schools</td>
<td>5/10/17</td>
<td>LLR-Board of Cosmetology</td>
</tr>
<tr>
<td>4723</td>
<td></td>
<td></td>
<td>Examinations; Apprenticeship; and Continuing Education Requirements</td>
<td>5/10/17</td>
<td>LLR-Board of Examiners in Opticianry</td>
</tr>
<tr>
<td>4724</td>
<td></td>
<td></td>
<td>Amend Regulations 105-2 through 105-13 to Comport with 2016 Act 170</td>
<td>5/10/17</td>
<td>LLR-Real Estate Commission</td>
</tr>
<tr>
<td>4722</td>
<td></td>
<td></td>
<td>Administrator-in-Training Program Requirements</td>
<td>5/10/17</td>
<td>LLR-Board of Long Term Health Care Administrators</td>
</tr>
<tr>
<td>4689</td>
<td></td>
<td></td>
<td>Check Cashing Services</td>
<td>5/10/17</td>
<td>State Board of Financial Institutions-CFD</td>
</tr>
<tr>
<td>4690</td>
<td></td>
<td></td>
<td>Mortgage Lending</td>
<td>5/10/17</td>
<td>State Board of Financial Institutions-CFD</td>
</tr>
<tr>
<td>4715</td>
<td></td>
<td></td>
<td>Energy Standards Appeal Procedure</td>
<td>5/10/17</td>
<td>LLR-Building Codes Council</td>
</tr>
<tr>
<td>4675</td>
<td></td>
<td></td>
<td>Complaint</td>
<td>5/10/17</td>
<td>South Carolina Human Affairs Commission</td>
</tr>
<tr>
<td>4676</td>
<td></td>
<td></td>
<td>Employment Records to be Retained for Six Months</td>
<td>5/10/17</td>
<td>South Carolina Human Affairs Commission</td>
</tr>
<tr>
<td>4677</td>
<td></td>
<td></td>
<td>Investigation and Production of Evidence</td>
<td>5/10/17</td>
<td>South Carolina Human Affairs Commission</td>
</tr>
<tr>
<td>4678</td>
<td></td>
<td></td>
<td>Issuance of Complaint</td>
<td>5/10/17</td>
<td>South Carolina Human Affairs Commission</td>
</tr>
<tr>
<td>4680</td>
<td></td>
<td></td>
<td>Pleadings, Motions and Discoveries</td>
<td>5/10/17</td>
<td>South Carolina Human Affairs Commission</td>
</tr>
<tr>
<td>4681</td>
<td></td>
<td></td>
<td>Preservation of Records in Event of Charge of Discrimination</td>
<td>5/10/17</td>
<td>South Carolina Human Affairs Commission</td>
</tr>
<tr>
<td>4682</td>
<td></td>
<td></td>
<td>Procedure for the Institution of Civil Actions as Provided in Section 1-13-90(d) of the Act</td>
<td>5/10/17</td>
<td>South Carolina Human Affairs Commission</td>
</tr>
<tr>
<td>4702</td>
<td></td>
<td></td>
<td>Cigarette Taxes</td>
<td>5/10/17</td>
<td>Department of Revenue</td>
</tr>
<tr>
<td>4666</td>
<td></td>
<td></td>
<td>General Regulations; and Additional Regulations Applicable to Specific Properties</td>
<td>5/10/17</td>
<td>Department of Natural Resources</td>
</tr>
<tr>
<td>4687</td>
<td></td>
<td></td>
<td>Wildlife Management Area Regulations; and Turkey Hunting Rules and Seasons</td>
<td>5/10/17</td>
<td>Department of Natural Resources</td>
</tr>
<tr>
<td>4703</td>
<td></td>
<td></td>
<td>State Emergency Management Standards</td>
<td>5/10/17</td>
<td>Office of the Governor</td>
</tr>
<tr>
<td>4655</td>
<td></td>
<td></td>
<td>Plant Nursery Regulations</td>
<td>5/10/17</td>
<td>Clemson University-State Crop Pest Comm</td>
</tr>
<tr>
<td>4705</td>
<td></td>
<td></td>
<td>Drycleaning Facility Restoration</td>
<td>5/10/17</td>
<td>Department of Health and Envir Control</td>
</tr>
<tr>
<td>4692</td>
<td></td>
<td></td>
<td>Appeals to the Appellate Panel</td>
<td>5/10/17</td>
<td>Department of Employment and Workforce</td>
</tr>
<tr>
<td>4693</td>
<td></td>
<td></td>
<td>Work Search</td>
<td>5/10/17</td>
<td>Department of Employment and Workforce</td>
</tr>
<tr>
<td>4731</td>
<td></td>
<td></td>
<td>Exemption Meals Sold to School Children</td>
<td>5/10/17</td>
<td>Department of Revenue</td>
</tr>
<tr>
<td>4697</td>
<td></td>
<td></td>
<td>Career or Technology Centers/Comprehensive High Schools</td>
<td>5/10/17</td>
<td>State Board of Education</td>
</tr>
<tr>
<td>4707</td>
<td></td>
<td></td>
<td>Discount Medical Plan Certificate of Registration</td>
<td>5/10/17</td>
<td>Department of Consumer Affairs</td>
</tr>
<tr>
<td>4698</td>
<td></td>
<td></td>
<td>Certification Requirements</td>
<td>5/10/17</td>
<td>State Board of Education</td>
</tr>
<tr>
<td>4701</td>
<td></td>
<td></td>
<td>Requirements for Additional Areas of Certification</td>
<td>5/10/17</td>
<td>State Board of Education</td>
</tr>
<tr>
<td>4699</td>
<td></td>
<td></td>
<td>Credential Classification</td>
<td>5/10/17</td>
<td>State Board of Education</td>
</tr>
<tr>
<td>4736</td>
<td></td>
<td></td>
<td>Shellfish</td>
<td>5/10/17</td>
<td>Department of Health and Envir Control</td>
</tr>
<tr>
<td>4708</td>
<td></td>
<td></td>
<td>Motor Club Certificate of Authority</td>
<td>5/10/17</td>
<td>Department of Consumer Affairs</td>
</tr>
<tr>
<td>4709</td>
<td></td>
<td></td>
<td>Prepaid Legal Services Certificate of Registration</td>
<td>5/10/17</td>
<td>Department of Consumer Affairs</td>
</tr>
<tr>
<td>4735</td>
<td></td>
<td></td>
<td>Chapter Revisions</td>
<td>5/10/17</td>
<td>Workers’ Compensation Commission</td>
</tr>
<tr>
<td>4696</td>
<td></td>
<td></td>
<td>Advanced Placement</td>
<td>5/10/17</td>
<td>State Board of Education</td>
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<tr>
<td>4691</td>
<td></td>
<td></td>
<td>Appeals to Appeal Tribunal</td>
<td>5/10/17</td>
<td>Department of Employment and Workforce</td>
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</table>

*South Carolina State Register Vol. 41, Issue 2
February 24, 2017*
<table>
<thead>
<tr>
<th>Regulation Number</th>
<th>Title</th>
<th>Date</th>
<th>Committee/Agency</th>
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<tbody>
<tr>
<td>4704</td>
<td>The Evaluation of School Employees for Tuberculosis</td>
<td>5/10/17</td>
<td>Department of Health and Envir Control</td>
</tr>
<tr>
<td>4706</td>
<td>Underground Storage Tank Control Regulations</td>
<td>5/10/17</td>
<td>Department of Health and Envir Control</td>
</tr>
<tr>
<td>4695</td>
<td>Administrative and Professional Personnel Qualifications, Duties and Workloads</td>
<td>5/11/17</td>
<td>State Board of Education</td>
</tr>
<tr>
<td>4700</td>
<td>Defined Program, Grades 9-12 and Graduation Requirements</td>
<td>5/11/17</td>
<td>State Board of Education</td>
</tr>
<tr>
<td>4728</td>
<td>Free Tuition for Residents Sixty Years of Age</td>
<td>1/10/18</td>
<td>Commission on Higher Education</td>
</tr>
<tr>
<td>4729</td>
<td>Determination of Rates of Tuition and Fees</td>
<td>1/10/18</td>
<td>Commission on Higher Education</td>
</tr>
<tr>
<td>4730</td>
<td>South Carolina National Guard College Assistance Program</td>
<td>1/10/18</td>
<td>Commission on Higher Education</td>
</tr>
<tr>
<td>4727</td>
<td>Term and Conditions for the Public’s Use of State Lakes and Ponds Owned or Leased by the Department of Natural Resources</td>
<td>1/19/18</td>
<td>Department of Revenue</td>
</tr>
<tr>
<td>4741</td>
<td>Seasons, Limits, Methods of Take and Special Use Restrictions on Wildlife Management Areas</td>
<td>1/21/18</td>
<td>Department of Natural Resources</td>
</tr>
<tr>
<td>4665</td>
<td>Examples of the Application of Tax to Various Charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4727</td>
<td>Examples of the Application of Tax to Various Charges</td>
<td>1/10/18</td>
<td>Commission on Higher Education</td>
</tr>
<tr>
<td>4727</td>
<td>Imposed by Hotels, Motels, and Other Facilities</td>
<td>1/19/18</td>
<td>Department of Revenue</td>
</tr>
<tr>
<td>4727</td>
<td>Term and Conditions for the Public’s Use of State Lakes and Ponds Owned or Leased by the Department of Natural Resources</td>
<td>1/19/18</td>
<td>Department of Natural Resources</td>
</tr>
<tr>
<td>4727</td>
<td>Term and Conditions for the Public’s Use of State Lakes and Ponds Owned or Leased by the Department of Natural Resources</td>
<td>1/21/18</td>
<td>Department of Natural Resources</td>
</tr>
<tr>
<td>4730</td>
<td>South Carolina National Guard College Assistance Program</td>
<td>1/10/18</td>
<td>Commission on Higher Education</td>
</tr>
<tr>
<td>4730</td>
<td>South Carolina National Guard College Assistance Program</td>
<td>1/10/18</td>
<td>Commission on Higher Education</td>
</tr>
<tr>
<td>4665</td>
<td>Examples of the Application of Tax to Various Charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4727</td>
<td>Term and Conditions for the Public’s Use of State Lakes and Ponds Owned or Leased by the Department of Natural Resources</td>
<td>1/19/18</td>
<td>Department of Natural Resources</td>
</tr>
<tr>
<td>4741</td>
<td>Seasons, Limits, Methods of Take and Special Use Restrictions on Wildlife Management Areas</td>
<td>1/23/18</td>
<td>Department of Natural Resources</td>
</tr>
<tr>
<td>4678</td>
<td>Investigation Procedures</td>
<td>Tolled</td>
<td>South Carolina Human Affairs Commission</td>
</tr>
<tr>
<td>4671</td>
<td>WIC Vendors</td>
<td>Tolled</td>
<td>Department of Health and Envir Control</td>
</tr>
<tr>
<td><strong>Committee Request Withdrawal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4734</td>
<td>Minimum Specifications and Practice Standards Governing Pharmacies and Pharmacists Engaged in Nonsterile and Sterile Compounding</td>
<td>Tolled</td>
<td>LLR-Board of Pharmacy</td>
</tr>
<tr>
<td><strong>Resolution Introduced to Disapprove</strong></td>
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</tr>
<tr>
<td>4710</td>
<td>Board of Barber Examiners</td>
<td></td>
<td>LLR</td>
</tr>
<tr>
<td>DOC. No.</td>
<td>SUBJECT</td>
<td>HOUSE COMMITTEE</td>
<td>SENATE COMMITTEE</td>
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</tr>
<tr>
<td>4624</td>
<td>Professional Employer Organizations</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4625</td>
<td>Licensing Standards for Continuing Care Retirement Communities</td>
<td>Regulations and Admin. Procedures</td>
<td>Medical Affairs</td>
</tr>
<tr>
<td>4649</td>
<td>Securities Division</td>
<td>Regulations and Admin. Procedures</td>
<td>Banking and Insurance</td>
</tr>
<tr>
<td>4656</td>
<td>At-Risk Students</td>
<td>Regulations and Admin. Procedures</td>
<td>Education</td>
</tr>
<tr>
<td>4657</td>
<td>Minimum Standards of Student Conduct and Disciplinary Enforcement Procedures to be Implemented by Local School Districts</td>
<td>Regulations and Admin. Procedures</td>
<td>Education</td>
</tr>
<tr>
<td>4658</td>
<td>Operation of Public Pupil Transportation Services</td>
<td>Regulations and Admin. Procedures</td>
<td>Education</td>
</tr>
<tr>
<td>4659</td>
<td>School Resource Officers</td>
<td>Regulations and Admin. Procedures</td>
<td>Education</td>
</tr>
<tr>
<td>4664</td>
<td>Hotels, Motels, and Similar Facilities</td>
<td>Regulations and Admin. Procedures</td>
<td>Education</td>
</tr>
<tr>
<td>4683</td>
<td>Transportation Project Prioritization</td>
<td>Regulations and Admin. Procedures</td>
<td>Transportation</td>
</tr>
<tr>
<td>4684</td>
<td>Secretary of Transportation Approval of Actions</td>
<td>Regulations and Admin. Procedures</td>
<td>Transportation</td>
</tr>
<tr>
<td>4685</td>
<td>Commission Approval of Actions</td>
<td>Regulations and Admin. Procedures</td>
<td>Transportation</td>
</tr>
<tr>
<td>4719</td>
<td>Maximum Time for Certification</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4714</td>
<td>Adoption of Model Codes</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4716</td>
<td>IRC Section R502.11.4 Truss Design</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4718</td>
<td>IRC Section R802.10.1 Wood Truss Design</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4721</td>
<td>Board of Registration for Foresters</td>
<td>Regulations and Admin. Procedures</td>
<td>Fish, Game and Forestry</td>
</tr>
<tr>
<td>4713</td>
<td>Barbershop Requirements; Applications for Inspection and Registration and Shop License</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4712</td>
<td>Purpose and Definitions</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4711</td>
<td>Real Estate Commission</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4720</td>
<td>Sanitary and Safety Rules for Salons and Schools</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4723</td>
<td>Examinations; Apprenticeship and Continuing Education Requirements</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4724</td>
<td>Amend Regulations 105-2 through 105-13 to Comport with 2016 Act 170</td>
<td>Regulations and Admin. Procedures</td>
<td>Medical Affairs</td>
</tr>
<tr>
<td>4722</td>
<td>Administrator-in-Training Program Requirements</td>
<td>Regulations and Admin. Procedures</td>
<td>Medical Affairs</td>
</tr>
<tr>
<td>4769</td>
<td>Issuance of Complaint</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4680</td>
<td>Pleadings, Motions and Discoveries</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4681</td>
<td>Preservation of Records in Event of Charge of Discrimination</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4682</td>
<td>Procedure for the Institution of Civil Actions as Provided in Section 1-13-90(d) of the Act</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4702</td>
<td>Cigarette Taxes</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4686</td>
<td>General Regulations; and Additional Regulations Applicable to Specific Properties</td>
<td>Regulations and Admin. Procedures</td>
<td>Fish, Game and Forestry</td>
</tr>
<tr>
<td>4687</td>
<td>Wildlife Management Area Regulations; and Turkey Hunting Rules and Seasons</td>
<td>Regulations and Admin. Procedures</td>
<td>Fish, Game and Forestry</td>
</tr>
<tr>
<td>4703</td>
<td>State Emergency Management Standards</td>
<td>Regulations and Admin. Procedures</td>
<td>General</td>
</tr>
<tr>
<td>4655</td>
<td>Plant Nursery Regulations</td>
<td>Regulations and Admin. Procedures</td>
<td>Agriculture and Natural Resources</td>
</tr>
<tr>
<td>4669</td>
<td>Check Cashng Services</td>
<td>Regulations and Admin. Procedures</td>
<td>Medical Affairs</td>
</tr>
<tr>
<td>4690</td>
<td>Mortgage Lending</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4715</td>
<td>Energy Standards Appeal Procedure</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4675</td>
<td>Complaint</td>
<td>Regulations and Admin. Procedures</td>
<td>Judiciary</td>
</tr>
<tr>
<td>4676</td>
<td>Employment Records to be Retained for Six Months</td>
<td>Regulations and Admin. Procedures</td>
<td>Judiciary</td>
</tr>
<tr>
<td>4677</td>
<td>Investigation and Production of Evidence</td>
<td>Regulations and Admin. Procedures</td>
<td>Judiciary</td>
</tr>
<tr>
<td>4679</td>
<td>Issuance of Complaint</td>
<td>Regulations and Admin. Procedures</td>
<td>Judiciary</td>
</tr>
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<td>4680</td>
<td>Pleadings, Motions and Discoveries</td>
<td>Regulations and Admin. Procedures</td>
<td>Judiciary</td>
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<tr>
<td>4681</td>
<td>Preservation of Records in Event of Charge of Discrimination</td>
<td>Regulations and Admin. Procedures</td>
<td>Judiciary</td>
</tr>
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<td>4682</td>
<td>Procedure for the Institution of Civil Actions as Provided in Section 1-13-90(d) of the Act</td>
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<td>Cigarette Taxes</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
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<td>4703</td>
<td>State Emergency Management Standards</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4704</td>
<td>Scuba Diving Regulations</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4705</td>
<td>Deepwater Drilling Regulations</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4706</td>
<td>Underground Storage Tank Control Regulations</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4707</td>
<td>Discount Medical Plan Certificate of Registration</td>
<td>Regulations and Admin. Procedures</td>
<td>Banking and Insurance</td>
</tr>
<tr>
<td>4708</td>
<td>Motor Club Certificate of Authority</td>
<td>Regulations and Admin. Procedures</td>
<td>Education</td>
</tr>
<tr>
<td>4709</td>
<td>Prepaied Legal Services Certificate of Registration</td>
<td>Regulations and Admin. Procedures</td>
<td>Education</td>
</tr>
<tr>
<td>4735</td>
<td>Chapter Revisions</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4696</td>
<td>Advanced Placement</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4691</td>
<td>Appeals to Appeal Tribunal</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
<tr>
<td>4704</td>
<td>The Evaluation of School Employees for Tuberculosis</td>
<td>Regulations and Admin. Procedures</td>
<td>Medical Affairs</td>
</tr>
<tr>
<td>4706</td>
<td>Underground Storage Tank Control Regulations</td>
<td>Regulations and Admin. Procedures</td>
<td>Medical Affairs</td>
</tr>
</tbody>
</table>
### COMMITTEE LIST OF REGULATIONS SUBMITTED TO GENERAL ASSEMBLY

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Committee/Procedure</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>4695</td>
<td>Administrative and Professional Personnel Qualifications, Duties and Workloads</td>
<td>Regulations and Admin. Procedures</td>
<td>Education</td>
</tr>
<tr>
<td>4700</td>
<td>Defined Program, Grades 9-12 and Graduation Requirements</td>
<td>Regulations and Admin. Procedures</td>
<td>Education</td>
</tr>
<tr>
<td>4728</td>
<td>Free Tuition for Residents Sixty Years of Age</td>
<td>Regulations and Admin. Procedures</td>
<td>Education</td>
</tr>
<tr>
<td>4729</td>
<td>Determination of Rates of Tuition and Fees</td>
<td>Regulations and Admin. Procedures</td>
<td>Education</td>
</tr>
<tr>
<td>4730</td>
<td>South Carolina National Guard College Assistance Program</td>
<td>Regulations and Admin. Procedures</td>
<td>Education</td>
</tr>
<tr>
<td>4665</td>
<td>Examples of the Application of Tax to Various Charges Imposed by Hotels, Motels, and Other Facilities</td>
<td>Regulations and Admin. Procedures</td>
<td>Finance</td>
</tr>
<tr>
<td>4727</td>
<td>Term and Conditions for the Public’s Use of State Lakes and Ponds Owned or Leased by the Department of Natural Resources</td>
<td>Regulations and Admin. Procedures</td>
<td>Fish, Game and Forestry</td>
</tr>
<tr>
<td>4741</td>
<td>Seasons, Limits, Methods of Take and Special Use Restrictions on Wildlife Management Areas</td>
<td>Regulations and Admin. Procedures</td>
<td>Fish, Game and Forestry</td>
</tr>
</tbody>
</table>

**Committee Request Withdrawal**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Committee/Procedure</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>4678</td>
<td>Investigation Procedures</td>
<td>Regulations and Admin. Procedures</td>
<td>Judiciary</td>
</tr>
<tr>
<td>4671</td>
<td>WIC Vendors</td>
<td>Regulations and Admin. Procedures</td>
<td>Medical Affairs</td>
</tr>
</tbody>
</table>

**Resolution Introduced to Disapprove**

<table>
<thead>
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<th>Number</th>
<th>Description</th>
<th>Committee/Procedure</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>4734</td>
<td>Minimum Specifications and Practice Standards Governing Pharmacies and Pharmacists Engaged in Nonsterile and Sterile Compounding</td>
<td>Regulations and Admin. Procedures</td>
<td>Medical Affairs</td>
</tr>
</tbody>
</table>

**Permanently Withdrawn**

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<tr>
<th>Number</th>
<th>Description</th>
<th>Committee/Procedure</th>
<th>Department</th>
</tr>
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<tbody>
<tr>
<td>4710</td>
<td>Board of Barber Examiners</td>
<td>Regulations and Admin. Procedures</td>
<td>Labor, Commerce and Industry</td>
</tr>
</tbody>
</table>
NOTICES

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

NOTICE OF GENERAL PUBLIC INTEREST

CAPACITY USE AREA GROUNDWATER MANAGEMENT PLAN
AND PUBLIC HEARING

February 24, 2017

The Groundwater Use and Reporting Act requires that the groundwater resources of the State be put to beneficial use to the fullest extent to which they are capable, subject to reasonable regulation, in order to conserve and protect these resources, prevent waste, and to provide and maintain conditions which are conducive to the development and use of water resources. See S.C. Code Section 49-5-20. Further, the Act states that the Department of Health and Environmental Control (the Department) shall coordinate the affected governing bodies and groundwater withdrawers (of a designated Capacity Use Area) to develop a groundwater management plan to achieve goals and objectives stated in Section 49-5-20. See S.C. Code Section 49-5-60(B). In those areas where the governing bodies and withdrawers are unable to develop a plan, the Department shall take action to develop the plan as required by law.

The Department is initiating the process of developing local groundwater management plans for the Trident, Low Country, Waccamaw, and Pee Dee Capacity Use Areas. A public hearing for the Trident Capacity Use Area is scheduled for March 29, 2017. The hearing will be held from 5:30 PM- 8:30 PM in the 3rd Floor Council Chambers of North Charleston City Hall located at 2500 City Hall Lane, North Charleston, SC 29406. Local governments, permitted water users, industry, public water suppliers, and the general public are invited to participate in the plan development.

If you have questions or comments, or wish to be notified of meetings, please contact Robert Devlin, Division of Water Monitoring, Assessment and Protection, at (803) 898-3798 or by email at DevlinRJ@dhec.sc.gov. You may also visit our webpage at www.scdhec.gov/groundwaterplans for more information.

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

NOTICE OF GENERAL PUBLIC INTEREST

In accordance with Section 44-7-200(D), Code of Laws of South Carolina, the public is hereby notified that a Certificate of Need application has been accepted for filing and publication February 24, 2017 for the following project(s). After the application is deemed complete, affected persons will be notified that the review cycle has begun. For further information, please contact Nic Gerrald, Certificate of Need Program, 2600 Bull Street, Columbia, SC 29201 at (803) 545-3495.

Affecting Charleston County

Charleston Post Acute, LLC d/b/a Providence Health – Charleston
Construction of a 90 bed skilled nursing facility in Charleston County at a total project cost of $18,477,158.

North Charleston Post Acute, LLC d/b/a Providence Health - North Charleston
Construction of a 70 bed skilled nursing facility in Charleston County at a total project cost of $16,001,321.

Trident Medical Center, LLC d/b/a Trident Medical Center
Expansion of the electrophysiology lab and purchase of associated EP equipment at a total project cost of $4,050,000.
6 NOTICES

Affecting Lexington County

Lake Murray Post Acute, LLC d/b/a Providence Health – Irmo
Construction of a 70 bed skilled nursing facility in Lexington County at a total project cost of $16,507,785.

Affecting Richland County

Carolina Interventional Pain Institute, LLC
Development of a freestanding ambulatory surgery facility with 2 operating rooms and 1 procedure room at a total project cost of $3,700,000.

Columbia Central Post Acute, LLC d/b/a Providence Health – Columbia
Construction of a 70 bed skilled nursing facility in Richland County at a total project cost of $16,597,212.

Palmetto Health d/b/a Palmetto Health
Renovation of an existing facility for the purchase of a MAGNETOM Aera Siemens MRI at a total project cost of $1,315,932.

In accordance with Section 44-7-210(A), Code of Laws of South Carolina, and S.C. DHEC Regulation 61-15, the public and affected persons are hereby notified that for the following projects, applications have been deemed complete, and the review cycle has begun. A proposed decision will be made as early as 30 days, but no later than 120 days, from February 24, 2017. "Affected persons" have 30 days from the above date to submit requests for a public hearing to Nic Gerrald, Certificate of Need Program, 2600 Bull Street, Columbia, S.C. 29201. If a public hearing is timely requested, the Department’s decision will be made after the public hearing, but no later than 150 days from the above date. For further information call (803) 545-3495.

Affecting Charleston County

Bon Secours - St. Francis Xavier Hospital, Inc. d/b/a Bon Secours St. Francis Xavier Hospital
Purchase of radiosurgery technology package at a total project cost of $991,757.

Trident Medical Center, LLC d/b/a Trident Medical Center
Expansion of the electrophysiology lab and purchase of associated EP equipment at a total project cost of $4,050,000.

Affecting Florence County

McLeod Regional Medical Center of the Pee Dee, Inc. d/b/a McLeod Ambulatory Surgery Center
Renovation for the addition of 2 operating rooms and supporting spaces for a total of 4 operating rooms at a total project cost of $2,131,782.

Affecting Oconee County

Amedisys Home Health, Inc. of South Carolina d/b/a Amedisys Home Health of Clinton
Establishment of a new Home Health Agency in Oconee County at a total project cost of $15,075.

Affecting Pickens County

Amedisys Home Health, Inc. of South Carolina d/b/a Amedisys Home Health of Clinton
Establishment of a new Home Health Agency in Pickens County at a total project cost of $15,075.
The South Carolina Health Planning Committee has scheduled regional public hearings regarding the Draft 2017-2018 South Carolina Health Plan. These hearings have will take place at the following times and locations:

**Upstate**
Tuesday, March 21, 2017, 10:00 a.m., Greenville Health Department, 200 University Ridge, Greenville, SC 29601;

**Midlands**
Wednesday, March 22, 2017, 10:00 a.m., Department of Health and Environmental Control Headquarters, Peeples’s Auditorium, 2600 Bull Street, Columbia, SC 29201;

**Pee Dee**
Thursday, March 23, 2017, 10:00 a.m., Florence Health Department, 145 East Cheves Street, Florence, SC 29506;

**Lowcountry**
Friday, March 24, 2017, 10:00 a.m., Charleston County Public Library, 68 Calhoun Street, Charleston, SC 29401 - Main Auditorium.

The South Carolina Health Planning Committee invites public comment on the Draft 2017-2018 South Carolina Health Plan from March 8, 2017 until 5:00 PM on April 7, 2017. Comments may be submitted in writing via e-mail to coninfo@dhec.sc.gov or mail to Certificate of Need Program, 2600 Bull Street, Columbia, SC 29201. Alternatively, comments may be presented in person at one of the regional hearings noted above.

The Draft 2017-2018 South Carolina Health Plan shall be accessible beginning March 8, 2017 via the following link:


For further information, (803) 545-4200.

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

NOTICE OF GENERAL PUBLIC INTEREST

NOTICE OF CANCELLATION AND RESCHEDULING OF PUBLIC HEARING

State Register Document 4740

February 24, 2017


The Public Hearing originally scheduled for February 9, 2017, has been cancelled and rescheduled before the Department’s Board for April 13, 2017. The hearing will be held at the regularly-scheduled Board meeting on April 13, 2017, in the Board Room, Third Floor, Aycock Building of the Department of Health and
Environmental Control, 2600 Bull St., Columbia, South Carolina. Due to admittance procedures at the DHEC building, all visitors should enter through the Bull Street entrance and register at the front desk.

The Board meeting commences at 10:00 a.m. at which time the Board will consider items on its agenda in the order presented. The order of presentation for public hearings will be noticed in the Board’s agenda to be published by the Department twenty-four (24) hours in advance of the meeting at http://www.scdhec.gov/Agency/docs/AGENDA.PDF. The agenda will also provide notice of cancellation or any change in meeting times. Persons desiring to make oral comments at the hearing are asked to limit their statements to five minutes and, as a courtesy, are asked to provide written copies of their presentations for the record.

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

NOTICE OF GENERAL PUBLIC INTEREST

DHEC-Bureau of Land and Waste Management, File #400560
Milliken Barnwell Site

NOTICE OF VOLUNTARY CLEANUP CONTRACT, CONTRIBUTION PROTECTION, AND COMMENT PERIOD

February 24, 2017

PLEASE TAKE NOTICE that the South Carolina Department of Health and Environmental Control (the Department) intends to enter into a Voluntary Cleanup Contract (VCC) with Milliken & Company (Milliken). The VCC provides that Milliken, with DHEC’s oversight, will fund and perform future response actions at the Milliken Barnwell facility located in Barnwell County, at 941 Jackson Street, Barnwell, South Carolina (Site).

Future response actions addressed in the VCC include, but may not be limited to, Milliken funding and performing: a complete investigation of potential sources, nature, and extent of release of contamination, including continuation of the current groundwater monitoring requirements; an assessment of potential impacts to surface water at the Site; and, if necessary, conducting an evaluation of remedial and/or removal alternatives for addressing Contamination at the Site. Further, Milliken will reimburse the Department’s past response costs of $22,444.98 and the Department’s future costs of overseeing the work performed by Milliken and other Department response costs pursuant to the VCC.

The VCC is subject to a thirty-day public comment period consistent with the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), 42 U.S.C. Section 9613, and the South Carolina Hazardous Waste Management Act (HWMA), S.C. Code Ann. Section 44-56-200 (as amended). Notice of Contribution Protection and Comment Period will be provided to known potentially responsible parties. The VCC is available:

(1) On-line at http://www.scdhec.gov/PublicNotices; or
(2) By contacting David Wilkie at 803-898-0882 or wilkietd@dhec.sc.gov.

Any comments to the proposed VCC must be submitted in writing, postmarked no later than March 29, 2017 and addressed to: David Wilkie, DHEC-BLWM-SARR, 2600 Bull Street, Columbia, SC 29201.

Upon the successful completion of the VCC, Milliken will receive a covenant not to sue for the work done in completing the response actions specifically covered in the VCC and completed in accordance with the approved work plans and reports. Upon execution of the VCC, Milliken shall be deemed to have resolved its liability to the State in an administrative settlement for purposes of, and to the extent authorized under CERCLA, 42 U.S.C.
Sections 9613(f)(2) and 9613(f)(3)(B), and under HWMA, S.C. Code Ann. Section 44-56-200, for the matters addressed in the VCC. Further, to the extent authorized under 42 U.S.C. Section 9613(f)(3)(B), S.C. Code Ann. Section 44-56-200, Milliken may seek contribution from any person who is not a party to this administrative settlement.

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

NOTICE OF GENERAL PUBLIC INTEREST

Section IV of R.61-98, the State Underground Petroleum Environmental Response Bank (SUPERB) Site Rehabilitation and Fund Access Regulation, requires that the Department of Health and Environmental Control evaluate and certify site rehabilitation contractors to perform site rehabilitation of releases from underground storage tanks under the State Underground Petroleum Environmental Response Bank (SUPERB) Act.

Class I Contractors perform work involving the collection and interpretation of investigative data; the evaluation of risk; and/or the design and implementation of corrective action plans. Class I applicants must satisfy registration requirements for a Professional Engineer or Geologist in South Carolina. Class II Contractors perform work involving routine investigative activities (e.g., soil or ground water sampling, well installation, aquifer testing) where said activities do not require interpretation of the data and are performed in accordance with established regulatory or industry standards.

Pursuant to Section IV.B.1., the Department is required to place a list of those contractors requesting certification on public notice and accept comments from the public for a period of thirty (30) days. If you wish to provide comments regarding the companies and/or individuals listed below, please submit your comments in writing, no later than March 13, 2017 to:

Contractor Certification Program
South Carolina Department of Health and Environmental Control
Bureau of Land and Waste Management - Underground Storage Tank Program
Attn: Michelle Dennison
2600 Bull Street
Columbia, SC 29201

The following company has applied for certification as Underground Storage Tank Site Rehabilitation Contractor:

Class II

Pioneer Environmental Group, LLC.
Attn: Steven K. Jones
PO Box 390
Edisto Beach, SC 29438
REVENUE AND FISCAL AFFAIRS OFFICE
BOARD OF ECONOMIC ADVISORS

NOTICE OF GENERAL PUBLIC INTEREST

We have calculated the increase in the limit on compensation for noneconomic damages on a medical malpractice claim. Pursuant to Section 15-32-220(F), the limit on civil liability for noneconomic damages on a medical malpractice claim is adjusted each fiscal year based on the increase or decrease in the ratio of the Consumer Price Index for All Urban Consumers as of December 31 of the previous calendar year. The adjustment is a cumulative index using a base year 2004. The 2004 base year was adopted to be consistent with the timing of the enacting legislation. As of December 31, 2016, the Index published by the Bureau of Labor Statistics, *Monthly Labor Review*, Table 38, “Consumer Price Index for All Urban Consumers”, increased by 26.9% from a value of 190.3 in December 2004 to 241.432 in December 2016. Therefore, the limit not to exceed $350,000 would increase to $440,040 against a single health care provider and a health care institution for each claimant for civil liability for noneconomic damages on medical malpractice claims when final judgment is rendered. Also, the limit not to exceed $1,050,000 would increase to $1,332,125 for all health care providers and all health care institutions for each claimant for civil liability for noneconomic damages on medical malpractice claims. The adjusted limitations on compensation for noneconomic damages become effective upon publication in the *State Register* pursuant to Section 1-23-40(2).

REVENUE AND FISCAL AFFAIRS OFFICE
BOARD OF ECONOMIC ADVISORS

NOTICE OF GENERAL PUBLIC INTEREST

We have calculated the increase in the limit on punitive damages awarded to each claimant that is entitled to an award. Pursuant to Section 15-32-530(D), the limit on punitive damage awards is adjusted each calendar year based on the increase or decrease in the ratio of the Consumer Price Index for All Urban Consumers as of December 31 of the previous calendar year. The adjustment is a cumulative index using a base year 2010. The 2010 base year was adopted to be consistent with the timing of the enacting legislation. As of December 31, 2016, the Index published by the Bureau of Labor Statistics, *Monthly Labor Review*, Table 38, “Consumer Price Index for All Urban Consumers”, increased by 10.2% from a value of 219.179 in December 2010 to 241.432 in December 2016. Therefore, the limit not to exceed $500,000 would increase to $550,760 to each claimant entitled to a punitive damage award. The adjusted limitations on an award for punitive damages become effective upon publication in the *State Register* pursuant to Section 1-23-40(2).

DEPARTMENT OF SOCIAL SERVICES

NOTICE OF GENERAL PUBLIC INTEREST

114-500 through 114-509. Regulations for the Licensing of Child Care Centers.

Following the public hearing, held in accordance with Section 1-23-111, on December 19, 2016, pertaining to Regulation Document 4688, relating to Regulations for the Licensing of Child Care Centers, the Department of Social Services elected to terminate the promulgation process on this regulation pursuant to Section 1-23-111(C)(c).
Preamble:

The South Carolina Department of Health and Human Services is proposing to amend Article 1, Subarticle 2 and Subarticle 4 of Chapter 126 of the South Code of Regulations to update outdated references and to more accurately reflect administration of the Agency’s programs.

Section-by-Section Discussion:

126-125. General.

Amended to replace outdated references to “State Health and Human Services Finance Commission” with “South Carolina Department of Health and Human Services” and add references to additional federal non-discrimination provisions.

126-170. General.

A. Replaces outdated references to “Commission” with “Department” and “client” with “beneficiary”.
B. Replaces outdated references to “Commission” with “Department” and “client” with “beneficiary”.
C. Updates reference to correct federal statute and replaces outdated references to “Commission” with “Department”.

126-171. Protected Information.

A. Replaces outdated reference to “Commission” with “Department”.
B. No change.

126-172. Purposes Directly Connected to the Administration of the Programs and Grants.

A. - E. No change.
F. Replaces outdated reference to “Commission” with “Department”.

126-173. Release of Information.

A. Amended “must” to “may” regarding a specific notice requirement and replaces outdated reference to “Finance Commission” with “Department”.
B. Replaces outdated references to “Commission” or “Finance Commission” with “Department” and replaces “recipient” with “beneficiary”.
C. Replaces outdated reference to “Commission” with “Department” and amends “must” to “may” regarding attachment of a specific notice.
12 PROPOSED REGULATIONS

D. Replaces outdated reference to “Commission” with “Department” and amends “must” to “may” regarding attachment of a specific notice.

E. Replaces outdated reference to “Commission” with “Department”, replaces “client” with “beneficiary” and amends “must” to “may” regarding attachment of a specific notice.

F. Replaces outdated reference to “Commission” with “Department”.

G. Replaces outdated references to “Commission” with “Department” and “clients” with “beneficiaries”.

H. Replaces outdated references to “Commission” with “Department”.


Title of section changed to replace “Recipients” with “Beneficiaries”.

A. Replaces references to “recipients” with “beneficiaries”.

B. Replaces references to “recipients” with “beneficiaries” and removes outdated examples of distributed materials.

126-175. Penalties.

A. Replaces outdated references to “Commission” with “Department”.

B. Replaces outdated reference to “Commission” with “Department”.

The Notice of Drafting was published in the State Register on December 23, 2016.

Notice of Public Hearing and Opportunity for Public Comment:

Should a hearing be requested pursuant to Section 1-23-110(A)(3) of the 1976 Code, as amended, such a hearing will be conducted at the Administrative Law Court, 2nd Floor Hearing Room, Edgar A. Brown Building, 1205 Pendleton Street, Columbia, South Carolina on Tuesday, April 18, 2017, beginning at 1:00 p.m. Written comments may be directed to Colleen Mullis, Deputy Communications Director, South Carolina Department of Health and Human Services, 1801 Main Street, Suite 1100, Columbia, SC 29201, no later than 5:00 p.m., March 27, 2017. If a qualifying request pursuant to Section 1-23-110(A)(3) is not timely received, the hearing will be canceled.

Preliminary Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions.

Statement of Need and Reasonableness:

DESCRIPTION OF REGULATION:

Purpose: The Agency is proposing to amend Article 1, Subarticle 2 and Subarticle 4 of Chapter 126 of the South Code of Regulations to update outdated references and to more accurately reflect administration of the Agency’s programs.

Legal Authority: 1976 Code Section 44-6-90.

Plan for Implementation: The revised regulation will take effect upon approval by the General Assembly and upon publication in the State Register. SCDHHS will notify the public of the revised regulation and post the revised regulation on the Agency’s web site.
DETERMINATION OF NEED AND REASONABLENESS OF THE PROPOSED REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The Agency needs to amend each Article of Chapter 126 of the South Code of Regulations to update outdated references and to more accurately reflect administration of the Agency’s programs.

DETERMINATION OF COSTS AND BENEFITS:

There is no cost incurred by the state.

UNCERTAINTIES OF ESTIMATES:

There are no uncertainties of estimates concerning the regulations.

EFFECT ON ENVIRONMENT AND PUBLIC HEALTH:

This regulation will have no effect on the environment. This regulation contributes to the Agency’s function of administering its health programs in the most effective and efficient ways possible.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There will be no detrimental effect on the environment and public health of this State if the revisions to this regulation are not implemented.

Statement of Rationale:

The Agency is proposing to amend Article 1, Subarticle 2 and Subarticle 4 of Chapter 126 of the South Code of Regulations to update outdated references and to more accurately reflect administration of the Agency’s programs.

Text:

The full text of this regulation is available on the South Carolina General Assembly Home Page: http://www.scstatehouse.gov/regnsrch.php. Full text may also be obtained from the promulgating agency.
Preamble:

The South Carolina Department of Health and Human Services is proposing to amend Article 3 of Chapter 126 of the South Code of Regulations to update outdated references, to more accurately reflect administration of the Agency’s programs and to remove items that are duplicative of items addressed in the South Carolina State Plan under Title XIX of the Social Security Act Medical Assistance Program (State Plan) or Medicaid Waivers and/or federal regulations.

Section-by-Section Discussion:

126-300. General.

A. Replaces “Clients” with “Beneficiaries”.
B. Replaces “recipients” with “beneficiaries”.
C. No changes.
D. Amended to add references to Title XXI (Children’s Health Insurance Program) and Medicaid Waivers to more accurately reflect administration of the Agency’s programs.
E. Language from current regulation 126-399 moved to this section regarding conflicts between State and Federal regulations.

126-301. Services Covered by the Medicaid Program.

A. Deleted in its entirety.
B. Deleted in its entirety.
C. Deleted in its entirety.


Deleted in its entirety.
   Deleted in its entirety.

126-304. Community Long Term Care Home and Community Based Services.
   A. Deleted in its entirety.
   B. Deleted in its entirety.

126-305. Dental Care.
   Deleted in its entirety.

126-306. Durable Medical Equipment.
   Deleted in its entirety.

126-307. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services.
   Deleted in its entirety.

126-308. End Stage Renal Disease Services.
   Deleted in its entirety.

126-309. Family Planning Services.
   Deleted in its entirety.

126-310. Hospital Services.
   A. Deleted in its entirety.
   B. Deleted in its entirety.

126-311. Laboratory and X-ray Services/Tests.
   Deleted in its entirety.

126-312. Medical Transportation Services.
   Deleted in its entirety.

126-313. Mental Health Clinic Services.
   Deleted in its entirety.

   Deleted in its entirety.

   Deleted in its entirety.
16 PROPOSED REGULATIONS

126-316. Podiatry Services.
   Deleted in its entirety.

126-317. Prescribed Drugs.
   Deleted in its entirety.

   Deleted in its entirety.

   Deleted in its entirety.

126-320. Rural Health Clinic Services.
   Deleted in its entirety.

   Deleted in its entirety.

126-322. Tubercular Facility Services.
   Deleted in its entirety.

126-323. Vision Care.
   Deleted in its entirety.

126-335. Hospital Reimbursement.
   A. Deleted in its entirety.
   B. Deleted in its entirety.

   A.-M. Deleted in its entirety.

   A.-D. Deleted in its entirety.

126-360. General Requirements.
   A.-E. Deleted in its entirety.

   A.-N. Deleted in its entirety.
126-370. Redetermination of Categorically Needy Eligibility.

Deleted in its entirety.

126-375. Medical Institution Vendor Payments.

A.-D. Deleted in its entirety.

126-380. Denial, Termination, or Reduction of Benefits.

A.-C. Deleted in its entirety.

126-399. Conflict Between State and Federal Regulations.

Deleted in its entirety.

The Notice of Drafting was published in the State Register on December 23, 2016.

Notice of Public Hearing and Opportunity for Public Comment:

Should a hearing be requested pursuant to Section 1-23-110(A)(3) of the 1976 Code, as amended, such a hearing will be conducted at the Administrative Law Court, 2nd Floor Hearing Room, Edgar A. Brown Building, 1205 Pendleton Street, Columbia, South Carolina on Tuesday, April 18, 2017, beginning at 10:00 a.m. Written comments may be directed to Colleen Mullis, Deputy Communications Director, South Carolina Department of Health and Human Services, 1801 Main Street, Suite 1100, Columbia, SC 29201, no later than 5:00 p.m., March 27, 2017. If a qualifying request pursuant to Section 1-23-110(A)(3) is not timely received, the hearing will be canceled.

Preliminary Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions.

Statement of Need and Reasonableness:

DESCRIPTION OF REGULATION:

Purpose: The Agency is proposing to amend Article 3 of Chapter 126 of the South Code of Regulations to update outdated references, to more accurately reflect administration of the Agency’s programs and to remove items that are duplicative of items addressed in the South Carolina State Plan under Title XIX of the Social Security Act Medical Assistance Program (State Plan) or Medicaid Waivers and/or federal regulations.

Legal Authority: 1976 Code Section 44-6-90.

Plan for Implementation: The revised regulation will take effect upon approval by the General Assembly and upon publication in the State Register. SCDHHS will notify the public of the revised regulation and post the revised regulation on the Agency’s web site.

DETERMINATION OF NEED AND REASONABLENESS OF THE PROPOSED REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The Agency needs to amend Article 3 of Chapter 126 of the South Code of Regulations to update outdated references, to more accurately reflect administration of the Agency’s programs and to remove items that are
Duplicative of items addressed in the South Carolina State Plan under Title XIX of the Social Security Act Medical Assistance Program (State Plan) or Medicaid Waivers and/or federal regulations.

DETERMINATION OF COSTS AND BENEFITS:
There is no cost incurred by the state.

UNCERTAINTIES OF ESTIMATES:
There are no uncertainties of estimates concerning the regulations.

EFFECT ON ENVIRONMENT AND PUBLIC HEALTH:
This regulation will have no effect on the environment. This regulation contributes to the Agency’s function of administering its health programs in the most effective and efficient ways possible.

DETROIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:
There will be no detrimental effect on the environment and public health of this State if the revisions to this regulation are not implemented.

Statement of Rationale:
The Agency is proposing to amend Article 3 of Chapter 126 of the South Code of Regulations to update outdated references, to more accurately reflect administration of the Agency’s programs and to remove items that are duplicative of items addressed in the South Carolina State Plan under Title XIX of the Social Security Act Medical Assistance Program (State Plan) or Medicaid Waivers and/or federal regulations.

Text:
The full text of this regulation is available on the South Carolina General Assembly Home Page: http://www.scstatehouse.gov/regnsrch.php. Full text may also be obtained from the promulgating agency.
126-710. General.
126-720. Scope of Program and Services.
126-750. Client Right to Appeal.
126-800. Definitions.
126-810. Imposition of Sanctions.
126-830. Assessment of Sanctions.
126-840. Schedule of Sanctions.

Preamble:

The South Carolina Department of Health and Human Services is proposing to amend Article 4, Article 5, Article 7 and Article 8 of Chapter 126 of the South Code of Regulations to update outdated references, to more accurately reflect administration of the Agency’s programs and to remove sections that are no longer administered by the Agency.

Section-by-Section Discussion:

126-400. Definitions.

A. Replaces “recipient” with “beneficiary”.
B.-E. No change.
F. Changes definition of “Fraud” to reflect federal regulatory definition.
G. No change.
H. Changes definition of “Exclusion” to more closely reflect federal regulatory definition.
I. Adds definition for “Suspension of Payment” to more closely reflect administration of the Agency’s program.
J. Changes definition of “Termination” changed to more closely align with federal regulations.
K. Adds new definition of “Suspension” to more closely reflect federal regulatory definition.

126-401. Sanctions.

A. Removes “Recoupment of Overpayment(s)” as a possible sanction since Agency has no discretion to not recoup overpayments under federal rules.
B. Amended to be more consistent with federal regulations regarding administrative sanctions against providers. Removes “Recoupment of Overpayment(s)” as a possible sanction since Agency has no discretion to not recoup overpayments under federal rules. Adds “Exclusion” as a possible administrative sanction against a Medicaid provider who has been determined to be guilty of fraud or convicted of a crime related to his or her participation in Medicare or Medicaid.

126-403. Grounds for Sanction.

A.-C. No change.
D. Replaces “recipients” with “beneficiaries”.
E. No change.
F. No change.
G. Replaces “recipient” with “beneficiary”.
H.-K. No change.
L. Updates federal regulatory reference.
M. No change.
N. No change.
20 PROPOSED REGULATIONS

O. New ground added to be consistent with federal regulations.

126-404. Fair Hearings.

A. Changes outdated reference from “Bureau of Medicaid Program Assessment” to “Department”.

126-405. Reinstatement.

Amended to more closely align with federal regulations regarding reinstatement after Department-initiated exclusion.


A. Replaces “recipient” and “recipients” with “beneficiary” and “beneficiaries”.
B. Replaces “recipient” and “recipients” with “beneficiary” and “beneficiaries”.

126-500. Definitions.

A. Replaces “Commission” with “Department” and “State Health and Human Services Finance Commission” with “South Carolina Department of Health and Human Services”.
B.-M. No change.

126-505. Responsibilities for Eligibility Determination.

A. Replaces “Commission” with “Department”.
B. Replaces “Commission” with “Department”.
C. Replaces “Commission” with “Department”.


A.-H. No change.
I. Replaces “Commission” with “Department”.

126-540. Recovery by the Medically Indigent Assistance Program.

A. No change.
B. Replaces “SHHFSC” to “the Department”.

126-560. The Commission shall use a prospective payment system which considers diagnostic related groupings and per diem costs to reimburse hospitals for inpatient services provided to Medically Indigent recipients.

Title changed. “Commission” replaced with “Department” and “recipients” replaced with “beneficiaries”.
A. No change.
B. Replaces “State Health and Human Services Finance Commission” with “South Carolina Department of Health and Human Services” and deletes outdated reference to “Department of Hospital Rate Setting” and replaces with “Department”.

126-570. Grace Period.

Replaces “State Health and Human Services Finance Commission” with “South Carolina Department of Health and Human Services”.
126-710. General.

Deleted in its entirety.

126-720. Scope of Program and Services.

A. Deleted in its entirety.
B. Deleted in its entirety.


Deleted in its entirety.


A. Deleted in its entirety.
B. Deleted in its entirety.

126-750. Client Right to Appeal.

Deleted in its entirety.


Deleted in its entirety.

126-800. Definitions.

A. Replaces “State Health and Human Services Finance Commission” with “South Carolina Department of Health and Human Services”.
B. No change.
C. No change.
D. Replaces “Health Care Financing Administration (HCFA)” with “Centers for Medicare and Medicaid Services (CMS)” and add “US” to the acronym “DHHS”.
E.-M. No change.
N. Replaces “State Health and Human Services Finance Commission (SHHSFC)” with “South Carolina Department of Health and Human Services (SCDHHS)”.
O. No change.
P. No change.
Q. No change.

126-810. Imposition of Sanctions.

Replaces “invoke” with “apply”. Clarifies that payment can be denied for “all individuals” under the Medicaid program. Adds the following possible sanctions: denial of payment for new admissions under the Medicaid program, transfer of residents, and closure of a facility and transfer of residents.

126-830. Assessment of Sanctions.

Deletes references to “conducted after October 1, 1990”.

22 PROPOSED REGULATIONS

126-840. Schedule of Sanctions.

CLASS III DEFICIENCY
A. No change.
B. Replaces “Health Care Financing Administration” with “Centers for Medicare and Medicaid Services”

The Notice of Drafting was published in the State Register on December 23, 2016.

Notice of Public Hearing and Opportunity for Public Comment:

Should a hearing be requested pursuant to Section 1-23-110(A)(3) of the 1976 Code, as amended, such a hearing will be conducted at the Administrative Law Court, 2nd Floor Hearing Room, Edgar A. Brown Building, 1205 Pendleton Street, Columbia, South Carolina on Tuesday, April 18, 2017, beginning at 3:00 p.m. Written comments may be directed to Colleen Mullis, Deputy Communications Director, South Carolina Department of Health and Human Services, 1801 Main Street, Suite 1100, Columbia, SC 29201, no later than 5:00 p.m., March 27, 2017. If a qualifying request pursuant to Section 1-23-110(A)(3) is not timely received, the hearing will be canceled.

Preliminary Fiscal Impact Statement:

There will be no cost incurred by the State or any of its political subdivisions.

Statement of Need and Reasonableness:

DESCRIPTION OF REGULATION:

Purpose: The Agency is proposing to amend Article 4, Article 5, Article 7 and Article 8 of Chapter 126 of the South Code of Regulations to update outdated references, to more accurately reflect administration of the Agency’s programs and to remove sections that are no longer administered by the Agency.

Legal Authority: 1976 Code Section 44-6-90.

Plan for Implementation: The revised regulation will take effect upon approval by the General Assembly and upon publication in the State Register. SCDHHS will notify the public of the revised regulation and post the revised regulation on the Agency’s web site.

DETERMINATION OF NEED AND REASONABLENESS OF THE PROPOSED REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The Agency needs to amend Article 4, Article 5, Article 7 and Article 8 of Chapter 126 of the South Code of Regulations to update outdated references, to more accurately reflect administration of the Agency’s programs and to remove sections that are no longer administered by the Agency.

DETERMINATION OF COSTS AND BENEFITS:

There is no cost incurred by the state.

UNCERTAINTIES OF ESTIMATES:

There are no uncertainties of estimates concerning the regulations.
EFFECT ON ENVIRONMENT AND PUBLIC HEALTH:

This regulation will have no effect on the environment. This regulation contributes to the Agency’s function of administering its health programs in the most effective and efficient ways possible.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There will be no detrimental effect on the environment and public health of this State if the revisions to this regulation are not implemented.

Statement of Rationale:

The Agency is proposing to amend Article 4, Article 5, Article 7 and Article 8 of Chapter 126 of the South Code of Regulations to update outdated references, to more accurately reflect administration of the Agency’s programs and to remove sections that are no longer administered by the Agency.

Text:

The full text of this regulation is available on the South Carolina General Assembly Home Page: http://www.scstatehouse.gov/regnsrch.php. Full text may also be obtained from the promulgating agency.

Emergency Situation:

This is a new emergency situation concerning challenges to schools and day care centers for infants and children in implementing tuberculosis screening requirements for employees during the remainder of the school year.

Section 44-29-150 of the South Carolina Code of Laws provides that “[n]o person will be initially hired to work in any public or private school, kindergarten, nursery or day care center for infants and children until appropriately evaluated for tuberculosis according to guidelines approved by the Board of Health and Environmental Control.” In addition, section 44-29-160 requires that “[a]ny person applying for a position in any of the public or private schools, kindergartens, nurseries, or day care centers for infants and children of the State shall, as a prerequisite to employment, secure a health certificate from a licensed physician certifying that such person does not have tuberculosis in an active stage.” In furtherance of these statutory requirements, the South Carolina Department of Health and Environmental Control (“DHEC” or the “Department”) originally promulgated Regulation 61-22 in 1981, setting forth guidance for the evaluation of school employees for tuberculosis. Except as discussed below, Regulation 61-22 had not been changed since 1986.

To update school screening processes, DHEC submitted proposed revisions of Regulation 61-22 to the S.C. General Assembly on January 25, 2016, and those revisions took effect by publication of the revised Regulation 61-22 in S.C. State Register Volume 40 Issue 6 on June 24, 2016 (the “Revised Regulation”).

Shortly after adoption of the Revised Regulation, DHEC recognized that the short time period between the adoption of the Revised Regulation and the start of the new school year would create significant hardships for schools, nurseries and day cares in meeting the Revised Regulation’s new requirements. In order to protect the public welfare, DHEC filed an emergency regulation on August 3, 2016, tolling the implementation of the Revised Regulation and reinstating the Prior Regulation. DHEC re-filed the emergency regulation on October 31, 2016, pursuant to S.C. Code Ann. § 1-23-130(C).

Contemporaneously with filing the emergency regulation, DHEC received comments from effected stakeholders requesting revisions to Regulation 61-22. Based upon these comments and concerns, DHEC initiated the required statutory process to further amend the regulation. DHEC engaged stakeholders for their additional input, reaching over two hundred private and public school and daycare staff, including, but not limited to, the South Carolina Board of Education, the South Carolina School Board Association, the South Carolina Independent School Association, the South Carolina Charter School Association, the South Carolina Parent Teacher Association, Greenville County School District, Charleston County School District, as well as the Department of Social Services and the South Carolina Association of Early Care and Education. As a culmination of the work with these stakeholders and others, DHEC submitted a new Regulation 61-22 (the “New Regulation”) to the General Assembly on January 10, 2017, the first day of session.

On January 29, 2017, the emergency regulation expired, resulting in the Revised Regulation again becoming effective, but before the General Assembly could consider the New Regulation. Some of the same stakeholders who helped craft the New Regulation have contacted DHEC, raising questions and concerns about this gap between the expiration of the emergency regulation and consideration of the New Regulation. Their comments...
raise serious concerns about the burdens associated with having to implement the Revised Regulation’s requirements during the remaining months of the school year. Further, these partners have conveyed to the agency the burdensome human and financial resources required to change processes at this time and before the General Assembly has had the opportunity to fully review the New Regulation and its provisions that have been universally supported by stakeholders.

DHEC recognizes that the difficulties in implementing the Revised Regulation during the school year will create significant hardships for schools, nurseries and day cares in meeting the Revised Regulation’s requirements. Consequently, DHEC has determined that there exists the real likelihood that the Revised Regulation’s requirements cannot be implemented before the school year ends or without great costs, which places the public’s welfare in imminent peril. To alleviate strain on school, nursery and day care operations, and to protect the public’s welfare, DHEC finds the enactment of this new emergency regulation necessary.

Through this new emergency regulation, DHEC will toll the implementation of the Revised Regulation and implement the following TB evaluation and screening requirements. These requirements are consistent with the New Regulation, distinct and different from those of the prior emergency regulation, and in line with current recommendations from the Centers for Disease Control and Prevention (CDC), yet conforming with processes already being followed by schools and day cares. These new emergency requirements are both protective of public health and attainable with respect to compliance.

Text:


(Statutory Authority: 1976 Code Sections 44-29-150, 44-29-160, 44-29-170)

(Public or Private School, Kindergarten, Nursery or Day Care Center)

TABLE OF CONTENTS

I. PURPOSE AND SCOPE.
   II. DEFINITIONS.
   III. GUIDELINES FOR SCREENING AND EVALUATION.
   IV. ADDITIONAL INFORMATION AND FORMS.
   V. EFFECT ON THE “REVISED REGULATION.”

I. PURPOSE AND SCOPE.

The General Assembly, in sections 44-29-150 through 44-29-170 of the 1976 South Carolina Code of Laws, charged the South Carolina Board of Health and Environmental Control with approving guidelines for the evaluation for tuberculosis of persons working in a public or private school, kindergarten, nursery or day care center for infants and children (Registered family child care homes are exempt from requirements of these guidelines). As more fully set forth below, as a prerequisite to employment and as a condition of continued employment, all persons to whom these guidelines apply shall be evaluated for tuberculosis and shall provide certification on a form designated by the Department that the person does not have tuberculosis in an active stage. Re-evaluation will not be required for employment in subsequent consecutive years unless otherwise indicated.

These guidelines modernize the approach to screening for tuberculosis and take into account contemporary scientific and epidemiologic principles. Under these guidelines, most school employees will need to be evaluated for tuberculosis only one time and will not be required to be screened annually absent certain factors. Non-routine screening is based on epidemiologic and clinical information and is combined with an underlying policy concerning preventive treatment of tuberculosis disease and infection. These guidelines will afford children
greater protection against exposure to tuberculosis in the school, kindergarten, nursery and day care center environments.

II. DEFINITIONS.

For the purpose of these guidelines, the following definitions and clarifications shall apply:

A. “Approved TB Screening Tests” means tests for the detection of TB disease and/or latent TB infection approved by the United States Food and Drug Administration and recommended by the Centers for Disease Control and Prevention.

B. “Department” means the South Carolina Department of Health and Environmental Control.

C. “DHEC 1420” means the form designated by the Department for documenting and certifying tuberculosis evaluation, including results of Approved TB Screening Tests, disposition and preventive measures.

D. “Disposition” means the plan for continuing health care of a person following evaluation for tuberculosis.

E. “Employee” means any person working in a public or private school, kindergarten, nursery or day care center for infants and children, whether a new hire or currently employed, whether a direct employee or an independent contractor, and whether full-time, part-time, temporary or in any other capacity. Examples of employees to whom these guidelines apply include, but are not limited to, teachers, substitute teachers, teacher aides, student teachers, administrators, school psychologists, custodians, bus drivers, coaches, trainers, guidance counselors, school nurses and cafeteria workers, among others.

F. “Latent TB infection” means a person has become infected with the bacterium that causes TB, but does not have TB in an active stage. A person with latent TB infection does not feel sick, does not have symptoms and cannot spread TB bacteria to others.

G. “Preventive treatment” means treatment to prevent latent TB infection in an individual from developing into TB disease.

H. “Tuberculosis” or “TB” means generally a bacterial infection caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. TB bacteria can live in the body without making you sick. This is called “latent TB infection.” For most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. For others, TB bacteria become active in the body and multiply. In those instances, people will go from having latent TB infection to being sick with “TB disease” or “TB in an active stage.”

I. “TB disease” or “TB in an active stage” means a person has become infected with the bacterium that causes TB and the bacterium has become active and has multiplied. People with TB disease usually have symptoms and may spread TB bacteria to others.

III. GUIDELINES FOR SCREENING AND EVALUATION.

A. Evaluation for Tuberculosis:

1. As a prerequisite to employment, and as a condition for continued employment, all employees shall be evaluated for tuberculosis by a licensed health care provider and shall provide written certification from a licensed physician that the person does not have TB disease.

2. Tuberculosis evaluations must be completed no more than one year prior to employment.
3. Tuberculosis evaluations shall be conducted utilizing Approved TB Screening Tests.

4. Certification of tuberculosis evaluation, including disposition and preventive treatment, shall be documented on DHEC 1420 and retained in the files of the school, kindergarten, nursery or day care center for infants and children where the person works.

B. Disposition Following Evaluation:

1. Any employee with a negative Approved TB Screening Test shall require no further routine screening except as otherwise provided in Section III(B)(3) below.

2. Any employee with a positive Approved TB Screening Test or with a history of latent TB infection or TB disease shall be further evaluated by a licensed health care provider.

   a. If the evaluation reveals no TB disease, then no exclusion and no further routine screening shall be required except as otherwise provided in Section III(B)(3) below.

   b. If the evaluation reveals TB disease, then the individual shall be excluded from working in any school, kindergarten, nursery or day care center for infants and children until a licensed physician certifies that the individual no longer has TB in an active stage.

3. An employee in a public or private school, kindergarten, nursery or day care center for infants and children that has been evaluated for tuberculosis as required above will require no further routine screening so long as the person’s employment in one or more of these work settings is continuous during consecutive years. Continuous employment in consecutive years includes, but may not be limited to, a change in employment directly from one of these work settings to another such as moving from a public school directly to a private school, moving from one school district directly to another, or moving from a day care center directly to a school. Short-term breaks in employment, such as maternity or paternity leave or traditional school year breaks, e.g., summer or winter break, shall not necessitate a new TB evaluation.

4. Nothing in these guidelines shall prevent a public or private school, kindergarten, nursery or day care center for infants and children from requiring additional tuberculosis evaluations or screenings of its employees and volunteers.

C. Documentation:

1. Every school, kindergarten, nursery or day care center for infants and children shall maintain a completed DHEC 1420 for each employee and shall make such records available for review by representatives of the Department upon request. Records may be maintained in an individual facility or in a centralized office, such as in a school district office.

2. For persons who are not employed directly by a school, kindergarten, nursery or day care center, but who work in these settings, the person’s employer shall maintain a completed DHEC 1420 and shall make such records available for review upon request by representatives of the Department as well as representatives of any school, kindergarten, nursery or day care center in which the person works.

3. If an employee moves or transfers directly to another public or private school, kindergarten, nursery or day care center for infants and children such that employment in any of these work settings remains uninterrupted, no additional routine screening or evaluation for tuberculosis shall be required beyond that which is described above, provided the employee has a completed DHEC 1420, which should be transferred to the new place of employment.
4. If an employee works in more than one school, kindergarten, nursery or day care center for infants and children, each facility shall maintain a separate copy of the individual’s completed DHEC 1420 unless kept in a centralized office governing all places of employment.

5. Any employee who does not have proper documentation on file that he or she is free of TB disease shall be excluded from working in any school, kindergarten, nursery or day care center for infants and children until written certification by a licensed physician is received and documented on DHEC 1420 declaring that the individual does not have tuberculosis in an active stage.

D. Non-routine Screening and Recommended Education:

1. An employee who would otherwise be exempt from routine annual screening for tuberculosis may be required to undergo non-routine screening if there is epidemiologic or clinical evidence that such employee may have been exposed to TB bacteria or become infected with TB or may have moved from having latent TB infection to TB disease. Epidemiologic and clinical evidence includes, but may not be limited to:
   a. Identification of an employee as a close contact of a person with TB disease;
   b. Occurrence of tuberculosis in any public or private school, kindergarten, nursery or day care center for infants and children; or
   c. Observation of signs or symptoms in an employee suggestive of tuberculosis.

2. The Department recommends that regular employees and volunteers of public or private schools, kindergartens, nurseries or day care centers for infants and children participate in a Public Health Education element annually. Recommended Public Health Education materials will be made available by the Department and will include disease prevention, symptoms and screening information for communicable diseases common to public or private school, kindergarten, nursery or day care center environments.

IV. ADDITIONAL INFORMATION AND FORMS.

A. Questions regarding these guidelines may be addressed to personnel of the county health departments or the regional offices of the Department of Health and Environmental Control. Questions which cannot be resolved at the local level may be referred to the Tuberculosis Control Program, Department of Health and Environmental Control, 2600 Bull Street, Columbia, S.C. 29201.

B. Employees may obtain tuberculosis evaluations and certifications from private physicians. Certification forms (DHEC 1420) are available, upon request, from the Department.

V. EFFECT ON THE “REVISED REGULATION.”

This emergency regulation supersedes any and all provisions of the Revised Regulation.