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# SOUTH CAROLINA STATE REGISTER

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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.

# ***SOUTH CAROLINA STATE REGISTER***

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.

## **2007 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.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Submission Deadline	1/12	2/9	3/9	4/13	5/11	6/8	7/13	8/10	9/14	10/12	11/9	12/14
Publishing Date	1/26	2/23	3/23	4/27	5/25	6/22	7/27	8/24	9/28	10/26	11/23	12/28

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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.

## REGULATIONS PROMULGATED TO COMPLY WITH FEDERAL LAW

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.

## EFFECTIVE DATE OF REGULATIONS

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

**Emergency Regulations** take effect upon filing with the Legislative Council and remain effective for ninety days. If the original ninety-day period begins and expires during legislative interim, the regulation may be refiled for one additional ninety-day period.

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South Carolina General Assembly Home Page: [www.scstatehouse.net](http://www.scstatehouse.net)

DOC No.	RAT FINAL NO. ISSUE	SUBJECT	EXP. DATE	AGENCY
3047	SR31-2	Milk Producers Tax Credit	1/15/07	Department of Agriculture
3057	SR31-2	Retail Licenses And Partnerships	2/01/07	Department of Revenue
3002	SR31-2	Shellfish	2/08/07	Department of Health and Envir Control
3059	SR31-3	Highway Advertising Control	3/06/07	Department of Transportation
3042	SR31-4	Practice and Procedures	3/20/07	Public Service Commission
3061	SR31-4	Termination of the SCAAIP Joint Underwriting Association	3/21/07	Department of Insurance
3052	SR31-4	Telecommunications Utilities	4/09/07	Public Service Commission
3055	SR31-5	Public Swimming Pools	5/09/07	Department of Health and Envir Control
3069	SR31-5	Air Pollution Control	5/09/07	Department of Health and Envir Control
3091	SR31-5	Procurement	5/09/07	Budget and Control Board
3092	SR31-5	Licensure CPA's & Practitioners, Registration Accounting Firms	5/09/07	LLR: Board of Accountancy
3073	SR31-5	Farmers Markets	5/09/07	Department of Agriculture
3063	SR31-5	Sewerage and Water Utilities	5/09/07	Public Service Commission
3080	SR31-5	Nursing Programs	5/09/07	LLR: Board of Nursing
3072	SR31-5	Reading, Writing, and Mathematics Objectives Grades 9-12	5/09/07	Department of Education
3090	SR31-5	Charter School Appeals	5/09/07	Department of Education
3089 R38	SR31-5	At-Risk Students	5/09/07	Department of Education
3088	SR31-5	Defined Program, Grades 9-12	5/09/07	Department of Education
3087	SR31-5	Administrative and Professional Personnel	5/09/07	Department of Education
3084	SR31-6	Septic Tank Site Evaluation Fees	5/17/07	Department of Health and Envir Control
3085	SR31-6	Non-Game and Endangered Species	5/17/07	Department of Natural Resources
3083	SR31-6	Air Pollution Control	5/22/07	Department of Health and Envir Control
3093	SR31-6	Driver Training Schools	5/25/07	Department of Motor Vehicles
3094 R79	SR31-6	Truck Driver Training Schools	5/25/07	Department of Motor Vehicles
3102	SR31-6	Practice of Psychology	5/30/07	LLR: Board of Examiners in Psychology
3103	SR31-6	Practice of Optometry	5/30/07	LLR: Board of Examiners in Optometry
3104	SR31-6	National Electrical Code	5/30/07	LLR: Building Codes Council
3105	SR31-6	Reporting Fatalities and Hospitalization Incidents to OSHA	5/30/07	LLR: Occupational Safety and Health
3086	SR31-6	Hunting in Wildlife Management Areas	6/06/07	Department of Natural Resources

### Sine Die Revision 6/29/07

3101	SR31-7	Req Protesting Beer /Wine Permits or Alcoholic Liquor Licenses	1/08/08 <b>6/08/07</b>	Department of Revenue
3100	SR31-7	Manufactured Homes and Modular Homes	1/08/08 <b>6/08/07</b>	Department of Revenue
3096 R100	SR31-6	Hazardous Waste Management	1/14/08	Department of Health and Envir Control
3119		Educational Requirements	2/03/08 <b>1/13/08</b>	LLR: Real Estate Appraisers Board
3108 R47	SR31-6	Intrastate Movement of Certain Animals	2/10/08	Clemson Univ, Livestock-Poultry Comm
3115 R32	SR31-5	Preferred Mortality Tables, Minimum Reserve Liabilities	2/10/08	Department of Insurance
3116		Malpractice Insurance Claims	2/10/08 <b>1/20/08</b>	Department of Insurance
3117		Workers' Compensation Assigned Risk Rates	2/10/08 <b>1/20/08</b>	Department of Insurance
3109		Property Tax	2/19/08 <b>1/29/08</b>	Department of Revenue
3110		Restocking Fees	2/19/08 <b>1/29/08</b>	Department of Revenue
3079 R147	SR31-7	Office Based Surgery	3/03/08	LLR: Board of Medical Examiners
3120 R120	SR31-7	Hunting in Wildlife Management Areas	3/04/08	Department of Natural Resources
3122		Wildlife Management Area Regulations	5/04/08 <b>4/13/08</b>	Department of Natural Resources
3127		Chapter Revision	5/06/08 <b>4/15/08</b>	LLR: Veterinary Examiners

#### Committee Requested Withdrawal:

3118		Mobile Dental Facilities and Portable Dental Operations		LLR: Board of Dentistry
3113		Solid Waste Management		Department of Health and Envir Control

#### Permanently Withdrawn:

3021		Penalties Noncompliance Regulated Child Care Settings		Department of Social Services
3022		Licensing of Residential Group Care Organ for Children		Department of Social Services
3056		End-of-Course Tests		Department of Education
2927		The Practice of Selling and Fitting Hearing Aids		Department of Health and Envir Control

## 2 NOTICES

### STATE BUDGET AND CONTROL BOARD OFFICE OF RESEARCH AND STATISTICS

#### Millage Caps for Local Governing Bodies under Code Section 6-1-320

Section 6-1-320 of Act 388, R417, House Bill 4449 from the 116<sup>th</sup> Session of the South Carolina General Assembly establishes millage caps for local governing bodies equal to the increase in the average of the twelve monthly consumer price indexes for the most recent twelve-month period consisting of January through December of the preceding calendar year, plus, beginning in 2007, the percentage increase in the previous year in the population of the entity as determined by the Office of Research and Statistics of the State Budget and Control Board. Act 57, R89, Senate Bill 367 from the 117<sup>th</sup> Session of the South Carolina General Assembly further clarified this Section by stating if the average of the twelve monthly consumer price indices experiences a negative percentage, the average is deemed to be zero. If an entity experiences a reduction in population, the percentage change in population is deemed to be zero.

Pursuant to this amended Code Section, the Office of Research and Statistics has recalculated the millage caps for counties, cities and school districts using a zero for any negative population changes. Following are charts detailing the millage caps for the counties, cities and school districts. Special purpose districts will have the same millage cap as the county of their location.

#### Data Tables

Table 1 County Millage Caps

Table 2 Municipal Millage Caps

Table 3 School District Millage Caps

**Table 1 County  
Millage Caps**

County	April 1, Census 2000	July 1, Estimate 2005	July 1, Estimate 2006	Population Factor	CPI	Millage Cap
Abbeville County	26,167	26,051	25,935	-0.4%	3.2%	3.2%
Aiken County	142,552	150,053	151,800	1.2%	3.2%	4.4%
Allendale County	11,211	10,873	10,748	-1.1%	3.2%	3.2%
Anderson County	165,740	175,258	177,963	1.5%	3.2%	4.8%
Bamberg County	16,658	15,787	15,678	-0.7%	3.2%	3.2%
Barnwell County	23,478	23,289	23,265	-0.1%	3.2%	3.2%
Beaufort County	120,937	138,037	142,045	2.9%	3.2%	6.1%
Berkeley County	142,651	149,526	152,282	1.8%	3.2%	5.1%
Calhoun County	15,185	15,059	15,026	-0.2%	3.2%	3.2%
Charleston County	309,969	329,482	331,917	0.7%	3.2%	4.0%
Cherokee County	52,537	53,620	53,886	0.5%	3.2%	3.7%
Chester County	34,068	33,093	32,875	-0.7%	3.2%	3.2%
Chesterfield County	42,768	43,191	43,191	0.0%	3.2%	3.2%
Clarendon County	32,502	33,127	33,339	0.6%	3.2%	3.9%
Colleton County	38,264	39,430	39,467	0.1%	3.2%	3.3%
Darlington County	67,394	67,369	67,551	0.3%	3.2%	3.5%
Dillon County	30,722	30,851	30,984	0.4%	3.2%	3.7%
Dorchester County	96,413	112,784	118,979	5.5%	3.2%	8.7%
Edgefield County	24,595	25,343	25,261	-0.3%	3.2%	3.2%
Fairfield County	23,454	23,844	23,810	-0.1%	3.2%	3.2%

Florence County	125,761	130,259	131,297	0.8%	3.2%	4.0%
Georgetown County	55,797	60,215	60,860	1.1%	3.2%	4.3%
Greenville County	379,616	407,154	417,166	2.5%	3.2%	5.7%
Greenwood County	66,271	67,860	68,213	0.5%	3.2%	3.7%
Hampton County	21,386	21,153	21,268	0.5%	3.2%	3.8%
Horry County	196,629	227,520	238,493	4.8%	3.2%	8.0%
Jasper County	20,678	21,409	21,809	1.9%	3.2%	5.1%
Kershaw County	52,647	56,341	57,490	2.0%	3.2%	5.3%
Lancaster County	61,351	63,060	63,628	0.9%	3.2%	4.1%
Laurens County	69,567	70,247	70,374	0.2%	3.2%	3.4%
Lee County	20,119	20,589	20,559	-0.1%	3.2%	3.2%
Lexington County	216,014	234,934	240,160	2.2%	3.2%	5.5%
McCormick County	9,958	10,129	10,226	1.0%	3.2%	4.2%
Marion County	35,466	34,798	34,684	-0.3%	3.2%	3.2%
Marlboro County	28,818	27,722	29,152	5.2%	3.2%	8.4%
Newberry County	36,108	37,315	37,762	1.2%	3.2%	4.4%
Oconee County	66,215	69,676	70,567	1.3%	3.2%	4.5%
Orangeburg County	91,582	90,916	90,845	-0.1%	3.2%	3.2%
Pickens County	110,757	113,221	114,446	1.1%	3.2%	4.3%
Richland County	320,677	341,813	348,226	1.9%	3.2%	5.1%
Saluda County	19,181	18,968	19,059	0.5%	3.2%	3.7%
Spartanburg County	253,791	266,764	271,087	1.6%	3.2%	4.8%
Sumter County	104,646	104,909	104,430	-0.5%	3.2%	3.2%
Union County	29,881	28,511	28,306	-0.7%	3.2%	3.2%
Williamsburg County	37,217	35,272	36,105	2.4%	3.2%	5.6%
York County	164,614	190,111	199,035	4.7%	3.2%	7.9%
South Carolina	4,012,012	4,246,933	4,321,249	1.7%	3.2%	5.0%

Source: U.S. Bureau of  
the Census, Population  
Division

**Table 2 Municipal  
Millage Caps**

Municipality	April 1 2000 Census	July 1 2005 Estimates	July 1 2006 Estimates	Population Factor	CPI	Millage Cap
Abbeville city	5,840	5,719	5,683	-0.6%	3.2%	3.2%
Aiken city	25,337	28,262	28,829	2.0%	3.2%	5.2%
Allendale town	4,052	3,865	3,814	-1.3%	3.2%	3.2%
Anderson city	25,514	25,869	26,242	1.4%	3.2%	4.7%
Andrews town	3,068	3,070	3,023	-1.5%	3.2%	3.2%
Arcadia Lakes town	882	831	828	-0.4%	3.2%	3.2%
Atlantic Beach town	351	374	381	1.9%	3.2%	5.1%
Awendaw town	1,195	1,187	1,172	-1.3%	3.2%	3.2%
Aynor town	587	588	581	-1.2%	3.2%	3.2%
Bamberg town	3,733	3,532	3,509	-0.7%	3.2%	3.2%
Barnwell city	5,035	4,863	4,858	-0.1%	3.2%	3.2%
Batesburg-Leesville town	5,517	5,568	5,610	0.8%	3.2%	4.0%

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#### 4 NOTICES

Beaufort city	12,950	12,156	12,029	-1.0%	3.2%	3.2%
Belton city	4,461	4,560	4,591	0.7%	3.2%	3.9%
Bennettsville city	9,425	9,115	10,692	17.3%	3.2%	20.5%
Bethune town	352	361	365	1.1%	3.2%	4.3%
Bishopville city	3,670	3,809	3,912	2.7%	3.2%	5.9%
Blacksburg town	1,880	1,890	1,897	0.4%	3.2%	3.6%
Blackville town	2,973	2,912	2,898	-0.5%	3.2%	3.2%
Blenheim town	137	133	132	-0.8%	3.2%	3.2%
Bluffton town	1,275	3,048	3,505	15.0%	3.2%	18.2%
Blythewood town	170	1,097	1,208	10.1%	3.2%	13.3%
Bonneau town	354	345	340	-1.4%	3.2%	3.2%
Bowman town	1,198	1,174	1,169	-0.4%	3.2%	3.2%
Branchville town	1,083	1,047	1,043	-0.4%	3.2%	3.2%
Briarcliffe Acres town	470	508	520	2.4%	3.2%	5.6%
Brunson town	589	576	578	0.3%	3.2%	3.6%
Burnettown town	2,720	2,658	2,665	0.3%	3.2%	3.5%
Calhoun Falls town	2,303	2,256	2,240	-0.7%	3.2%	3.2%
Camden city	6,682	6,990	7,022	0.5%	3.2%	3.7%
Cameron town	449	425	420	-1.2%	3.2%	3.2%
Campobello town	449	570	581	1.9%	3.2%	5.2%
Carlisle town	496	474	468	-1.3%	3.2%	3.2%
Cayce city	12,150	12,414	12,597	1.5%	3.2%	4.7%
Central town	3,522	4,077	4,085	0.2%	3.2%	3.4%
Central Pacolet town	267	272	274	0.7%	3.2%	4.0%
Chapin town	628	675	689	2.1%	3.2%	5.3%
Charleston city	96,650	106,366	107,845	1.4%	3.2%	4.6%
Cheraw town	5,524	5,441	5,431	-0.2%	3.2%	3.2%
Chesnee city	1,003	1,043	1,053	1.0%	3.2%	4.2%
Chester city	6,476	6,174	6,123	-0.8%	3.2%	3.2%
Chesterfield town	1,318	1,330	1,327	-0.2%	3.2%	3.2%
Clemson city	11,939	12,338	12,444	0.9%	3.2%	4.1%
Clinton city	8,091	9,064	9,034	-0.3%	3.2%	3.2%
Clio town	774	751	744	-0.9%	3.2%	3.2%
Clover town	4,014	4,255	4,427	4.0%	3.2%	7.3%
Columbia city	116,278	119,614	119,961	0.3%	3.2%	3.5%
Conway city	11,788	13,656	14,056	2.9%	3.2%	6.2%
Cope town	107	103	103	0.0%	3.2%	3.2%
Cordova town	157	146	145	-0.7%	3.2%	3.2%
Cottageville town	707	705	700	-0.7%	3.2%	3.2%
Coward town	650	667	671	0.6%	3.2%	3.8%
Cowpens town	2,279	2,329	2,354	1.1%	3.2%	4.3%
Cross Hill town	601	594	593	-0.2%	3.2%	3.2%
Darlington city	6,720	6,523	6,548	0.4%	3.2%	3.6%
Denmark city	3,328	3,110	3,084	-0.8%	3.2%	3.2%
Dillon city	6,316	6,341	6,382	0.6%	3.2%	3.9%
Donalds town	354	345	343	-0.6%	3.2%	3.2%
Due West town	1,209	1,280	1,276	-0.3%	3.2%	3.2%
Duncan town	2,870	2,968	3,004	1.2%	3.2%	4.4%
Easley city	17,754	18,827	19,194	1.9%	3.2%	5.2%
Eastover town	830	777	774	-0.4%	3.2%	3.2%
Edgefield town	4,449	4,532	4,533	0.0%	3.2%	3.2%
Edisto Beach town	641	702	714	1.7%	3.2%	4.9%
Ehrhardt town	614	571	567	-0.7%	3.2%	3.2%
Elgin town	806	952	1,042	9.5%	3.2%	12.7%
Elko town	212	210	210	0.0%	3.2%	3.2%
Elloree town	742	705	703	-0.3%	3.2%	3.2%
Estill town	2,425	2,375	2,386	0.5%	3.2%	3.7%
Eutawville town	344	332	331	-0.3%	3.2%	3.2%

NOTICES 5

Fairfax town	3,206	3,200	3,170	-0.9%	3.2%	3.2%
Florence city	30,248	31,180	31,284	0.3%	3.2%	3.6%
Folly Beach city	2,116	2,258	2,312	2.4%	3.2%	5.6%
Forest Acres city	10,558	9,975	9,906	-0.7%	3.2%	3.2%
Fort Lawn town	864	830	822	-1.0%	3.2%	3.2%
Fort Mill town	7,587	8,264	8,560	3.6%	3.2%	6.8%
Fountain Inn city	6,017	6,728	7,097	5.5%	3.2%	8.7%
Furman town	286	281	282	0.4%	3.2%	3.6%
Gaffney city	12,968	12,918	12,949	0.2%	3.2%	3.5%
Gaston town	1,304	1,387	1,393	0.4%	3.2%	3.7%
Georgetown city	8,950	8,831	8,706	-1.4%	3.2%	3.2%
Gifford town	370	364	365	0.3%	3.2%	3.5%
Gilbert town	500	557	571	2.5%	3.2%	5.7%
Goose Creek city	29,208	31,149	31,914	2.5%	3.2%	5.7%
Govan town	67	64	63	-1.6%	3.2%	3.2%
Gray Court town	1,021	1,004	1,002	-0.2%	3.2%	3.2%
Great Falls town	2,194	2,087	2,069	-0.9%	3.2%	3.2%
Greeleyville town	452	419	415	-1.0%	3.2%	3.2%
Greenville city	56,002	56,793	57,428	1.1%	3.2%	4.3%
Greenwood city	22,071	22,366	22,407	0.2%	3.2%	3.4%
Greer city	16,843	21,459	22,451	4.6%	3.2%	7.8%
Hampton town	2,837	2,773	2,786	0.5%	3.2%	3.7%
Hanahan city	12,937	13,440	13,846	3.0%	3.2%	6.2%
Hardeeville city	1,793	1,842	1,850	0.4%	3.2%	3.7%
Harleyville town	594	689	692	0.4%	3.2%	3.7%
Hartsville city	7,556	7,452	7,473	0.3%	3.2%	3.5%
Heath Springs town	864	859	862	0.3%	3.2%	3.6%
Hemingway town	573	524	520	-0.8%	3.2%	3.2%
Hickory Grove town	337	374	392	4.8%	3.2%	8.0%
Hilda town	436	430	429	-0.2%	3.2%	3.2%
Hilton Head Island town	33,862	34,536	33,838	-2.0%	3.2%	3.2%
Hodges town	158	166	166	0.0%	3.2%	3.2%
Holly Hill town	1,281	1,358	1,355	-0.2%	3.2%	3.2%
Hollywood town	3,946	4,299	4,298	-0.0%	3.2%	3.2%
Honea Path town	3,504	3,591	3,615	0.7%	3.2%	3.9%
Inman city	1,884	1,917	1,935	0.9%	3.2%	4.2%
Irmo town	11,039	11,240	11,338	0.9%	3.2%	4.1%
Isle of Palms city	4,583	4,570	4,643	1.6%	3.2%	4.8%
Iva town	1,156	1,178	1,184	0.5%	3.2%	3.7%
Jackson town	1,625	1,642	1,647	0.3%	3.2%	3.5%
Jamestown town	97	96	96	0.0%	3.2%	3.2%
Jefferson town	704	699	698	-0.1%	3.2%	3.2%
Johnsonville city	1,418	1,450	1,455	0.3%	3.2%	3.6%
Johnston town	2,336	2,345	2,346	0.0%	3.2%	3.3%
Jonesville town	982	926	922	-0.4%	3.2%	3.2%
Kershaw town	1,645	1,629	1,637	0.5%	3.2%	3.7%
Kiawah Island town	1,163	1,126	1,108	-1.6%	3.2%	3.2%
Kingstree town	3,496	3,363	3,352	-0.3%	3.2%	3.2%
Kline town	238	236	235	-0.4%	3.2%	3.2%
Lake City city	6,478	6,646	6,666	0.3%	3.2%	3.5%
Lake View town	789	789	789	0.0%	3.2%	3.2%
Lamar town	1,015	1,003	1,003	0.0%	3.2%	3.2%
Lancaster city	8,177	8,399	8,374	-0.3%	3.2%	3.2%
Landrum city	2,472	2,517	2,544	1.1%	3.2%	4.3%
Lane town	585	544	539	-0.9%	3.2%	3.2%
Latta town	1,410	1,465	1,490	1.7%	3.2%	4.9%
Laurens city	9,916	9,821	9,849	0.3%	3.2%	3.5%
Lexington town	9,793	13,585	14,110	3.9%	3.2%	7.1%

## 6 NOTICES

Liberty city	3,009	2,998	3,031	1.1%	3.2%	4.3%
Lincolnton town	904	874	850	-2.7%	3.2%	3.2%
Little Mountain town	255	259	262	1.2%	3.2%	4.4%
Livingston town	148	144	143	-0.7%	3.2%	3.2%
Lockhart town	39	506	502	-0.8%	3.2%	3.2%
Lodge town	114	114	114	0.0%	3.2%	3.2%
Loris city	2,079	2,309	2,290	-0.8%	3.2%	3.2%
Lowndesville town	166	165	163	-1.2%	3.2%	3.2%
Lowrys town	207	200	199	-0.5%	3.2%	3.2%
Luray town	115	113	113	0.0%	3.2%	3.2%
Lyman town	2,659	2,764	2,798	1.2%	3.2%	4.5%
Lynchburg town	588	586	580	-1.0%	3.2%	3.2%
McBee town	714	715	714	-0.1%	3.2%	3.2%
McClellanville town	459	476	471	-1.1%	3.2%	3.2%
McColl town	2,498	2,405	2,384	-0.9%	3.2%	3.2%
McConnells town	287	300	324	8.0%	3.2%	11.2%
McCormick town	1,489	2,695	2,705	0.4%	3.2%	3.6%
Manning city	4,025	4,008	4,017	0.2%	3.2%	3.5%
Marion city	7,042	6,982	6,959	-0.3%	3.2%	3.2%
Mauldin city	15,224	19,329	19,806	2.5%	3.2%	5.7%
Mayesville town	1,001	1,037	1,025	-1.2%	3.2%	3.2%
Meggett town	1,230	1,334	1,325	-0.7%	3.2%	3.2%
Moncks Corner town	5,952	6,506	6,572	1.0%	3.2%	4.2%
Monetta town	220	220	220	0.0%	3.2%	3.2%
Mount Croghan town	155	153	153	0.0%	3.2%	3.2%
Mount Pleasant town	47,609	57,914	59,113	2.1%	3.2%	5.3%
Mullins city	5,029	4,840	4,844	0.1%	3.2%	3.3%
Myrtle Beach city	22,759	26,931	28,597	6.2%	3.2%	9.4%
Neeses town	413	400	399	-0.3%	3.2%	3.2%
Newberry city	10,580	10,761	10,874	1.1%	3.2%	4.3%
New Ellenton town	2,250	2,265	2,252	-0.6%	3.2%	3.2%
Nichols town	408	403	404	0.2%	3.2%	3.5%
Ninety Six town	1,936	1,918	1,922	0.2%	3.2%	3.4%
Norris town	847	839	844	0.6%	3.2%	3.8%
North town	813	785	782	-0.4%	3.2%	3.2%
North Augusta city	17,574	19,463	19,926	2.4%	3.2%	5.6%
North Charleston city	79,641	85,944	87,482	1.8%	3.2%	5.0%
North Myrtle Beach city	10,974	14,383	14,972	4.1%	3.2%	7.3%
Norway town	389	368	365	-0.8%	3.2%	3.2%
Olanta town	613	624	626	0.3%	3.2%	3.5%
Olar town	237	220	218	-0.9%	3.2%	3.2%
Orangeburg city	12,765	13,560	13,563	0.0%	3.2%	3.2%
Pacolet town	2,690	2,726	2,755	1.1%	3.2%	4.3%
Pageland town	2,521	2,530	2,538	0.3%	3.2%	3.5%
Pamplico town	1,139	1,151	1,150	-0.1%	3.2%	3.2%
Parksville town	120	117	118	0.9%	3.2%	4.1%
Patrick town	354	351	350	-0.3%	3.2%	3.2%
Pawleys Island town	138	142	142	0.0%	3.2%	3.2%
Paxville town	248	248	249	0.4%	3.2%	3.6%
Peak town	61	62	62	0.0%	3.2%	3.2%
Pelion town	553	586	594	1.4%	3.2%	4.6%
Pelzer town	97	100	101	1.0%	3.2%	4.2%
Pendleton town	2,966	3,045	3,067	0.7%	3.2%	3.9%
Perry town	237	239	239	0.0%	3.2%	3.2%
Pickens city	3,012	2,977	2,996	0.6%	3.2%	3.9%
Pine Ridge town	1,593	1,705	1,739	2.0%	3.2%	5.2%
Pinewood town	459	499	494	-1.0%	3.2%	3.2%
Plum Branch town	98	96	96	0.0%	3.2%	3.2%

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Pomaria town	177	180	182	1.1%	3.2%	4.3%
Port Royal town	3,950	9,618	9,848	2.4%	3.2%	5.6%
Prosperity town	1,047	1,053	1,063	0.9%	3.2%	4.2%
Quinby town	842	861	865	0.5%	3.2%	3.7%
Ravenel town	2,214	2,303	2,268	-1.5%	3.2%	3.2%
Reevesville town	207	210	211	0.5%	3.2%	3.7%
Reidville town	478	502	509	1.4%	3.2%	4.6%
Richburg town	332	320	317	-0.9%	3.2%	3.2%
Ridgeland town	2,518	2,621	2,637	0.6%	3.2%	3.8%
Ridge Spring town	823	800	802	0.3%	3.2%	3.5%
Ridgeville town	1,690	2,024	2,026	0.1%	3.2%	3.3%
Ridgeway town	328	323	321	-0.6%	3.2%	3.2%
Rock Hill city	49,765	59,467	61,620	3.6%	3.2%	6.8%
Rockville town	137	132	130	-1.5%	3.2%	3.2%
Rowesville town	378	364	363	-0.3%	3.2%	3.2%
Ruby town	348	345	344	-0.3%	3.2%	3.2%
St. George town	2,092	2,117	2,120	0.1%	3.2%	3.4%
St. Matthews town	2,107	2,017	2,009	-0.4%	3.2%	3.2%
St. Stephen town	1,776	1,733	1,711	-1.3%	3.2%	3.2%
Salem town	126	130	131	0.8%	3.2%	4.0%
Salley town	410	413	414	0.2%	3.2%	3.5%
Saluda town	3,066	2,980	2,989	0.3%	3.2%	3.5%
Santee town	740	718	717	-0.1%	3.2%	3.2%
Scotia town	227	224	225	0.4%	3.2%	3.7%
Scranton town	942	994	995	0.1%	3.2%	3.3%
Seabrook Island town	1,250	1,211	1,192	-1.6%	3.2%	3.2%
Sellers town	277	267	267	0.0%	3.2%	3.2%
Seneca city	7,652	7,991	8,030	0.5%	3.2%	3.7%
Sharon town	421	451	471	4.4%	3.2%	7.7%
Silverstreet town	216	223	225	0.9%	3.2%	4.1%
Simpsonville city	14,352	15,526	16,017	3.2%	3.2%	6.4%
Six Mile town	553	569	574	0.9%	3.2%	4.1%
Smoaks town	140	125	124	-0.8%	3.2%	3.2%
Smyrna town	59	66	72	9.1%	3.2%	12.3%
Snelling town	246	245	245	0.0%	3.2%	3.2%
Society Hill town	700	697	697	0.0%	3.2%	3.2%
South Congaree town	2,266	2,346	2,397	2.2%	3.2%	5.4%
Spartanburg city	39,673	38,399	38,561	0.4%	3.2%	3.6%
Springdale town	2,877	2,914	2,946	1.1%	3.2%	4.3%
Springfield town	504	487	486	-0.2%	3.2%	3.2%
Starr town	173	188	192	2.1%	3.2%	5.4%
Stuckey town	263	245	243	-0.8%	3.2%	3.2%
Sullivan's Island town	1,911	1,893	1,873	-1.1%	3.2%	3.2%
Summerton town	1,061	1,048	1,049	0.1%	3.2%	3.3%
Summerville town	27,752	37,667	41,575	10.4%	3.2%	13.6%
Summit town	219	245	251	2.4%	3.2%	5.7%
Sumter city	39,643	39,511	39,159	-0.9%	3.2%	3.2%
Surfside Beach town	4,425	4,781	4,793	0.3%	3.2%	3.5%
Swansea town	533	764	779	2.0%	3.2%	5.2%
Sycamore town	185	178	177	-0.6%	3.2%	3.2%
Tatum town	69	65	64	-1.5%	3.2%	3.2%
Tega Cay city	4,044	4,375	4,547	3.9%	3.2%	7.2%
Timmons ville town	2,315	2,369	2,375	0.3%	3.2%	3.5%
Travelers Rest city	4,099	4,238	4,356	2.8%	3.2%	6.0%
Trenton town	226	274	275	0.4%	3.2%	3.6%
Troy town	105	107	107	0.0%	3.2%	3.2%
Turbeville town	602	720	721	0.1%	3.2%	3.4%
Ulmer town	102	98	97	-1.0%	3.2%	3.2%

## 8 NOTICES

Union city	8,793	8,314	8,241	-0.9%	3.2%	3.2%
Vance town	208	201	200	-0.5%	3.2%	3.2%
Varnville town	2,074	2,030	2,039	0.4%	3.2%	3.7%
Wagener town	863	876	877	0.1%	3.2%	3.3%
Walhalla city	3,801	3,730	3,704	-0.7%	3.2%	3.2%
Walterboro city	5,153	5,513	5,545	0.6%	3.2%	3.8%
Ward town	110	107	107	0.0%	3.2%	3.2%
Ware Shoals town	2,363	2,358	2,360	0.1%	3.2%	3.3%
Waterloo town	203	204	204	0.0%	3.2%	3.2%
Wellford city	2,030	2,281	2,305	1.1%	3.2%	4.3%
West Columbia city	13,064	13,446	13,670	1.7%	3.2%	4.9%
Westminster city	2,743	2,671	2,684	0.5%	3.2%	3.7%
West Pelzer town	879	897	902	0.6%	3.2%	3.8%
West Union town	297	301	303	0.7%	3.2%	3.9%
Whitmire town	1,512	1,525	1,539	0.9%	3.2%	4.1%
Williams town	116	119	119	0.0%	3.2%	3.2%
Williamston town	3,791	3,872	3,899	0.7%	3.2%	3.9%
Williston town	3,307	3,253	3,247	-0.2%	3.2%	3.2%
Windsor town	127	130	131	0.8%	3.2%	4.0%
Winnsboro town	3,599	3,667	3,647	-0.5%	3.2%	3.2%
Woodford town	196	189	189	0.0%	3.2%	3.2%
Woodruff city	4,229	4,103	4,096	-0.2%	3.2%	3.2%
Yemassee town	807	836	851	1.8%	3.2%	5.0%
York city	6,985	7,209	7,465	3.6%	3.2%	6.8%

Source: U.S. Bureau of  
the Census, Population  
Division



**Table 3 School District  
Millage Caps**

School District	1990 Census	2000 Census	Number	Percent Change	Projected School District Population July 2005	Projected Increase from July 2005 to July 2006 School Districts	Population Factor	CPI	Millage Cap
<b>ABBEVILLE COUNTY SCHOOL DISTRICT</b>	22,675	24,985	2,310	10.2%	24,869	-116	-0.5%	3.2%	3.2%
AIKEN COUNTY SCHOOL DISTRICT	120,994	142,552	21,558	17.8%	150,053	1,747	1.2%	3.2%	4.4%
AIKEN COUNTY SCHOOL DISTRICT PART IN SALUDA COUNTY	2,639	2,932	293	11.1%	2,910	9	0.3%	3.2%	3.5%
<b>AIKEN COUNTY SCHOOL DISTRICT TOTAL</b>	<b>123,633</b>	<b>145,484</b>	<b>21,851</b>	<b>17.7%</b>	<b>152,963</b>	<b>1,756</b>	<b>1.1%</b>	<b>3.2%</b>	<b>4.4%</b>
ALLENDALE COUNTY SCHOOL DISTRICT	11,722	11,211	-511	-4.4%	10,873	-125	-1.1%	3.2%	3.2%
<b>ANDERSON SCHOOL DISTRICT 01</b>	<b>32,770</b>	<b>40,595</b>	<b>7,825</b>	<b>23.9%</b>	<b>44,220</b>	<b>1,030</b>	<b>2.3%</b>	<b>3.2%</b>	<b>5.6%</b>
<b>ANDERSON SCHOOL DISTRICT 02</b>	<b>19,690</b>	<b>21,395</b>	<b>1,705</b>	<b>8.7%</b>	<b>22,185</b>	<b>224</b>	<b>1.0%</b>	<b>3.2%</b>	<b>4.2%</b>
ANDERSON SCHOOL DISTRICT 02 PART IN GREENVILLE COUNTY	176	250	74	42.0%	284	12	4.4%	3.2%	7.6%
<b>TOTAL ANDERSON SCHOOL DISTRICT 02</b>	<b>19,866</b>	<b>21,645</b>	<b>1,779</b>	<b>9.0%</b>	<b>22,469</b>	<b>237</b>	<b>1.1%</b>	<b>3.2%</b>	<b>4.3%</b>
ANDERSON SCHOOL DISTRICT 03	12,585	14,860	2,275	18.1%	15,914	300	1.9%	3.2%	5.1%
ANDERSON SCHOOL DISTRICT 04	15,995	19,135	3,140	19.6%	20,590	413	2.0%	3.2%	5.2%
ANDERSON SCHOOL DISTRICT 05	64,156	69,755	5,599	8.7%	72,349	737	1.0%	3.2%	4.2%
BAMBERG SCHOOL DISTRICT 01	8,852	9,077	225	2.5%	9,880	101	1.0%	3.2%	4.2%
BAMBERG SCHOOL DISTRICT 02	8,050	7,581	-469	-5.8%	5,907	-210	-3.5%	3.2%	3.2%

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<b>BARNWELL SCHOOL DISTRICT 19</b>	5,225	5,836	611	11.7%	5,800	-5	-0.1%	3.2%	3.2%
BARNWELL SCHOOL DISTRICT 29	4,758	5,291	533	11.2%	5,259	-4	-0.1%	3.2%	3.2%
BARNWELL SCHOOL DISTRICT 45	10,310	12,351	2,041	19.8%	12,230	-15	-0.1%	3.2%	3.2%
<b>BEAUFORT COUNTY SCHOOL DISTRICT</b>	<b>86,425</b>	<b>120,937</b>	<b>34,512</b>	<b>39.9%</b>	138,037	4,008	2.9%	3.2%	6.1%
BERKELEY COUNTY SCHOOL DISTRICT	128,776	142,651	13,875	10.8%	149,526	2,756	1.8%	3.2%	5.1%
CALHOUN COUNTY SCHOOL DISTRICT	12,753	15,185	2,432	19.1%	15,059	-33	-0.2%	3.2%	3.2%
CHARLESTON COUNTY SCHOOL DISTRICT	295,039	309,969	14,930	5.1%	329,482	2,435	0.7%	3.2%	4.0%
CHEROKEE COUNTY SCHOOL DISTRICT	43,279	50,750	7,471	17.3%	51,771	251	0.5%	3.2%	3.7%
CHESTER COUNTY SCHOOL DISTRICT	32,170	34,068	1,898	5.9%	33,093	-218	-0.7%	3.2%	3.2%
CHESTERFIELD COUNTY SCHOOL DISTRICT	38,577	42,768	4,191	10.9%	43,191	0	0.0%	3.2%	3.2%
CLARENDON SCHOOL DISTRICT 01	7,969	8,891	922	11.6%	9,033	48	0.5%	3.2%	3.8%
CLARENDON SCHOOL DISTRICT 02	15,481	17,381	1,900	12.3%	17,674	99	0.6%	3.2%	3.8%
CLARENDON SCHOOL DISTRICT 03	5,000	6,230	1,230	24.6%	6,420	64	1.0%	3.2%	4.2%
COLLETON COUNTY SCHOOL DISTRICT	34,377	38,264	3,887	11.3%	39,430	37	0.1%	3.2%	3.3%
DARLINGTON COUNTY SCHOOL DISTRICT	61,851	67,394	5,543	9.0%	67,369	182	0.3%	3.2%	3.5%
DILLON SCHOOL DISTRICT 01	4,829	5,465	636	13.2%	5,516	53	1.0%	3.2%	4.2%
DILLON SCHOOL DISTRICT 02	17,583	18,236	653	3.7%	18,288	54	0.3%	3.2%	3.5%

DILLON SCHOOL DISTRICT 03	6,702	7,021	319	4.8%	7,047	26	0.4%	3.2%	3.6%
DORCHESTER SCHOOL DISTRICT 02	67,291	79,783	12,492	18.6%	95,098	5,796	6.1%	3.2%	9.3%
DORCHESTER SCHOOL DISTRICT 04	15,769	16,630	861	5.5%	17,686	399	2.3%	3.2%	5.5%
EDGEFIELD COUNTY SCHOOL DISTRICT	18,375	24,595	6,220	33.9%	25,343	-82	-0.3%	3.2%	3.2%
FAIRFIELD COUNTY SCHOOL DISTRICT	22,295	23,454	1,159	5.2%	23,844	-34	-0.1%	3.2%	3.2%
FLORENCE SCHOOL DISTRICT 01	75,084	85,871	10,787	14.4%	90,121	981	1.1%	3.2%	4.3%
FLORENCE SCHOOL DISTRICT 02	6,366	6,700	334	5.2%	6,832	30	0.4%	3.2%	3.7%
FLORENCE SCHOOL DISTRICT 03	19,980	20,439	459	2.3%	20,620	42	0.2%	3.2%	3.4%
FLORENCE SCHOOL DISTRICT 04	7,184	6,945	-239	-3.3%	6,851	-22	-0.3%	3.2%	3.2%
FLORENCE SCHOOL DISTRICT 05	5,730	5,805	75	1.3%	5,835	7	0.1%	3.2%	3.3%
GEORGETOWN COUNTY SCHOOL DISTRICT	46,302	55,797	9,495	20.5%	60,215	645	1.1%	3.2%	4.3%
GREENVILLE COUNTY SCHOOL DISTRICT	318,188	377,358	59,170	18.6%	404,717	9,947	2.5%	3.2%	5.7%
GREENVILLE COUNTY SCHOOL DISTRICT PART IN SPARTANBURG COUNTY	8,807	10,126	1,319	15.0%	10,760	211	2.0%	3.2%	5.2%
GREENVILLE COUNTY SCHOOL DISTRICT PART IN LAURENS COUNTY	3,225	5,765	2,540	78.8%	5,916	28	0.5%	3.2%	3.7%
<b>GREENVILLE COUNTY SCHOOL DISTRICT TOTAL</b>	<b>330,220</b>	<b>393,249</b>	<b>63,029</b>	<b>19.1%</b>	<b>421,392</b>	<b>10,186</b>	<b>2.4%</b>	<b>3.2%</b>	<b>5.6%</b>
GREENWOOD SCHOOL DISTRICT 50	49,497	56,100	6,603	13.3%	57,665	348	0.6%	3.2%	3.8%
GREENWOOD SCHOOL DISTRICT 51	3,429	3,436	7	0.2%	3,438	0	0.0%	3.2%	3.2%
PART IN ABBEVILLE COUNTY	1,187	1,182	-5	-0.4%	1,182	0	0.0%	3.2%	3.2%
PART IN LAURENS COUNTY	2,142	2,522	380	17.7%	2,545	4	0.2%	3.2%	3.4%
<b>GREENWOOD SCHOOL DISTRICT 51 TOTAL</b>	<b>6,758</b>	<b>7,140</b>	<b>382</b>	<b>5.7%</b>	<b>7,164</b>	<b>5</b>	<b>0.1%</b>	<b>3.2%</b>	<b>3.3%</b>

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GREENWOOD SCHOOL DISTRICT 52	6,641	6,735	94	1.4%	6,757	5	0.1%	3.2%	3.3%
HAMPTON SCHOOL DISTRICT 01	11,866	13,046	1,180	9.9%	12,960	42	0.3%	3.2%	3.6%
HAMPTON SCHOOL DISTRICT 02	6,325	8,340	2,015	31.9%	8,193	73	0.9%	3.2%	4.1%
HORRY COUNTY SCHOOL DISTRICT	144,053	196,629	52,576	36.5%	227,520	10,973	4.8%	3.2%	8.0%
JASPER COUNTY SCHOOL DISTRICT	15,487	20,678	5,191	33.5%	21,409	400	1.9%	3.2%	5.1%
KERSHAW COUNTY SCHOOL DISTRICT	43,599	52,647	9,048	20.8%	56,341	1,149	2.0%	3.2%	5.3%
LANCASTER COUNTY SCHOOL DISTRICT	54,516	61,351	6,835	12.5%	63,060	568	0.9%	3.2%	4.1%
LAURENS SCHOOL DISTRICT 55	31,073	38,455	7,382	23.8%	38,892	82	0.2%	3.2%	3.4%
LAURENS SCHOOL DISTRICT 56	21,652	22,825	1,173	5.4%	22,895	13	0.1%	3.2%	3.3%
LEE COUNTY SCHOOL DISTRICT	18,437	20,119	1,682	9.1%	20,589	-30	-0.1%	3.2%	3.2%
LEXINGTON SCHOOL DISTRICT 01	53,840	85,104	31,264	58.1%	97,324	3,375	3.5%	3.2%	6.7%
LEXINGTON SCHOOL DISTRICT 02	55,928	59,960	4,032	7.2%	61,536	435	0.7%	3.2%	3.9%
LEXINGTON SCHOOL DISTRICT 03	10,699	10,805	106	1.0%	10,846	11	0.1%	3.2%	3.3%
PART IN SALUDA COUNTY	1,504	2,080	576	38.3%	2,037	18	0.9%	3.2%	4.1%
LEXINGTON SCHOOL DISTRICT 03 TOTAL	12,203	12,885	682	5.6%	12,884	30	0.2%	3.2%	3.5%
LEXINGTON SCHOOL DISTRICT 04	8,601	15,405	6,804	79.1%	18,065	735	4.1%	3.2%	7.3%

LEXINGTON SCHOOL DISTRICT 05	38,543	44,741	6,198	16.1%	47,164	669	1.4%	3.2%	4.6%
PART IN RICHLAND COUNTY	18,931	30,764	11,833	62.5%	37,919	2,171	5.7%	3.2%	9.0%
LEXINGTON SCHOOL DISTRICT 05 TOTAL	57,474	75,505	18,031	31.4%	85,082	2,840	3.3%	3.2%	6.6%
MARION SCHOOL DISTRICT 01	14,905	16,372	1,467	9.8%	15,747	-107	-0.7%	3.2%	3.2%
MARION SCHOOL DISTRICT 02	13,078	12,492	-586	-4.5%	12,742	43	0.3%	3.2%	3.6%
MARION SCHOOL DISTRICT 07	5,916	6,602	686	11.6%	6,310	-50	-0.8%	3.2%	3.2%
MARLBORO COUNTY SCHOOL DISTRICT	29,361	28,818	-543	-1.8%	27,722	1,430	5.2%	3.2%	8.4%
MCCORMICK COUNTY SCHOOL DISTRICT	8,868	9,958	1,090	12.3%	10,129	97	1.0%	3.2%	4.2%
NEWBERRY COUNTY SCHOOL DISTRICT	33,172	36,108	2,936	8.9%	37,315	447	1.2%	3.2%	4.4%
OCONEE COUNTY SCHOOL DISTRICT	57,494	66,215	8,721	15.2%	69,676	891	1.3%	3.2%	4.5%
ORANGEBURG SCHOOL DISTRICT 03	18,795	19,840	1,045	5.6%	19,737	-11	-0.1%	3.2%	3.2%
ORANGEBURG SCHOOL DISTRICT 04	16,776	20,430	3,654	21.8%	20,071	-38	-0.2%	3.2%	3.2%
ORANGEBURG SCHOOL DISTRICT 05	49,232	51,312	2,080	4.2%	51,108	-22	-0.0%	3.2%	3.2%
PICKENS COUNTY SCHOOL DISTRICT	93,894	110,757	16,863	18.0%	113,221	1,225	1.1%	3.2%	4.3%
RICHLAND SCHOOL DISTRICT 01	197,131	194,428	-2,703	-1.4%	192,794	-496	-0.3%	3.2%	3.2%
RICHLAND SCHOOL DISTRICT 02	69,658	95,485	25,827	37.1%	111,101	4,738	4.3%	3.2%	7.5%
SALUDA COUNTY SCHOOL DISTRICT	12,160	14,169	2,009	16.5%	14,020	64	0.5%	3.2%	3.7%
SPARTANBURG SCHOOL DISTRICT 01	20,772	25,362	4,590	22.1%	27,568	735	2.7%	3.2%	5.9%
PART IN GREENVILLE COUNTY	1,694	2,008	314	18.5%	2,153	53	2.5%	3.2%	5.7%

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SPARTANBURG SCHOOL DISTRICT 01 TOTAL	22,466	27,370	4,904	21.8%	29,721	788	2.7%	3.2%	5.9%
SPARTANBURG SCHOOL DISTRICT 02 PART IN CHEROKEE COUNTY	34,117	42,718	8,601	25.2%	46,852	1,378	2.9%	3.2%	6.2%
	1,336	1,787	451	33.8%	1,849	15	0.8%	3.2%	4.0%
SPARTANBURG SCHOOL DISTRICT 02 TOTAL	35,453	44,505	9,052	25.5%	48,701	1,393	2.9%	3.2%	6.1%
SPARTANBURG SCHOOL DISTRICT 03	16,848	17,195	347	2.1%	17,362	56	0.3%	3.2%	3.5%
SPARTANBURG SCHOOL DISTRICT 04	14,814	17,490	2,676	18.1%	18,776	429	2.3%	3.2%	5.5%
SPARTANBURG SCHOOL DISTRICT 05	26,138	32,085	5,947	22.8%	34,943	952	2.7%	3.2%	6.0%
SPARTANBURG SCHOOL DISTRICT 06	44,875	53,745	8,870	19.8%	58,008	1,421	2.4%	3.2%	5.7%
SPARTANBURG SCHOOL DISTRICT 07	60,429	55,070	-5,359	-8.9%	52,494	-858	-1.6%	3.2%	3.2%
SUMTER SCHOOL DISTRICT 02	47,489	54,728	7,239	15.2%	55,675	-1,725	-3.1%	3.2%	3.2%
SUMTER SCHOOL DISTRICT 17	55,148	49,919	-5,229	-9.5%	49,235	1,246	2.5%	3.2%	5.8%
UNION COUNTY SCHOOL DISTRICT	30,337	29,881	-456	-1.5%	28,511	-205	-0.7%	3.2%	3.2%
WILLIAMSBURG COUNTY SCHOOL DISTRICT	36,815	37,217	402	1.1%	35,272	833	2.4%	3.2%	5.6%
YORK SCHOOL DISTRICT 01	21,011	26,980	5,969	28.4%	31,576	1,608	5.1%	3.2%	8.3%
YORK SCHOOL DISTRICT 02	18,845	24,625	5,780	30.7%	29,075	1,558	5.4%	3.2%	8.6%
YORK SCHOOL DISTRICT 03	74,298	87,649	13,351	18.0%	97,928	3,598	3.7%	3.2%	6.9%
YORK SCHOOL DISTRICT 04	17,343	25,360	8,017	46.2%	31,532	2,160	6.9%	3.2%	10.1%
TOTAL SOUTH CAROLINA SCHOOL DISTRICTS	3,486,703	4,012,012	525,309	15.1%	4,246,933	74,316	1.7%	3.2%	5.0%

Source: Office of Research and Statistics

**DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

In accordance with Section 44-7-200(C), Code of Laws of South Carolina, the public is hereby notified that a Certificate of Need application has been accepted for filing and publication July 27, 2007, 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 Mr. Albert N. Whiteside, Director, Division of Planning and Certification of Need, 2600 Bull St., Columbia, SC 29201 at (803) 545-4200.

## Affecting Beaufort County

Replacement of a single-slice Computed Tomography (CT) scanner with a sixteen (16) slice CT scanner  
Lowcountry Medical Group, LLC  
Beaufort, South Carolina  
Project Cost: \$642,522

## Affecting Greenville County

Permanent transfer of fifteen (15) nursing home beds from Roger Huntington Nursing Center (RHNC) to Greenville Memorial Medical Center for a total of one-hundred sixty-one (161) nursing home beds at RHNC and fifteen (15) nursing home beds at Greenville Memorial Medical Center Subacute Care Unit  
Greenville Hospital System  
Greenville, South Carolina  
Project Cost: \$0

Purchase of an open 1.0T Magnetic Resonance Imaging (MRI) unit to be located at the Patewood Outpatient Center  
Greenville Hospital System  
Greenville, South Carolina  
Project Cost: \$3,200,000

## Affecting Greenwood County

Renovations and modernization of the Radiology Department to include the replacement of a fixed single-slice Computed Tomography (CT) scanner with a sixty-four (64)-slice CT scanner, the addition of a new sixteen (16)-slice CT scanner (for a total complement of three (3) CT scanners) and a multi-purpose x-ray unit  
Self Regional Healthcare  
Greenwood, South Carolina  
Project Cost: \$7,476,473

## Affecting Kershaw County

Addition of eight (8) skilled nursing home beds resulting in a total of ninety-six (96) skilled nursing home beds of which eight (8) will not participate in the Medicaid (Title XIX) Program  
A. Sam Karesh Long Term Care Center  
Camden, South Carolina  
Project Cost: \$418,136

## 16 NOTICES

### Affecting Oconee County

Replacement of the existing single-slice Computed Tomography (CT) scanner with a sixteen (16)-slice CT scanner

Oconee Memorial Hospital

Seneca, South Carolina

Project Cost: \$1,303,634

### Affecting Spartanburg County

Construction for the replacement and relocation of the existing 1.5 Magnetic Resonance Imaging (MRI) unit currently located at the Regional Outpatient Center with a 3.0T MRI to be housed adjacent to the Comprehensive Breast Center

Spartanburg Regional Medical Center

Spartanburg, South Carolina

Project Cost: \$3,497,951

In accordance with S.C. DHEC Regulation 61-15, the public and affected persons are hereby notified that the review cycle has begun for the following project(s) and a proposed decision will be made within 60 days beginning July 27, 2007. "Affected persons" have 30 days from the above date to submit comments or requests for a public hearing to Mr. Albert N. Whiteside, Director, Division of Planning and Certification of Need, 2600 Bull Street, Columbia, S.C. 29201. For further information call (803) 545-4200.

### Affecting Beaufort County

Replacement of a single-slice Computed Tomography (CT) scanner with a sixteen (16) slice CT scanner

Lowcountry Medical Group, LLC

Beaufort, South Carolina

Project Cost: \$642,522

### Affecting Charleston County

Renovation of existing space, purchase of a second mammography unit and purchase of a Magnetic Resonance Imaging (MRI) unit optimized for breast imaging

Charleston Breast Center Inc.

Charleston, South Carolina

Project Cost: \$3,099,094

Upgrade of existing angiography equipment from analog to digital

Medical University of South Carolina Medical Center

Charleston, South Carolina

Project Cost: \$1,157,528

### Affecting Florence County

Renovation of the surgery department to include the addition of angiographic equipment, which will result in a change from three (3) to two (2) cystoscopy rooms

Carolinas Hospital System

Florence, South Carolina

Project Cost: \$3,905,673



Affecting Greenville County

Purchase and installation of an Extremity 1.0T Magnetic Resonance Imaging (MRI) unit to be located in the Patewood Medical Office Building C of the Steadman Hawkins Clinic of the Carolinas  
Greenville Hospital System  
Greenville, South Carolina  
Project Cost: \$636,082

Construction of a forty-four (44) bed institutional nursing care facility which does not provide a community service as part of a proposed Continuing Care Retirement Community  
Skilled Nursing Center at Cascades Verde  
Greenville, South Carolina  
Project Cost: \$7,217,623

Affecting Greenwood County

Renovations and modernization of the Radiology Department to include the replacement of a fixed single-slice Computed Tomography (CT) scanner with a sixty-four (64)-slice CT scanner, the addition of a new sixteen (16)-slice CT scanner (for a total complement of three (3) CT scanners) and a multi-purpose x-ray unit  
Self Regional Healthcare  
Greenwood, South Carolina  
Project Cost: \$7,476,473

Affecting Horry County

Replacement of the annex building to include the emergency department, ICU and pharmacy  
Loris Community Hospital  
Loris, South Carolina  
Project Cost: \$18,084,160

Affecting Lancaster County

Construction of a freestanding radiation therapy center to include the purchase and installation of a fixed linear accelerator and a four (4) slice Computed Tomography (CT) scanner  
South Carolina Oncology Services, LLC  
Lancaster, South Carolina  
Project Cost: \$8,631,333

Affecting Oconee County

Construction for the addition of five (5) inpatient hospice beds for a total of fifteen (15) inpatient beds  
OMH Hospice of the Foothills  
Seneca, South Carolina  
Project Cost: \$766,742

## 18 NOTICES

### DEPARTMENT OF LABOR, LICENSING AND REGULATION OFFICE OF STATE FIRE MARSHAL

#### NOTICE OF GENERAL PUBLIC INTEREST

Notice is hereby given that, in accordance with Section 1-34-30 of the 1976 Code of Laws of South Carolina, as amended, the Department of Labor, Licensing and Regulation, Office of State Fire Marshal hereby adopts the latest edition of the following nationally recognized code.

1. International Fire Code, 2006 Edition
2. The original promulgating authority for this code is:  
International Code Council  
900 Montclair Road  
Birmingham, Alabama 35213-1206
3. This code is referenced by:  
South Carolina Code of Laws Section 23-9-60  
South Carolina Rules and Regulations 71-8301-3(A)

The Office of State Fire Marshal specifically requested comments concerning sections of these editions, which may be unsuitable for enforcement in South Carolina and received none. Therefore, the Office of State Fire Marshal hereby promulgates this latest edition without amendment.

### DEPARTMENT OF LABOR, LICENSING AND REGULATION OFFICE OF STATE FIRE MARSHAL

#### NOTICE OF GENERAL PUBLIC INTEREST

Notice is hereby given that, in accordance with Section 1-34-30 of the 1976 Code of Laws of South Carolina, as amended, the Department of Labor, Licensing and Regulation, Office of State Fire Marshal hereby adopts the latest edition of the following nationally recognized code.

1. International Building Code, 2006 Edition
2. The original promulgating authority for this code is:  
International Code Council  
900 Montclair Road  
Birmingham, Alabama 35213-1206
3. This code is referenced by:  
South Carolina Code of Laws Section 23-9-60  
South Carolina Rules and Regulations 71-8300.9(A)

The Office of State Fire Marshal specifically requested comments concerning sections of these editions, which may be unsuitable for enforcement in South Carolina and received none. Therefore, the Office of State Fire Marshal hereby promulgates this latest edition without amendment.

**DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**  
**CHAPTER 61**

Statutory Authority: S.C. Code Ann. Section 44-61-520 (Supp. 2006)

**Notice of Drafting:**

The Department of Health and Environmental Control proposes to draft new regulations establishing standards for the South Carolina trauma system. Interested persons may submit written comments to Alonzo W. Smith, Director, Division of EMS and Trauma, S.C. Department of Health and Environmental Control, 2600 Bull Street, Columbia, S.C. 29201. To be considered, all comments must be received no later than 5:00 p.m., August 27, 2007, the close of the drafting comment period.

**Synopsis:**

S.C. Code Ann. Section 44-61-520 (Supp. 2006) establishes requirements and procedures for the trauma system, including provisions for the issuance of the promulgation of regulations by the Department of Health and Environmental Control, designation of trauma centers, and conducting inspections. The proposed regulation will include, but not be limited to: definitions; references; categories of designation; certification requirements; fees required; exceptions to the standard; application process; inspection and investigation procedures and reporting requirements; inspection team composition; protocol and content for inspection; consultations; designation process; re-designation process; appeals process; change in designation status; notification of public of trauma center designation status; violation classifications; staffing requirements; patient records maintenance; electronic patient records; facility, equipment and care requirements; patient rights; grievance/complaint procedure for patients; trauma registry; trauma care fund; performance improvement program; roles and responsibilities of the Trauma Advisory Council; State and Regional Trauma Plan development; and a severability clause.

Legislative review of this proposal will be required.

**DEPARTMENT OF INSURANCE**  
**CHAPTER 69**

Statutory Authority: 1976 Code Section 1-23-110, 38-3-110 and 38-57-10 et al.

**Notice of Drafting:**

The South Carolina Department of Insurance proposes to promulgate a regulation that will set forth standards to protect United States military personnel from improper insurance sales practices. Interested persons may submit comments in writing to Ms. Gwendolyn Fuller McGriff, Deputy Director and General Counsel, South Carolina Department of Insurance, Post Office Box 100105, Columbia, South Carolina 29202.

**Synopsis:**

On September 29, 2006 President George W. Bush signed into law the Military Personnel Financial Services Protection Act (the "Act"). The Act includes a statement of intent by Congress that the states should work collectively with the Secretary of Defense to "ensure implementation of appropriate standards to protect members of the armed forces from dishonest and predatory insurance sales practices while on military installation." The Act further recommends that the NAIC report back to Congress on the extent to which the states have fulfilled this mandate by September 29, 2007. The NAIC created the Military Sales Working Group on December 10, 2006 to begin work on this issue. Concluding a drafting and comment process, the NAIC adopted the Military Sales Practices Regulation on June 4, 2007.

## 20 DRAFTING

The South Carolina Department of Insurance proposes to promulgate a regulation that will set forth the standards to protect active duty service members of the United States Armed Forces from dishonest and predatory insurance sales practices by declaring certain identified practices to be false, misleading deceptive or unfair. This regulation shall be based upon the NAIC Military Sales Practices Model Regulation and shall apply to the solicitation or sale of any life insurance of annuity product by an insurer or insurance producer to an active duty service member of the United States Armed Forces.

The proposed regulation will require legislative review.

**DEPARTMENT OF TRANSPORTATION**  
CHAPTER 63  
Statutory Authority: 1976 Code Section 57-1-370 as amended 2007  
SCDOT Commission Approval of Certain Actions

### Notice of Drafting:

The South Carolina Department of Transportation proposes to draft new regulations setting forth the procedure for Commission review and approval of requests for resurfacing, installation of new signals, curb cuts on primary roads, bike lanes, or construction projects under ten million dollars as required by Act 114 of 2007. Interested persons may submit comments to Ms. Deborah Brooks Durden, SCDOT, PO Box 191, Columbia, SC 29202-0191. To be considered, comments must be received no later than 5 p.m. on August 27, 2007, the close of the drafting comment period.

### Synopsis:

The General Assembly passed Act 114 of 2007. Section 57-1-370(N) of the Act requires approval by the SCDOT Commission of certain actions and projects, and requires the department to promulgate regulations implementing procedures detailing the approval process.

The proposed regulation will provide for a procedure for obtaining SCDOT Commission review and approval of requests for resurfacing, installation of new signals, curb cuts on primary roads, bike lanes, or construction projects under ten million dollars and certification that the requests are needed based on objective and quantifiable factors.

Legislative review of this proposal will be required.

**DEPARTMENT OF TRANSPORTATION**  
CHAPTER 63  
Statutory Authority: 1976 Code Section 57-1-360 as amended 2007  
Chief Internal Auditor

### Notice of Drafting:

The South Carolina Department of Transportation proposes to draft new regulations concerning the appointment and duties of the Chief Internal Auditor as required by Act 114 of 2007. Interested persons may submit comments to Ms. Deborah Brooks Durden, SCDOT, Post Office Box 191, Columbia, SC 29202-0191. To be considered, comments must be received no later than 5 p.m. on August 27, 2007, the close of the drafting comment period.

**Synopsis:**

The General Assembly passed Act 114 of 2007 which provides for the position of Chief Internal Auditor at 57-1-360 and requires the department to promulgate regulations concerning the position of Chief Internal auditor.

The proposed regulation will set forth the mission, functions, responsibilities, authorizations and standards of the Chief Internal Auditor.

Legislative review of this proposal will be required.

**DEPARTMENT OF TRANSPORTATION****CHAPTER 63**

Statutory Authority: 1976 Code Section 57-1-360 as amended 2007  
Highway Project Prioritization

**Notice of Drafting:**

The South Carolina Department of Transportation proposes to draft new regulations setting forth the procedure for prioritizing certain highway improvement projects as required by Act 114 of 2007. Interested persons may submit comments to Ms. Deborah Brooks Durden, SCDOT, Post Office Box 191, Columbia, SC 29202-0191. To be considered, comments must be received no later than 5 p.m. on August 27, 2007, the close of the drafting comment period.

**Synopsis:**

The General Assembly passed Act 114 of 2007 which set forth criteria for consideration in establishing a priority list of highway improvement projects. Section 57-1-370(H) of the Act requires the department to promulgate regulations applying the criteria which are contained in Section 57-1-370(B)(8).

The proposed regulation will establish the criteria and procedure for establishing a priority list of projects to be undertaken from nontransportation management area metropolitan planning organizations' transportation improvement programs or nonmetropolitan area projects included in the Statewide Transportation Improvement Program. It will also establish a procedure for applying those criteria within metropolitan planning organizations designated as transportation management areas to the extent permitted by federal law and regulations.

Legislative review of this proposal will be required.

**DEPARTMENT OF TRANSPORTATION****CHAPTER 63**

Statutory Authority: 1976 Code Section 57-1-460 - 470 as amended 2007  
Secretary of Transportation Approval of Certain Actions

**Notice of Drafting:**

The South Carolina Department of Transportation proposes to draft new regulations setting forth the procedure for Secretary of Transportation approval of requests for routine operation and maintenance or emergency repairs as required by Act 114 of 2007. Interested persons may submit comments to Ms. Deborah Brooks Durden, SCDOT, Post Office Box 191, Columbia, SC 29202-0191. To be considered, comments must be received no later than 5 p.m. on August 27, 2007, the close of the drafting comment period.

## **22 DRAFTING**

### **Synopsis:**

The General Assembly passed Act 114 of 2007. Section 57-1-460 of the Act requires the Secretary to evaluate and approve requests for routine operation and maintenance or emergency repairs. Section 57-1-470 requires the Secretary to make a report to the Commission and the Commission to make findings as to whether requests approved by the Secretary meet the needs of the public based upon objective and quantifiable factors. Section 8 of the Act requires the department to promulgate regulations implementing procedures detailing the approval process.

The proposed regulation will provide for a procedure for Secretary of Transportation approval and reporting, and Commission findings concerning requests for routine operation and maintenance or emergency repairs.

Legislative review of this proposal will be required.

Document No. 3133  
**DEPARTMENT OF AGRICULTURE**  
CHAPTER 5  
Statutory Authority: 1976 Code Section 39-9-70

R 5-500 et al. Weights and Measures.

**Preamble:**

The Department of Agriculture proposes these amendments to clarify and to provide a more efficient process for regulating and standardizing weights and measures used to weigh products purchase or traded based on weight.

Notice of Drafting for the proposed amendments was published in the State Register on March 23, 2007.

Section by Section Discussion

(1.) Standard Weights of Commodities

SECTION CITATION; EXPLANATION:

5-500 This section adds commodities and their standards as they are commonly sold.

(2) Berries & Small Fruits.

SECTION CITATION; EXPLANATION:

5-510 Delete.

(3) Butter, Oleomargarine, and Margarine

SECTION CITATION; EXPLANATION:

5-511 Delete.

(4) Flour, Corn Meal and Hominy Grits

SECTION CITATION; EXPLANATION:

5-512 Delete.

(5) Meats, Poultry and Seafood

SECTION CITATION; EXPLANATION:

5-513 Delete.

(6) Fluid Milk Products

SECTION CITATION; EXPLANATION:

5-514 Delete.

(7) Other Milk Products

SECTION CITATION; EXPLANATION:

5-515 Delete.

(8) Pickles

SECTION CITATION; EXPLANATION:

5-516 Delete

(9) [Standard Weights and Sizes of Loaves of Bread]

SECTION CITATION; EXPLANATION:

5-517 Delete

## 24 PROPOSED REGULATIONS

(10).Coatings

SECTION CITATION;EXPLANATION:

5-520 Delete

(11).Sealants

SECTION CITATION; EXPLANATION:

5-521 Delete

(12).Peat and Peat Moss

SECTION CITATION; EXPLANATION:

5-522 Delete

(13).Roofing and Roofing Material.

SECTION CITATION; EXPLANATION:

5-523 Delete

(14).Packaging and Labeling Regulation; Application

SECTION CITATION; EXPLANATION:

5-530 Delete

(15).Definitions

SECTION CITATION; EXPLANATION:

5-531 Delete

(16).Identity

SECTION CITATION; EXPLANATION:

5-532 Delete

(17).Declaration of Responsibility: Consumer and Nonconsumer Packages

SECTION CITATION; EXPLANATION:

5-533 Delete

(18).Declaration of Quantity: Consumer Packages

SECTION CITATION; EXPLANATION:

5-534 Delete

(19).Declaration of Quantity: Nonconsumer Packages

SECTION CITATION;EXPLANATION:

5-535 Delete

(20).Prominence and Placement: Consumer Packages

SECTION CITATION; EXPLANATION:

5-536 Delete

Prominence and Placement: Nonconsumer Packages

SECTION CITATION; EXPLANATION:

5-537 Delete

(21). Requirements: Specific Consumer Commodities, Packages, Containers.

SECTION CITATION; EXPLANATION:

5-538 Delete



(22).Exemptions

SECTION CITATION; EXPLANATION:

5-539 Delete

(23).Variation to be Allowed.

SECTION CITATION; EXPLANATION:

5-540 Delete

(24).Voluntary Registration of Servicemen for Commercial Weighing and Measuring Devices: Definitions

SECTION CITATION; EXPLANATION:

5-550 Delete

(25).Policy

SECTION CITATION; EXPLANATION:

5-551 Delete

(26).Reciprocity

SECTION CITATION; EXPLANATION:

5-552 Delete

(26).Registration Fee

SECTION CITATION; EXPLANATION:

5-553 Delete

(27).Voluntary Registration

SECTION CITATION; EXPLANATION:

5-554 Delete

(28).Certificate of Registration

SECTION CITATION; EXPLANATION:

5-555 Delete

(29).Privileges of a Voluntary Registrant

SECTION CITATION; EXPLANATION:

5-556 Delete

(30).Placed in Service Report

SECTION CITATION; EXPLANATION:

5-557 Delete

(31).Standards and Testing Equipment

SECTION CITATION; EXPLANATION:

5-558 Delete

(32).Revocation of Certificate of Registration

SECTION CITATION; EXPLANATION:

5-559 Delete

(33).Publication of Lists of Registered Servicemen

SECTION CITATION; EXPLANATION:

5-560 Delete

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(34). Sale or Distribution of Bulk Meat.

SECTION CITATION; EXPLANATION:

5-570 Delete

### **Notice of Public Hearing and Opportunity for Public Comment:**

Should a hearing be requested pursuant to Section 1-23-110(A)(3) of the S.C. Code, as amended, such hearing will be held on August 31 at 10:00 a.m. at the Ramage Conference Center, 1001 Bluff Road, Columbia, SC 29201. Persons desiring to make oral comment at the hearing are asked to provide written copies of their presentation for the record. If no request for a hearing is received by August 29, 2007, the hearing will be canceled.

In addition, written comments may also be submitted. All written comments and requests for a public hearing should be directed to Ms. Beth Crocker, General Counsel, S.C. Department of Agriculture, P.O. Box 11280, Columbia, SC 29211-1280 no later than August 29, 2007.

### **Preliminary Fiscal Impact Statement:**

No additional state funding is requested.

### **Statement of Need and Reasonableness:**

DESCRIPTION OF REGULATION: Weights and Measures.

Purpose: To clarify and improve the terms and standards used for the regulation of weighing and measuring devices used to sell products to consumers in South Carolina. The standards referenced in these regulations are national in scope and will provide uniform protection to consumers purchasing products sold by weight and other standard units of measurement.

Legal Authority: The legal authority for Regulations 5-500 et seq. is Section 39-9-70, S.C. Code of Laws.

Plan for Implementation: The proposed regulations will take effect upon publication in the *State Register* and may be implemented by providing copies of the regulation upon request.

### **DETERMINATION OF NEED AND REASONABLNESS OF THE PROPOSED REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:**

The proposed regulations will provide clarification of the standards and terminology normally used by the Department in carrying out its responsibilities and enforcement of weights and measure regulation throughout the State, as well as providing uniformity with other states.

DETERMINATION OF COSTS AND BENEFITS: There will be a benefit to all citizens by the amendment of these regulations, which will help to clarify and unify the standards referred to when dealing with the regulation and requirements for weight and measurement devices, as well as products that are sold and traded based on weight and volume.

UNCERTAINTIES OF ESTIMATES: None.

EFFECT ON ENVIRONMENT AND PUBLIC HEALTH: The proposed regulations help to clarify and improve the standards used by this Department to ensure accurate and uniform weights and measures are used for the commercial sale of products by weight to all citizens of South Carolina.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED: There will be no detrimental effect upon the environment or the public health if these regulations are not implemented.

**Statement of Rationale:**

The purpose of this proposal is to implement Regulation 5-500 et seq., concerning the administration and enforcement of the Weights and Measures Regulatory Program, as well as clarifying the standards to be used by the Department. Standards for certain agricultural commodities were added to correct for a previous oversight in publication of the regulation. Other provisions and standards were deleted to provide clarification that most standards used by the Department are uniform standards put forth by the National Conference of Weights and Measures. Clarification was also added to define that all references to the “director” in the uniform standards should mean the “Commissioner of Agriculture” in South Carolina. The regulations also provide clarification that weights and measuring devices in use before January 1, 1995 are eligible for exemptions as provided in the uniform regulations as adopted by South Carolina. This proposal is reasonable in that it is the department’s responsibility to maintain and implement regulations that are required by law, and to update them so that they remain consistent with the law.

**Text:**

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

Document No. 3134

**DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
CHAPTER 61**

Statutory Authority: S.C. Code Ann. Section 44-7-250, *et seq.* (2002 and Supp. 2005)

**R.61-17, *Standards For Licensing Nursing Homes***

**Preamble:**

S.C. Code Section 1-23-120 directs that staff of State agencies review their regulations every five years and update them if necessary. R.61-17 was last amended February 28, 1992. Since that time there has been added emphasis regarding emergency preparedness, there have been changes in applicable laws, *e.g.*, minimum resident-staff ratios for nursing homes, criminal record checks of direct care staff, Alzheimer’s Special Care Disclosure Act, Bill of Rights for Residents of Long-Term Care Facilities, and changes in national building standards, *i.e.*, International Building Code, and there have been certain guidelines, directives, interpretations, and changes in Division policy that have led to the necessity to amend these regulations in order to make them more up-to-date. This proposed revision of R.61-17 will bring the regulation current and will comply with the statutory requirement.

The Department proposes to revise the regulation in its entirety to include, but not be limited to; update and expand definitions; clarify licensing requirements; update licensing fee amounts; describe inspection and reporting requirements; add reference to Departmental consultations; update enforcement action procedures; add facility policy/procedures and quality improvement standards; clarify admission and retention standards; add resident restraints and safety precaution standards; update staff training requirements; update sections related to treatment, services, and care; update sections regarding resident record content and maintenance; add quality initiatives related to the resident’s experience of care; update physical examination and tuberculin screening requirements; add infection control standards; add standards related to advancing technology and electronic records; update medication management standards; add reporting requirements; add resident rights

## 28 PROPOSED REGULATIONS

and assurances standards; update dietary and meal service requirements; add emergency procedures/disaster preparedness and facility evacuation standards; amend design, construction, and fire prevention requirements; add exceptions related to the operation of nursing homes; and add a severability clause.

A Notice of Drafting for this proposed revision was published in the *State Register* on November 24, 2006. Legislative review will be required.

### Discussion of Proposed Revision:

#### Table of Contents:

#### Section A. “Definitions and Interpretations”

Section heading was renumbered from “A.” to “100.” to reflect the proposed numbering system. Section title was amended to be consistent with other DHEC regulations. Licensing fee standards incorporated in proposed Section 200. Penalty standards incorporated in proposed Section 400.

#### Section B. “Management”

Section B. “Management” was deleted. Application for licensing standards incorporated in proposed Section 200. Emergency call data standards and continuity of essential services standards incorporated in proposed Section 1500. Staff, staff training, staff health standards incorporated in proposed Section 600. Reports and records standards incorporated in proposed Section 700. Resident rights standards incorporated in proposed Section 1100. Disaster preparedness standards incorporated in proposed Section 1500.

**Proposed Section added: “200 – License Requirements and Fees”** (see current Sections A.(2)(e), B.(1), and B.(2)).

**Proposed Section added: “300 – Enforcing Regulations”.**

**Proposed Section added: “400 – Enforcement Actions”.**

#### Section C. “General Policies”

Section heading was renumbered from “C.” to “500.” to reflect the proposed numbering system and renamed “Policies and Procedures” for clarity and readability.

#### Section D. “Resident Care”

Section D. “Resident Care” was deleted. Physician services standards, dental services standards, and oxygen standards incorporated in proposed Section 1000. Admission standards incorporated in proposed Section 900. Physical examination and tuberculin screening incorporated in proposed Section 1200. Infection control standards incorporated in proposed Section 1800.

#### Section E. “Nursing and Direct Care Services”

Section E. “Nursing and Direct Care Services” was deleted. Organization standards, nurse licensing, and staffing requirement standards incorporated in proposed Section 600. Standards for direct care volunteers incorporated in proposed Section 600. Procedure manual standards incorporated in proposed Section 500. Care plan standards incorporated in proposed Section 800. Administration of medication standards incorporated in proposed Section 1300. Safety precaution standards incorporated in proposed Section 1000. Cleaning and use of equipment and supplies incorporated in Section 1800. Drinking water container standards incorporated in proposed Section 1400.

#### Section F. “Pharmaceutical Services”

Section F. “Pharmaceutical Services” was deleted. Medication review standards, dispensing, labeling and storing medications standards, control and accountability standards, emergency medication standards, and conformance with orders standards incorporated in proposed Section 1300 and renamed “Medication

Management” for clarity and readability. Medication error reporting standards incorporated in proposed Section 700.

**Proposed Section added: “600 – Staff/Training”** (see current Sections B.(4)(d), (e), and (f)).

**Proposed Section added: “700 – Reporting”** (see current Section B.(7)).

**Section G. “Medical Records”**

Section G. “Medical Records” was renumbered from “G.” to “800.” to reflect the proposed numbering system and renamed “Resident Records” for clarity and readability.

**Section H. “Vital Statistics”**

Section H. “Vital Statistics” was deleted. Vital statistics standards incorporated in proposed Section 800.

**Section I. “Living Accommodations”**

Section I. “Living Accommodations” was deleted. Resident room standards incorporated in proposed Section 2800.

**Section J. “Maintenance, Housekeeping and Refuse Disposal”**

Section J. “Maintenance, Housekeeping and Refuse Disposal” was deleted. Maintenance standards incorporated in proposed Section 1700. Housekeeping standards and linen storage standards incorporated in proposed Section 1800. Refuse disposal standards incorporated in proposed Section 1400.

**Proposed Section added: “900 – Admission/Retention”** (see current Section D.(3)).

**Proposed Section added: “1000 – Resident Care and Services”** (see current Sections D.(1), (2), (4) and (5)).

**Proposed Section added: “1100 – Rights and Assurances”** (see current Section B.(9)).

**Proposed Section added: “1200 – Resident Physical Examination And Tuberculosis Screening”** (see current Section D.)

**Proposed Section added: “1300 – Medication Management”** (see current Section F.).

**Section K. “Food Service”**

Section K. “Food Service” was renumbered from “K.” to “1400.” to reflect the proposed numbering system and renamed “Meal Service” for clarity and readability.

**Section L. “Fire and Disaster Protection and Equipment”**

Section L. “Fire and Disaster Protection and Equipment” was deleted. Arrangements for Fire Department protection standards, tests and inspection standards, and plans and training for fires and other internal emergencies standards incorporated in proposed Section 1600. Fire protection equipment and systems standards incorporated in proposed Section 2300. Corridor obstruction standards incorporated in proposed Section 2800. Exit sign, illumination, and emergency electrical service standards incorporated in proposed Section 2600.

**Section M. “Social Services”**

Section M. “Social Services” was deleted. Social services standards incorporated in proposed Section 1000.

**Section N. “Resident Activities”**

Section N. “Resident Activities” was deleted. Resident activities and recreation standards incorporated in proposed Section 1000.

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**Proposed Section added: “1500 – Emergency Procedures/Disaster Preparedness”** (see current Section B.(8)).

**Proposed Section added: “1600 – Fire Prevention”** (see current Section L.(1)).

**Proposed Section added: “1700 – Maintenance”** (see current Section J.(1)).

**Proposed Section added: “1800 – Infection Control and Environment”** (see current Sections B.(4)(b), D.(3)(c), D.(5)).

**Proposed Section added: “1900 – Quality Improvement Program.”**

### **Section O. “Other Services”**

Section O. “Other Services” was deleted and incorporated in proposed Section 1000.

### **Section P. “General”**

Section P. “General” was deleted.

### **Section Q. “Design and Construction”**

Section heading was renumbered from “Q.” to “2000.” to reflect the proposed numbering system.

### **Section R. “General Construction Requirements”**

Section heading was renumbered from “R.” to “2100.” to reflect the proposed numbering system.

### **Section S. “Hazardous Elements of Construction”**

Section heading was renumbered from “S.” to “2200.” to reflect the proposed numbering system.

### **Section T. “Fire Protection”**

Section heading was renumbered from “T.” to “2300.” to reflect the proposed numbering system and renamed “Fire Protection Equipment and Systems” for clarity and readability.

### **Section U. “Exits”**

Section heading was renumbered from “U.” to “2400.” to reflect the proposed numbering system.

### **Section V. “Plumbing”**

Section heading was renumbered from “V.” to “2500.” to reflect the proposed numbering system and renamed “Water Supply/Hygiene” for clarity and readability.

### **Section W. “Electrical Requirements”**

Section heading was renumbered from “W.” to “2600.” to reflect the proposed numbering system and renamed “Electrical” for clarity and readability.

### **Section X. “Mechanical Requirements”**

Section heading was renumbered from “X.” to “2700.” to reflect the proposed numbering system and renamed “Heating, Ventilation, and Air Conditioning” for clarity and readability.

### **Section Y. “Facilities”**

Section heading was renumbered from “Y.” to “2800.” to reflect the proposed numbering system and renamed “Physical Plant” for clarity and readability.

**Section Z. “Kitchen Construction Requirements”**

Section Z. “Kitchen Construction Requirements” was deleted. Kitchen construction requirements incorporated in proposed Section 2000.

**Proposed Section added: “2900 – Severability”**

**Section AA. “General”**

Section heading was renumbered from “AA.” to “3000.” to reflect the proposed numbering system.

**Body of Document:**

**Section 100 includes definitions and references.**

- 101.A. - Proposed definition added for “Abuse”
- 101.B. - Proposed definition added for “Activities of Daily Living (ADL)”
- 101.C. - Proposed definition added for “Administering Medication”
- 101.D. - Proposed definition added for “Administrator”
- 101.E. - Proposed definition added for “Adult “
- 101.F. - Proposed definition added for “Advance Directive”
- 101.G. - Proposed definition added for “Airborne Infection Isolation (AII)”
- 101.H. - Proposed definition added for “Annual (Annually)”
- 101.I. - Proposed definition added for “Application”
- 101.J. - Proposed definition added for “Assessment”
- 101.K. - Proposed definition added for “Blood Assay for *Mycobacterium tuberculosis* (BAMT)”
- 101.L. - Proposed definition added for “Certified Nurse Aide (CNA)”
- 101.M.- Proposed definition added for “Change in Controlling Interest”
- 101.N. - Proposed definition added for “Change of Licensee”
- 101.O. - Proposed definition added for “Consultation”
- 101.P. - Proposed definition added for “Contact Investigation”
- 101.Q. - Proposed definition added for “Controlled Substance”
- 101.R. - Proposed definition added for “Controlling Interest”
- 101.S. - Proposed definition added for “Dentist”
- 101.T. - Definition inserted from former A.(1)(e), “Department”. Added “(DHEC)”.
- 101.U. - Definition inserted from former A.(1)(f), “Designee”. Definition now includes physician extenders.
- 101.V. - Proposed definition added for “Dietitian”
- 101.W.- Proposed definition added for “Direct Care Staff Member and Direct Care Volunteer”
- 101.X. - Proposed definition added for “Discharge”
- 101.Y. - Proposed definition added for “Dispensing Medication”
- 101.Z. - Proposed definition added for “Do Not Resuscitate (DNR) Order”
- 100AA. - Proposed definition added for “Electronic Signature”
- 101.AB. - Definition inserted from former A.(1)(g), “Existing Facility”. Non-substantive change.
- 101.AC. - Proposed definition added for “Exploitation”
- 101.AD. - Proposed definition added for “Facility”
- 101.AE. - Proposed definition added for “Family Council”
- 101.AF. - Proposed definition added for “Feeding Assistant”
- 101.AG. - Proposed definition added for “Fire Resistant”
- 101.AH. - Definition inserted from former A.(1)(i), “Fire-Resistive Rating”.
- 101.AI. - Proposed definition added for “Health Assessment”
- 101.AJ. - Proposed definition added for “Incident”
- 101.AK. - Proposed definition added for “Individual Care Plan (ICP)”
- 101.AL. - Proposed definition added for “Inspection”
- 101.AM. - Definition inserted from former A.(1)(k), “Institutional Nursing Home”.

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- 101.AN. - Proposed definition added for “Interdisciplinary Team”
- 101.AO. - Proposed definition added for “Investigation”
- 101.AP. - Proposed definition added for “Isolation”
- 101.AQ. - Proposed definition added for “Latent TB Infection (LTBI)”
- 101.AR. - Proposed definition added for “Legally Authorized Healthcare Provider”
- 101.AS. - Proposed definition added for “Legend Drug”
- 101.AT. - Proposed definition added for “License”
- 101.AU. - Proposed definition added for “Licensed Bed”
- 101.AV. - Proposed definition added for “Licensed Nurse”
- 101.AW. - Definition inserted from former A.(1)(l), “Licensee”. Clarification of definition.
- 101.AX. - Proposed definition added for “Medication”
- 101.AY. - Proposed definition added for “Monitoring”
- 101.AZ. - Proposed definition added for “Monthly”
- 101.BA. - Proposed definition added for “Neglect”
- 101.BB. - Definition inserted from former A.(1)(m), “New Facility”. Clarification of definition.
- 101.BC. - Proposed definition added for “Nonlegend Medication”
- 101.BD. - Proposed definition added for “Nursing Care”
- 101.BE. - Definition inserted from former A.(1)(n), “Nursing Home”. Non-substantive change.
- 101.BF. - Proposed definition added for “Occupational Therapist”
- 101.BG. - Proposed definition added for “On Call”
- 101.BH. - Proposed definition added for “On Duty”
- 101.BI. - Proposed definition added for “Outpatient”
- 101.BJ. - Proposed definition added for “Personal Care”
- 101.BK. - Proposed definition added for “Pharmacist”
- 101.BL. - Proposed definition added for “Physical Examination”
- 101.BM. - Proposed definition added for “Physical Therapist”
- 101.BN. - Proposed definition added for “Physician”
- 101.BO. - Proposed definition added for “Physician's Assistant”
- 101.BP. - Proposed definition added for “Quality Improvement Program”
- 101.BQ. - Proposed definition added for “Quarterly”
- 101.BR. - Proposed definition added for “Ramp”
- 101.BS. - Proposed definition added for “Repeat Violation”
- 101.BT. - Definition inserted from former A.(1)(p), “Resident”. Non-substantive change.
- 101.BU. - Proposed definition added for “Resident Council”
- 101.BV. - Proposed definition added for “Resident Room”
- 101.BW. - Proposed definition added for “Respite Care”
- 101.BX. - Proposed definition added for “Responsible Party”
- 101.BY. - Proposed definition added for “Restraint”
- 101.BZ. - Proposed definition added for “Revocation of License”
- 101.CA. - Proposed definition added for “Risk Assessment”
- 101.CB. - Proposed definition added for “Self-Administration”
- 101.CC. - Proposed definition added for “Shifts”
- 101.CD. - Proposed definition added for “Signal System”
- 101.CE. - Proposed definition added for “Signature”
- 101.CF. - Proposed definition added for “Staff Member”
- 101.CG. - Proposed definition added for “Suspension of License”
- 101.CH. - Proposed definition added for “Tuberculin Skin Test (TST)”
- 101.CI. - Proposed definition added for “Two-Step Testing”
- 101.CJ. - Proposed definition added for “Unit Dose”
- 101.CK. - Proposed definition added for “Unrelated (As in kinship)”
- 101.CL. - Proposed definition added for “Volunteer”
- 101.CM. - Proposed definition added for “Weekly”



- 101.CN. - Definition inserted from former A.(1)(o), "Nursing Station". Changed to "Work Station", non-substantive changes.
- 101.CO. - Proposed definition added for "Written"
- 102.A. - Lists the Departmental standards and/or publications that are referenced in this regulation.
- 102.B. - Lists the non-Departmental standards, publications, or organizations referenced in this regulation.
- 102.C. - This proposed subsection was added for compliance should new laws affect this regulation.

**Section 200 includes conditions for licensing and fees.**

201. This proposed subsection addresses license application and license issuance requirements. Current Section A.(2) was updated and incorporated in this section.

202. This proposed subsection addresses licensing fees (increasing from \$10.00 per licensed bed to \$30.00 per licensed bed). This proposed subsection also contains provisions for collecting licensing late fees in accordance with current Department budget proviso.

203. This proposed subsection addresses exceptions to licensing standards that may be granted provided the standard is not specifically required by statute has been updated.

**Section 300 is a proposed section that references the methods used in enforcing regulations, i.e., investigations, inspections, and consultations.**

301. This proposed subsection addresses the inspection/investigation methods that the Department uses to enforce this regulation.

302. This proposed subsection addresses the inspection/investigation process and is consistent with other Department regulations.

303. This proposed subsection addresses the origin of a consultation request.

**Section 400 references the types of enforcement actions that may be taken by the Department, the classifications of violations, and the appeal process.**

401. This proposed subsection updates paragraph one of the current Section A.(4) and addresses the types of enforcement actions that the Department may take.

402. This proposed subsection updates the violation classifications and monetary penalty ranges of the current Section A.(4). The monetary penalty ranges have increased in fifteen of the eighteen categories. The "Frequency of Violation of Standard" within a 24-month period has increased to a 36-month period.

**Section 500 is a proposed section that includes requirements for policies and procedures.**

501. This proposed subsection addresses the requirements for facility policies and procedures as well as the time period for a scheduled review and/or revision of the facility policies and procedures.

**Section 600 addresses the issues of staff and staff training.**

601. This proposed subsection addresses the employment requirements for staff, including direct care staff, and adds the requirements of checking for prior convictions, staff minimum qualifications, staff record information, staff time schedules, prohibition of staff having an active dependency on a psychoactive substance(s) that would impair his or her ability to perform assigned duties, staff name and title badges, and alternate sources of resident care services.

602. This proposed subsection addresses the statutory mandate for obtaining a criminal record check of all individuals who provide direct care to residents for the facility prior to employment or performance of duties.

603. This proposed subsection updates current Section B.(3), requirements of the facility administrator.

604. This proposed subsection updates parts of current Section E.(1) and E.(2) concerning the direct care staff, licensed nurses, and nonlicensed nurse staff, including an added requirement for all nurse aides to be certified.

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605. This proposed subsection adds the requirement for a facility medical director.

606. This proposed subsection updates current Section E.(3), the minimum staffing requirements for licensed and nonlicensed staff. Nonlicensed nursing staff resident-to-staff ratios have been updated to reflect statutory mandates.

607. This proposed subsection updates current Sections B.(4)(d), (e), and (f) concerning on-the-job training, orientation, and annual inservice training for the staff.

608. This proposed subsection updates current Section B.(4)(b), the requirements of the health assessment that is required of all staff members. The tuberculosis screening required in the current Sections B.(4) and D.(3) has been relocated to Sections 1803 and 1804.

609. This proposed subsection addresses the requirements for volunteers who work in the facility.

### **Section 700 addresses the issues of required reports and reporting topics.**

701. This proposed subsection includes current Section B.(7), accident and incident reporting to the Department, updating the examples of incidents that shall be included in a report. A report requirement of resident elopement has been added, as well as the statutory mandate to report resident abuse to the South Carolina Long-Term Care Ombudsman Program.

702. This proposed subsection updates current Section B.(7)(f), Fire Reports, changing the reporting time period to the Department from 10 days to 7 days.

703. This proposed subsection updates current Section D.(5)(b), reporting of communicable diseases and animal bites.

704. This proposed subsection updates current Section B.(3), and changes “shall be reported immediately” to the Department, to a proposed requirement of “within 10 days.”

705. This proposed subsection updates current Section B.(7)(e), Joint Annual Report.

706. This proposed subsection addresses the requirements related to the temporary or permanent closure of a facility.

707. This proposed subsection addresses the requirements related to incidents of zero census in a facility after 90 days.

### **Section 800 addresses the resident record content.**

801. This proposed subsection updates current Section G.(2), Medical Record Contents. Proposed items include information concerning Advance Directives, treatment, procedures, and wound care progress notes, observation notes, photograph of the resident (if permission has been granted), prohibition of unauthorized entries, and outpatient updates, if any.

802. This proposed subsection updates current Section G.(3), physician orders, and Section G.(1), rubber stamp signatures. Verbal order updates include changing the current Section G.(3)(a) requirement of “signed and dated... within 48 hours” to “within 30 days” except those verbal orders identified by a facility committee to be “authenticated... within a limited time period.” This proposed subsection also includes facility requirements for Standing Orders.

803. This proposed subsection updates current Section G.(2)(f), Interdisciplinary Care/Habilitation Plan, by describing the minimum components of the Individual Care Plan (ICP). The requirements of an ICP formulation “within 14 days of admission” and “quarterly” updates have not been changed.

804. This proposed subsection updates current Section G.(4), Record Storage, addresses record organization and accommodation, and adding alternative technological systems for archiving records. Privacy and resident records access requirements are included in this proposed subsection.

805. This proposed subsection, Electronic Resident Records, contains requirements for resident records to be maintained electronically if the facility elects to have such a system.

### **Section 900 includes the requirements for admission and retention.**

901. This proposed subsection updates current Section D.(3), Admissions, including admission requirements for the institutional nursing home setting, changing authorization “by physician order within 48

hours” to “two business days of admission.” Individuals not eligible for admission or retention and respite care requirements have been added to this proposed subsection.

**Section 1000 addresses resident care and services.**

1001. This proposed subsection includes the requirements for specific care, treatment, services, or equipment necessary agreement between the facility and the resident. Also included are requirements for disclosure of fees, advance notice requirements to change fees, refund provisions, transportation provisions, discharge and transfer provisions, statement of resident personal rights, the grievance procedures, pressure-related wound prevention, soiled or wet bed linen replacement, and the equipment and supplies required to administer cardiopulmonary resuscitation (CPR).

1002. This proposed subsection, Fiscal Management, addresses the minimum standards regarding the facility’s fiscal responsibilities to the resident.

1003. This proposed subsection, Recreation, updates current Section N.(1), Resident Activities, and adds minimum qualifications for the facility director of the resident activities program. Proposed standards include the residents autonomous control over a wide range of activities, the freedom of attending the church service of his or her choice, the stimulation and promotion of physical, spiritual, social, emotional, and intellectual well-being of bedridden residents.

1004. This proposed subsection updates current Section D.(2), Physician Services, and includes physician extenders as authorized to deliver physician services to a resident. Also added are requirements for obtaining a physician licensed in South Carolina when the resident’s attending physician is licensed in another state.

1005. This proposed subsection updates current Section M.(1), Social Services, and adds a requirement for the social history to be obtained within seven business days of admission and to use it, when necessary, in the development of the ICP.

1006. This proposed subsection updates current Section D.(4), Dental Services.

1007. This proposed subsection, Oxygen Therapy, updates current Section D.(6), Oxygen, and adds an exception regarding “No Smoking” signs in the facility.

1008. This proposed subsection, Laboratory Services, includes the requirement for the facility to obtain a CLIA waiver in accordance with federal guidelines if the facility examines materials derived from the human body for diagnosis, prevention, or treatment purposes.

1009. This proposed subsection, Outpatient Services, addresses minimum standards if the facility offers outpatient services.

1010. This proposed subsection, Other Services to Residents, updates current Section (O.), Other Services.

1011. This proposed subsection, Transportation, addresses the facility’s responsibilities in arranging transportation to appropriate healthcare providers for the residents, if necessary.

1012. This proposed subsection, Restraints, updates current Section (E.(4)(c), Safety Precautions, and adds requirements for monitoring the condition and responding to the needs of residents who are restrained as well as the types of restraints that may not be utilized.

1013. This proposed subsection, Discharge/Transfer, expands and updates current Section B.(7)(g), Transfer Agreement, and adds specific requirements for the discharge and transfer of residents.

**Section 1100 references resident rights and assurances.**

1101. This proposed subsection expands and updates current Section B.(9) Resident Rights, and adds specific requirements for resident rights and assurances. These rights and assurances include opportunities to provide input into changes in facility operational policies, procedures, and services; freedom of movement; given information regarding advance directives; furnished itemized billing for all facility charges; freedom to use the telephone; provided a quiet environment; and to be informed of the resident councils, if any.

1102. This proposed subsection, Resident and Family Councils, allows the resident and his or her family members to form and participate in resident and family councils. This proposed subsection adds standards that require the facility to assist with staff and space if such councils are created.

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### **Section 1200 includes requirements for resident physical examinations and tuberculosis screening.**

1201. This proposed subsection, Resident Physical Examination And Tuberculosis Screening, contains admission history and physical examination requirements from current Section G.(2)(b) and includes physician extenders as authorized to deliver physician services to a resident. This proposed subsection also requires tuberculosis screening (see current Section D.(3)(c)) in accordance with proposed Section 1804.

### **Section 1300 addresses medication management.**

1301. This proposed subsection updates current Sections F.(1)(a) and (e), Pharmaceutical Services.

1302. This proposed subsection, Medication and Treatment Orders, updates current Sections, F.(5), G.(2)(b)(3), G.(3)(b), and D.(6), regarding medication and treatment orders.

1303. This proposed subsection, Administering Medication, updates current Sections, F.(3)(j), F.(4)(e), F.(4)(f)(1), F.(7), F.(7)(b), regarding administering medications. Proposed items include the process of medication administration, medication procedures when a resident leaves the facility for an extended time, and a review Schedule II medications each shift change.

1304. This proposed subsection, Pharmacy Services, updates current Sections F.(1)(b), F.(2)(a) and (b), Medication Reviews. Proposed items include standards for the monthly review by the pharmacist, as well as a review of the unit dose system if a facility utilizes the system.

1305. This proposed subsection, Medication Containers, updates current Section F.(3)(b) and (e), dispensing, labeling and storing medications. Proposed items include procedures regarding changes in the dosage of resident medications.

1306. This proposed subsection, Medication Storage, updates current Section F.(3)(c), (d), (f), (g), (h), F.(4)(f)(2), regarding the safe storage of medications. Proposed items include the storage of self-administered medications.

1307. This proposed subsection, Medication Control and Accountability, updates current Section F.(4), Control and Accountability.

1308. This proposed subsection, Emergency Medications, updates current Section F.(6), Emergency Drugs, and adding a proposed standard regarding the restocking and resealing of the emergency medication kit by the pharmacist.

1309. This proposed subsection, Disposition of Medications, updates current Section F.(4)(c) regarding unused medications when a resident is discharged. Proposed items include details of the disposition of medications, including the disposition of controlled substances.

### **Section 1400 includes the requirements for meal service operations.**

1401. This proposed subsection updates current Sections K.(1), (2), (5)(a), (8)(e), (11)(e), (13). Added items include standards for meals that are catered and temperature standards when meals are transported between buildings.

1402. This proposed subsection updates current Sections K.(6)(d), (6)(e)(1), (6)(f)(3)(c), (7)(e)(4), and (10)(a)(2) regarding food and food storage. A proposed standard regarding the covering, labeling and dating of prepared refrigerated foods was added.

1403. This proposed subsection updates current Sections E.(4)(d)(2), K.(8)(f), K.(9)(b)(5)(g) regarding food equipment and utensils. References to the storage, cleaning and sanitizing of equipment and utensils in accordance with R.61-25 was added.

1404. This proposed subsection updates current Sections K.(5)(j), (5)(k), (7)(c), (12) regarding meals and meal service. Proposed items include references to the dietary reference intakes (DRIs) of the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences, standards for maintaining correct food temperature and standards concerning repetitive menu items.

1405. This proposed subsection updates Sections K.(3), K.(4), Supervision and Personnel, and K.(7)(d), serving of food. Proposed items include the requirement of closed-toed shoes for dietary staff members, trained supervisory staff members, and standards regarding residents that engage in the preparation of food.

1406. This proposed subsection updates current Section K.(5), Diets. Proposed items added include the requisites for a required diet manual.

1407. This proposed subsection updates current Section K.(6), Planning of Menus and Food Supplies, and Section K.(5)(d), substitutions, and adds the requirement that all menus shall be approved by a dietitian.

1408. This proposed subsection updates current Sections K.(10)(a)(4), Sanitary Facilities and Controls, and K.(13), Refrigeration, Ice and Drinking Water, and adding a proposed standard regarding potable drinking water.

1409. This proposed subsection is current Section K.(11)(g), Cleaning Equipment Storage.

1410. This proposed subsection, Refuse Storage and Disposal, requires that refuse storage and disposal shall be in accordance with R.61-25.

**Section 1500 addresses emergency procedures and disaster preparedness.**

1501. This proposed subsection, Emergency Care, requires that a facility shall provide for the care of residents in an emergency.

1502. This proposed subsection updates current Section D.(8), Disaster Preparedness, and requires compliance with the current DHEC Emergency Evacuation Order.

1503. This proposed subsection, Licensed Bed Capacity During An Emergency, addresses the standards required if a facility desires to temporarily admit residents in excess of its licensed bed capacity due to an emergency.

1504. This proposed subsection updates current Section B.(6), Emergency Call Data.

1505. This proposed subsection updates current Section B.(10), Continuity of Essential Services.

1506. This proposed subsection, Use of the Facility or Services in Response to a Public Health Emergency, is based on S.C. Code of Law Ann. Section 44-4-310.

**Section 1600 includes the requirements for fire prevention.**

1601. This proposed subsection updates current Sections L.(1)(a), L.(1)(b), and L.(7)(a) regarding arrangements for fire department response and protection.

1602. This proposed subsection updates current Section L.(2)(a), Tests and Inspections, requiring that all fire protection and suppression systems in the facility comply with applicable NFPA codes and regulations.

1603. This proposed subsection updates current Section L.(7)(b), Fire Protection Training. Proposed items added include the requirement of fire response training within 48 hours of an staff members first day on the job and the requirement to post the evacuation plan in conspicuous areas in the facility.

1604. This proposed subsection updates current Section L.(7)(c), Fire Drills, including adding a clarification regarding the quarterly fire drills, and reporting requirements for date, time, shift, description, and evaluation of the drill, and the names of staff members directly involved in responding to the drill.

**Section 1700 references maintenance.**

1701. This proposed subsection updates current Section J.(1), Maintenance, and includes a proposed standard regarding noise, dust, and other related resident intrusions when construction is underway.

1702. This proposed subsection, Equipment, addresses the preventive maintenance requirements for clinical monitoring and diagnostic equipment, resuscitation equipment, medical gas systems, and life support equipment.

**Section 1800 addresses infection control including practices that promote the prevention of the spread of infectious diseases.**

1801. This proposed subsection, Staff Practices, addresses staff and volunteer practices that promote conditions that prevent the spread of infectious, contagious, or communicable diseases; establishes a requirement for an infection control/QI committee; and requires a tuberculosis infection control program in accordance with CDC guidelines.

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1802. This proposed subsection, Tuberculosis Risk Assessment, addresses the requirement for a facility to conduct an annual tuberculosis risk assessment to determine the facility's risk classification.

1803. This proposed subsection updates current Section B.(4)(b), staff tuberculosis screening in accordance with the 2005 CDC guidelines. Proposed items added include the use of alternative tuberculosis screening elements, the BAMT.

1804. This proposed subsection updates current Section D.(3)(c), resident tuberculosis screening, in accordance with the 2005 CDC guidelines. Proposed items added include the use of alternative tuberculosis screening elements, the BAMT.

1805. This proposed subsection updates current Sections D.(5)(c), (d), (e) regarding resident isolation requirements. The updates include reference to an Airborne Infection Isolation (AII) Room as required by the CDC if the resident with contagious pulmonary tuberculosis remains in the facility.

1806. This proposed subsection, Vaccinations, addresses the opportunity for staff members to receive the Hepatitis B vaccine, MMR, and varicella, and for both staff members and residents to be offered vaccination for influenza and pneumonia.

1807. This proposed subsection updates current Sections E.(4)(d)(1), J.(1)(c), and J.(2) regarding housekeeping and cleaning.

1808. This proposed subsection, Infectious Waste, addresses the requirements for the facility to comply with Departmental guidelines concerning infectious waste and R.61-105.

1809. This proposed subsection updates current Sections N.(g)(1) and (2), regarding pets in the facility. A proposed standard added to this section permits pets access to the dining areas only during times when food is not being served.

1810. This proposed subsection updates current Section J.(4), Linen Storage, and includes provisions for clean and soiled linen and clothing.

1811. This proposed subsection updates current Sections, J.(4)(b)(4) and K.(10), regarding facility-based commercial laundry services and non-facility based laundry services.

### **Section 1900 addresses quality improvement programs.**

1901. This proposed subsection addresses the requirement for a facility to implement a quality improvement program to improve the care, treatment and services residents receive.

### **Section 2000 includes the requirements for facility design and construction.**

2001. This proposed subsection updates current Section Q.(1), General (design and construction of the facility).

2002. This proposed subsection updates current Section Q.(2), Local and State Codes and Standards, replacing references to the various codes and utilizing "the applicable sections of the adopted State, Federal, or local codes, ordinances, and regulations, whichever is most stringent."

2003. This proposed subsection updates current Sections Q.(3)(g)(5) and Q.(3)(g)(4), regarding construction and construction systems. Proposed items include the requirement that if facility closes or has its license revoked, and for which application for re-licensure is made, it shall be considered a new building and must meet current codes.

2004. This proposed subsection updates current Sections Z.(1), and Q.(3), Submission of Plans and Specifications. Proposed items include the requirement that if construction is delayed for a period exceeding 12 months, a new approval of the plan by the Department is required, compliance that construction of buildings shall meet the requirements of The Board of Architectural Examiners, and facilities increasing the present bed capacity of the area served by an existing work station by more than 15% shall meet the minimum square footage requirements for dining, recreation, and storage space.

### **Section 2100 addresses general construction requirements.**

2101. This proposed subsection updates current Section R., General Construction Requirements.

**Section 2200 addresses hazardous elements of construction.**

2201. This proposed subsection updates current Section S., Hazardous Elements Of Construction.

**Section 2300 addresses fire protection systems and equipment.**

2301. This proposed subsection updates current Section T., Fire Protection, L.(2)(a) fire protection tests and inspections, and D.(6), Oxygen. Proposed items include provisions for maintaining a fire extinguisher in a locked cabinet specific requirements for fire extinguishers located in the kitchen, a requirement for each fire extinguisher in the facility to be checked monthly, adds an exception regarding “No Smoking” signs in the facility, no unvented fuel heaters shall be permitted in the facility, portable electric heaters may be used for emergencies, requirements if fireplaces are installed, wastebaskets, window dressings, portable partitions, cubicle curtains, mattresses, and pillows shall be noncombustible, and a requirement that the facility shall comply with all current state laws and regulations concerning smoking in the facility.

**Section 2400 addresses the requirement for exits.**

2401. This proposed subsection updates current Section U., Exits, and provides for an exception to the requirement that each resident room shall open directly to an approved exit access corridor.

**Section 2500 addresses water supply and hygiene.**

2501. This proposed subsection updates current Section V.(1)(a), Water Supply/Hygiene/Design and Construction.

2502. This proposed subsection updates current Sections V.(1)(b), (c), and (d), Disinfection of Water Lines, Quality, and Distribution.

2503. This proposed subsection updates current Section V.(1)(e), Temperature Control, and changes the temperature range of hot water supplied to fixtures that are accessible by residents from 100 to 110 degrees Fahrenheit to 100 to 120 degrees Fahrenheit. Proposed items also include an exception for the temperature of hot water supplied to the kitchen equipment and utensil washing sink and requirements regarding the temperature of hot water supplied to the laundry.

2504. This proposed subsection updates current Section V.(2)(a), Wastewater (Design and Construction).

**Section 2600 addresses electrical systems.**

2601. This proposed subsection updates current Sections W., Electrical Requirements, and W.(1) through W.(7). Proposed items include the standard that electrical extension cords are prohibited except for small personal appliances, and lighting switches shall be located at the entrance door of each resident room and shall be quiet operating.

2602. This proposed subsection updates current Section W.(8), Emergency Electric Service. Proposed items include a requirement for emergency electrical service to be provided to resident record systems when they are solely electronically based, and a requirement that emergency generators shall be tested at least once every 36 months for a minimum of four continuous hours.

**Section 2700 addresses heating, ventilation, and air conditioning systems.**

2701. This proposed subsection updates current Section X.(1), General (Mechanical Requirements).

2702. This proposed subsection updates current Sections X.(2) through X.(5) and adds a requirement for an Airborne Infection Isolation (AII) Room that meets current ASHRAE standards to be provided if the facility’s tuberculosis risk assessment identifies such a need.

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### Section 2800 addresses the requirements for the physical plant.

2801. This proposed subsection, Facility Accommodations and Floor Area, addresses requirements for a homelike, comfortable environment, resident living arrangements, and privacy expectations.

2802. This proposed subsection updates current Section Y.(6), Resident Rooms. Proposed items include reducing the maximum number of resident beds in a room to three; resident room shall be located no more than 150 feet from the work station; side rails on resident beds may be utilized when required for safety; consideration shall be given to resident compatibility; residents may utilize a recliner in lieu of a bed; a resident bed may be removed from the room and the mattress placed on a platform or pallet; the resident may utilize a hometype bed; married couples may utilize a double bed; and residents may bring familiar items from home as part of the room furnishings.

2803. This proposed subsection updates current Section Y.(6)(b), Floor Area (Resident Rooms) and adds that consideration shall be given to the needs of the resident when considering the design of the room. The current standard regarding rooms for only one resident (100 square feet), and rooms for more than one resident (80 square feet per resident), are unchanged.

2804. This proposed subsection, Isolation Room, includes standards from current Sections D.(5)(d) and Y.(6)(f) and requires specific components for an isolation room to have, including provisions for visual observation of the resident.

2805. This proposed subsection updates current Sections V.(3) and K.(10)(b)(3) regarding toilet fixtures, bathroom accommodations, and lavatories. Proposed items include requirements that provide facilities for persons with disabilities; a mirror above each restroom lavatory; the restroom floor area not less than thirty (30) square feet, or if the room contains only a toilet and lavatory, the minimum area of the room shall be eighteen (18) square feet.

2806. This proposed subsection updates current Section V.(3)(b), Lavatories.

2807. This proposed subsection updates portions of current Section Y.(7), Nurses Station, and has been renamed "Work Station".

2808. This proposed subsection updates portions of current Section Y.(7), Nurses Station, and has been renamed "Medicine Preparation Room" and adds provisions for a medicine storage area.

2809. This proposed subsection updates current Section W.(6), Nurse Call, and has been renamed, "Signal System" and requires the signal system to be easily accessible and reachable at all times by the resident when in his or her room, bed, restroom, or shower. Also included are provisions for alternative types of signal systems if they are tested and approved by a recognized testing laboratory for use in institutional occupancy facilities.

2810. This proposed subsection updates current Section K.(11)(e) for meal service operations and addresses an exception for the sprinkler system in the kitchen.

2811. This proposed subsection updates current Section Y.(9), Utility Rooms, and includes an exception to the requirement of a clinical sink if each resident toilet is equipped with bedpan cleaning lugs, spray hose and elevated vacuum breaker.

2812. This proposed subsection updates current Section U.(3), Doors. Proposed items include requirements for nontransparent doors and glass doors, including sliding or patio type doors.

2813. This proposed subsection updates current Section Y.(15), Elevators.

2814. This proposed subsection updates current Section U.(4), Ramps, and adds a requirement that ramps shall discharge onto a surface that is firm and negotiable by persons with disabilities.

2815. This proposed subsection updates current Section U.(4)(i) regarding landings. A proposed standard requires that landings shall be the same elevation as the finished floor at the exit.

2816. This proposed subsection updates current Section Y.(4), Handrails.

2817. This proposed subsection updates current Section R.(7), Screens.

2818. This proposed subsection addresses window dressings and privacy in resident rooms and restrooms.

2819. This proposed subsection updates current Section Y.(12), Janitor's Closet, adding a requirement that a janitor's closet is lockable.

2820. This proposed subsection updates current Section L.(3)(b), Storage Areas. Proposed items include requirements for nonsprinklered storage areas; storage buildings on the premises; mechanical equipment



rooms used for storage; stretcher and wheelchair parking; and that equipment and supplies shall not be stored directly on the floor or stored under lavatories.

2821. This proposed subsection updates current Section Q.(5), Communication, and adds requirements for telephones to be portable to accommodate ambulatory-impaired residents and to provide residents discretionary access to a telephone, if needed.

2822. This proposed subsection, Facility Design and Site Location, addresses outdoor areas routinely used by residents where unsafe physical hazards exist; a requirement for gates that unlock in case of emergency in fenced areas that are part of a fire exit; mechanical or equipment rooms that open to the outside of the facility; and swimming pool design, construction, and maintenance.

**Section 2900 includes a severability clause.**

2901. This proposed subsection includes a severability clause that indicates that if a court of competent jurisdiction determines that part of the regulation is invalid or otherwise unenforceable then the remainder of the regulation will not be affected and will still be in force.

**Section 3000 includes “general” that refers to any conditions that have not been addressed in the regulation.**

3001. This proposed subsection updates current Section AA., General.

**Notice of Staff Informational Forum:**

The Staff of the Department of Health and Environmental Control invites interested members of the public and regulated community to attend a staff-conducted informational forum August 29, 2007, at 1:30 p.m. in the Peoples Auditorium in the Sims-Aycock Building of the Department of Health and Environmental Control, 2600 Bull Street, Columbia, S.C. The purpose of the forum is to answer questions, clarify any issues, and receive oral or written public comments from interested persons on the proposed amendments of R.61-17.

Interested persons are also provided an opportunity to submit written comments on the proposed regulations by writing to Dennis L. Gibbs, Director, Division of Health Licensing, S.C., Department of Health and Environmental Control 29201, 2600 Bull Street, Columbia, SC 29201. To be considered, comments must be received no later than 4:00 p.m. on August 29, 2007, the close of the public comment period.

Copies of the proposed regulation for public notice and comment may be obtained by contacting Mr. Dennis Gibbs at the above address.

Comments received at the forum or during the write-in public comment period above-noticed shall be submitted to the Board in a Summary of Public Comments and Department Responses for consideration at the public hearing as noticed below.

**Notice of Public Hearing and Opportunity for Public Comment Pursuant to S.C. Code Ann. Sections 1-23-110 and 1-23-111:**

Interested members of the public and regulated community are invited to make oral or written comments on the proposed revision of R.61-17 at a public hearing to be conducted by the Board of Health and Environmental Control at its regularly scheduled meeting October 11, 2007. The public hearing is to be held in Room 3420 (Board Room) of the Commissioner’s Suite, Third Floor, Aycock Building of the Department of Health and Environmental Control, 2600 Bull Street, Columbia, S.C. Please use the front entrance to the building facing Bull Street. 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 noted in the Board’s agenda to be published by the Department 24 hours in advance of the meeting. Persons desiring

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to make oral comments at the hearing are asked to limit their statements to five minutes or less, and as a courtesy are asked to provide written copies of their presentation for the record.

### **Preliminary Fiscal Impact Statement:**

There will be no cost to the Department, the State and its political subdivisions. Cost will be met in part by licensing fees imposed by the proposed regulation.

### **Statement of Need and Reasonableness:**

This statement of need and reasonableness was determined by staff analysis pursuant to the S.C. Code Ann. Sections 1-23-115(C)(1)-(3) and (9)-(11) (1976, as amended).

DESCRIPTION OF REGULATION: Regulation 61-17, *Standards For Licensing Nursing Homes*.

Purpose of the Regulation: Revision of this regulation satisfies a legislative mandate requiring the Department perform a review of its regulations every five years and update them if necessary. The proposed revision of the regulation will be rewritten in its entirety to include, but not be limited to: update and expand definitions; clarify licensing requirements; update licensing fee amounts; describe inspection and reporting requirements; add reference to Departmental consultations; update enforcement action procedures; add facility policy/procedures and quality improvement standards; clarify admission and retention standards; add resident restraints and safety precaution standards; update staff training requirements; update sections related to treatment, services, and care; update sections regarding resident record content and maintenance; add quality initiatives related to the resident's experience of care; update physical examination and tuberculin screening requirements; add infection control standards; add standards related to advancing technology and electronic records; update medication management standards; add reporting requirements; add resident rights and assurances standards; update dietary and meal service requirements; add emergency procedures/disaster preparedness and facility evacuation standards; amend design, construction, and fire prevention requirements; add exceptions related to the operation of nursing homes; and add a severability clause.

Legal Authority: for R.61-17 is S.C. Code Ann. Section 44-7-250, *et seq.* (2002 and Supp. 2005).

Plan for Implementation: The proposed revision will take effect upon publication in the *State Register* following approval by the Board and the S.C. General Assembly. The proposed revision will be implemented by providing the regulated community with copies of the regulation, and enforced through inspections by the Department.

### **DETERMINATION OF NEED AND REASONABLENESS OF THE PROPOSED REVISION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:**

This regulation is needed and reasonable because its development will satisfy a legislative mandate pursuant to S.C. Code Ann. Section 1-23-120.

The regulation was last amended February 28, 1992. Since that time there has been added emphasis regarding emergency preparedness, there have been changes in applicable laws, *e.g.*, minimum resident-staff ratios for nursing homes, criminal record checks of direct care staff, Alzheimer's Special Care Disclosure Act, Bill of Rights for Residents of Long-Term Care Facilities, and changes in national building standards, *i.e.*, International Building Code, and there have been certain guidelines, directives, interpretations, and changes in Division policy that have led to the necessity to amend these regulations in order to make them more up-to-date.

DETERMINATION OF COSTS AND BENEFITS

There will be no cost to political subdivisions of the state. There will be minimal costs to the regulated community. The Department proposes fee increases; the proposed fee of \$30 per licensed bed per year are not excessive on a per license basis.

Processing applications for the nursing home licensing program requires considerable commitment of the Department's fiscal resources. Inflation has increased the costs associated with inspections, investigations, processing licenses, and travel. Program costs have been incurred for increased confidentiality requirements of Department records, all contributing to an overall increase in costs to run an effective program. The anticipated growth of elderly citizens needing nursing home care in South Carolina will increase the demands on Department staff and resources. In addition, in expanding its enforcement of the regulation, the Department has increased its onsite consultation efforts to foster regulatory compliance and such activity is an added cost.

The program will be able to continue service to the state's nursing home providers and residents in a timely, effective and efficient manner. The public's health and environment will be protected by the continued vigilance of regulatory oversight of this program.

Nursing home fees have not increased since 1992. Since FY 1999, the fees have generated less money than needed to operate the program. The program remains under funded until such time as a fee increase is authorized.

Monies generated over and above the costs of the current program go into the general fund to cover the costs of inflation and increased costs incurred over the years. Costs are projected to increase approximately 3% per year (U.S. Department of Labor, Bureau of Labor Statistics), thus the proposed fee increase is both reasonable and necessary.

UNCERTAINTIES OF ESTIMATES:

None

EFFECT ON ENVIRONMENT AND PUBLIC HEALTH:

There will be no effect on the environment. The regulation revision will promote public health by updating standards for regulating nursing homes.

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

There will be an adverse effect on the public health if the regulation revision is not implemented since it is likely that continuing to utilize an outdated regulation for regulatory purposes would not advance the promotion of prevention of negative health outcomes. There will be possible detrimental effect on public health in general and vulnerable adults specifically because the program will not have the resources to continue vigilant regulatory oversight of nursing home facilities in a timely, effective and efficient manner.

**Statement of Rationale:**

Department staff determined during its review of R.61-17 that it was appropriate to revise the regulation. R.61-17 was last amended in 1992. See the Statement of Determination of Need and Reasonableness above for more information regarding the factors influencing the Department staff decision to revise the regulation.

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### Text:

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

Document No. 3136  
**DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**  
CHAPTER 61

Statutory Authority: 1976 Code Section 13-7-40, as amended

R.61-63. Radioactive Materials (Title A)

### Preamble:

The Nuclear Regulatory Commission continually updates regulations, and state regulations are amended regularly to incorporate federal updates. The Department plans to adopt into regulation the Nuclear Regulatory Commission updates as an item of compatibility. Section 274 of the Atomic Energy Act of 1954, as amended, requires that the states adopt federal regulations for compatibility. The Department intends to make changes to R.61-63 to this extent. The intended action revises requirements for general licensees, portable gauge licensees, manufacturers and distributors, and amends the regulations regarding medical use of radioactive materials (Parts II, III and IV). Proposed regulations will comply with 10 CFR Parts 20, 30, 31, 32, 35, 40 and 70, Final Rules, published in the Federal Register on April 29, 2005, July 11, 2005 and March 27, 2006. Legislative review will not be required.

A Notice of Drafting for this amendment was published in the State Register on February 23, 2007. The revision is being promulgated to comply with federal law; neither a fiscal impact statement nor preliminary assessment report is required. See discussion of proposed revisions below and a statement of need and reasonableness provided herein.

#### Discussion of Proposed Revisions:

(1) Clarifying revisions to Part II for General Licensees.

<u>SECTION</u>	<u>REVISION</u>
R.61-63.2.4.2.3.4.1	Adds omitted testing requirements.
R.61-63.2.4.2.3.7	Adds omitted requirements for General License exports.
R.61-63.2.4.2.3.14	Adds export requirements.
R.61-63.2.4.2.3.15	Adds reporting requirement for general licensees.
R.61-63.2.7.5.2.2.2	Removed date reference.
R.61-63.2.7.7.1	Adds source type.
R.61-63.2.10.7	Adds Security requirements for portable gauges.

(2) Typographical correction.

<u>SECTION</u>	<u>REVISION</u>
R.61-63.3.53	Corrects typographical error.

(3) Revisions to certification and training requirements.

<u>SECTION</u>	<u>REVISION</u>
R.61-63.4.2.26	Revises definition.
R.61-63.4.2.30.1	Revises reference sections.
R.61-63.4.19.2	Revised wording.
R.61-63.4.20	Revises certification process, references, and training requirements.
R.61-63.4.21	Revises certification process, references, and training requirements.
R.61-63.4.22	Revises certification process, references, and training requirements.
R.61-63.4.23.1	Adds effective date.
R.61-63.4.23.2	Adds effective date.
R.61-63.4.24	Removes deleted section reference.
R.61-63.4.36	Revises certification process, references, and training requirements.
R.61-63.4.37.2	Adds reference section.
R.61-63.4.39	Revises certification process, references, and training requirements.
R.61-63.4.43	Revises certification process, references, and training requirements.
R.61-63.4.44	Revises certification process, references, and training requirements.
R.61-63.4.45	Revises certification process, references, and training requirements.
R.61-63.4.54	Revises certification process, references, and training requirements.
R.61-63.4.74	Revises certification process, references, and training requirements.
Subpart J	Deleted entire subpart, requirements placed in other sections.

**Notice of Staff Informational Forum:**

Staff of the Department of Health and Environmental Control invite interested members of the public to attend a staff-conducted informational forum to be held on August 30, 2007 at 10:30 a.m. in the 2<sup>nd</sup> floor Conference Room of the Heritage Building at the Department of Health and Environmental Control at 1777 St. Julian Place, Columbia, S.C. 29201.

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Interested persons are also provided an opportunity to submit written comments to Aaron Gantt, Chief, Bureau of Radiological Health at South Carolina Department of Health and Environmental Control, 2600 Bull Street, Columbia, SC 29201. Written comments must be received no later than 4:00 p.m. August 30, 2007. Comments received by the deadline date will be considered in formulating the final proposed amendment for public hearing before the Board of Health and Environmental Control as noticed below. Comments received shall be submitted to the Board in a Summary of Public Comments and Department Responses for consideration at the public hearing.

Copies of the proposed regulation for public notice and comment may be obtained by contacting Melinda Bradshaw at South Carolina Department of Health and Environmental Control, Bureau of Radiological Health, 2600 Bull Street, Columbia, SC 29201, or by calling (803) 545-4400.

### **Notice of Board Public Hearing and Opportunity for Public Comment Pursuant to S.C. Code Sections 1-23-111:**

Interested members of the public and regulated community are invited to make oral or written comments on the proposed regulation at a public hearing to be conducted by the Board of Health and Environmental Control at its regularly-scheduled meeting on October 11, 2007, to be held in Room 3420 (Board Room) of the Commissioner's Suite, third floor, Aycock Building of the Department of Health and Environmental Control, 2600 Bull Street, Columbia, S.C. 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 noted in the Board's agenda to be published by the Department ten days in advance of the meeting. Persons desiring to make oral comments at the hearing are asked to limit their statements to five minutes or less, and as a courtesy are asked to provide written copies of their presentation for the record.

Interested persons are also provided an opportunity to submit written comments on the proposed amendments by writing to Aaron Gantt, Chief, Bureau of Radiological Health, 2600 Bull Street, Columbia, SC 29201, or by calling (803) 545-4400. Comments must be received no later than 4:00 p.m. on August 30, 2007. Comments received shall be considered by the staff in formulating the final proposed regulation for public hearing on October 11, 2007, as noticed above. Comments received by the deadline shall be submitted to the Board in a Summary of Public Comments and Department Responses for consideration at the public hearing.

Copies of the proposed regulation for consideration at the public hearing before the Board may be obtained by contacting Melinda Bradshaw at South Carolina Department of Health and Environmental Control, Bureau of Radiological Health, 2600 Bull Street, Columbia, SC 29201 or by calling (803) 545-4400.

### **Statement of Need and Reasonableness:**

The statement of need and reasonableness was determined based on staff analysis pursuant to S.C. Code Section 1-23-115(c)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: R.61-63, Radioactive Materials (Title A)

Purpose: To amend Regulation 61-63 in accordance with changes to Federal Regulation 10 CFR Parts 20, 30, 31, 32, 35, 40 and 70.

Legal Authority: This change to state law is authorized by S.C. Code Section 13-7-40 and required by Section 274 of the Atomic Energy Act, 40 U.S.C. Section 2021b.

Plan for Implementation: Existing staff of the Bureau of Radiological Health will implement these changes. The additional requirements are expected to require 30 man days of effort. Impact on other program areas will be slight.

**DETERMINATION OF NEED AND REASONABLENESS OF THE PROPOSED REGULATION AND EXPECTED BENEFIT:** This regulatory amendment is exempt from the requirements of a Preliminary Fiscal Impact Statement or a Preliminary Assessment Report because each change is necessary to maintain compatibility with Federal regulations. In amending the Federal regulations, the U.S. Nuclear Regulatory Commission found the following:

The proposed regulation revises requirements for general licensees and portable gauge licensees, manufacturers and distributors.

The proposed regulation revises certification and training requirements for medical use.

**DETERMINATION OF COSTS AND BENEFITS:** No additional cost will be incurred by the State or its political subdivisions by the implementation of this amendment. Existing staff and resources will be utilized to implement this amendment to the regulation. It is anticipated that the amendment will not create any significant additional cost to the regulated community based on the fact that requirements or changes to the regulation will be substantially consistent with the current guidelines and review guidelines utilized by the Department.

**UNCERTAINTIES OF ESTIMATES:** None.

**EFFECT ON ENVIRONMENT AND PUBLIC HEALTH:** It is necessary to update existing regulations as changes occur at the federal level in order to maintain compatibility with the federal government and other Agreement States. This will ensure an effective regulatory program for radioactive material users under state jurisdiction, and protection of the public and workers from unnecessary exposure to ionizing radiation.

**DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:** None. Federal requirements will apply to all affected users. The proposed amendments eliminate possible duplicative or redundant requirements.

Instructions: Amend R.61-63 pursuant to each individual instruction provided with the text below:

**Text:**

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

Document No. 3135  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**COMMISSIONERS OF PILOTAGE**  
CHAPTER 136  
Statutory Authority: 1976 Code Section 54-15-140

**Preamble:**

The Department of Labor, Licensing and Regulation, Commissioners of Pilotage, proposes to revise existing regulations by amending the regulations in their entirety (136-001 through 136-799) and updating the regulations in conformance with 2006 Act 237.

Section by Section Discussion

Article 1. Lower Coastal Area

Title is changed from Port of Charleston to Lower Coastal Area.

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136-001. Purpose.

No changes necessary.

136-003. Definitions.

E. Deletes “Port of Charleston” and replaces with “Lower Coastal area” for clarity.

N. Deletes “Charleston Bar and Harbor.”

136-005. Area of Jurisdiction.

Deletes “Port of Charleston” and replaces with “Lower Coastal Area” and deletes “Edisto Island, S.C.” and replaces with “The South Carolina side of the Savannah River” for clarity.

136-007. Policies and Procedures Manual.

No changes necessary.

136-010. Requirement for Licensure.

No changes necessary.

136-011. Apprentice Training and Qualification Program.

No changes necessary.

136-012. Apprentice Selection Process.

No changes necessary.

136-013. Pilot and Apprentice Age Limitations.

Deletes “Charleston” and replaces with “Lower Coastal Area” for clarity.

136-014. Apprentice Citizenship and Physical Requirements.

No changes necessary.

136-015. Previous Maritime Experience, Apprentice Applicants.

No changes necessary.

136-016. Apprentice Training Course Curriculum.

No changes necessary.

136-017. Completion of Apprenticeship.

No changes necessary.

136-020. Short Branch Qualification.

No changes necessary.

136-030. Pilot Registration.

A. Deletes “at the Port of Charleston” and “at Charleston” and replaces with “for the Lower Coastal Area” for clarity.

136-032. Board of Examiners.

No changes necessary.



136-035. Fees.

A. Adds “for the Lower Coastal Area;” deletes “Charleston” and replaces with “in the Lower Coastal Area” for clarity.

C. Adds “the Lower Coastal Area” for clarification.

136-040. Pilot Vessel Operation.

A. Deletes “at Charleston” and replaces with “for the Lower Coastal Area” for clarity.

136-041. Pilot Communications Center for the Lower Coastal Area.

Title is changed with the deletion of “at Charleston” and addition of “for the Lower Coastal Area.”

A. Deletes “at Charleston” and replaces with “for the Lower Coastal Area” for clarity.

136-045. Pilot Charges and Fees.

No changes necessary.

136-050. Federal Pilot Licensure.

A. Deletes “the Port of Charleston” and replaces with “the Lower Coastal Area”; deletes “at Charleston” and replaces with “for the Lower Coastal Area”; deletes “Charleston bar and harbor” and replaces with “for the Lower Coastal Area” for clarity.

136-051. Commissioner Authority over Federal Pilotage.

No changes necessary.

136-060. Marine Casualties, Accidents and Other Reports.

D. Adds “for the Lower Coastal Area” for clarity.

136-061. Reports of Coast Guard Investigations.

No changes necessary.

136-070. Pilot Functions and Responsibilities.

B. Deletes “at Charleston” and replaces with “for the Lower Coastal Area” for clarity.

136-071. Vessel Traffic Movement Restrictions.

No changes necessary.

136-072. Docking and Undocking.

No changes necessary.

136-075. Pilotage Areas.

A. Deletes “46 CFR 7.60, 46 CFR 7.65, 46 CFR 7.70” and replaces with “46 CFR 7.65, 46 CFR 7.70 and 46 CFR 7.75” for clarity.

136-090. Pilot Response.

No changes necessary.

136-095. Appeals.

A. Adds “for the Lower Coastal Area” for clarity.

136-099. Penalties.

No changes necessary.

Article 2. Port of Port Royal.

Delete title and text in its entirety.

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### Article 3. Upper Coastal Area.

Title is changed from Port of Georgetown to Upper Coastal Area.

#### 136-701. Purpose.

No changes necessary.

#### 136-703. Definitions.

E. Deletes “Port of Georgetown” and replaces with “Upper Coastal Area” for clarity.

N. Deletes “Georgetown Bar and Harbor” and replaces with “for the Upper Coastal Area” for clarity.

#### 136-705. Area of Jurisdiction.

Deletes “Port of Georgetown” and replaces with “for the Upper Coastal Area” for clarity.

#### 136-707. Policies and Procedures Manual.

No changes necessary.

#### 136-710. Requirement for Licensure.

No changes necessary.

#### 136-711. Apprentice Training and Qualification Program.

B. Deletes “Georgetown” and replaces with “for the Upper Coastal Area” for clarity.

#### 136-712. Apprentice Selection Process.

No changes necessary.

#### 136-713. Pilot Age Limitation.

Deletes “Georgetown” and replaces with “for the Upper Coastal Area.”

#### 136-714. Apprentice Citizenship and Physical Requirements.

No changes necessary.

#### 136-715. Previous Maritime Experience, Apprentice Applicants.

No changes necessary.

#### 136-716. Apprentice Training Course Curriculum.

A. Deletes “at Georgetown” and replaces with “for the Upper Coastal Area” for clarity.

#### 136-717. Completion of Apprenticeship.

A. Deletes “Georgetown” and replaces with “for the Upper Coastal Area”; deletes “for the Port of Georgetown” and replaces with “for the Upper Coastal Area.”

#### 136-720. Short Branch Qualification.

No changes necessary.

#### 136-730. Pilot Registration.

A. Deletes “at Georgetown” and replaces with “for the Upper Coastal Area”; adds “for the Upper Coastal Area” after “Commissioners of Pilotage”; deletes “Port of Georgetown” and replaces with “for the Upper Coastal Area” for clarity.

#### 136-732. Board of Examiners.

No changes necessary.

136-735. Fees.

- A. Adds “for the Upper Coastal Area” and deletes “at Georgetown” and replaces with “for the Upper Coastal Area” for clarity.
- B. Adds “for the Upper Coastal Area” for clarity.
- C. Adds “for the Upper Coastal Area” for clarity.

136-740. Pilot Vessel Operations.

- A. Deletes “at Georgetown” and replaces with “for the Upper Coastal Area.”

136-745. Pilot Charges and Fees.

- No changes necessary.

136-750. Federal Pilot Licensure.

- No changes necessary.

136-751. Commissioner Authority over Federal Pilotage.

- No changes necessary.

136-760. Marine Casualties, Accidents and Other Reports.

- D. Adds “for the Upper Coastal Area” for clarity.

136-761. Reports of Coast Guard Investigations.

- No changes necessary.

136-770. Pilot Functions and Responsibilities.

- B. Deletes “at Georgetown” and replaces with “for the Upper Coastal Area” for clarity.

136-771. Vessel Traffic Movement Restrictions.

- No changes necessary.

136-772. Docking and Undocking.

- No changes necessary.

136-790. Pilot Coordination.

- No changes necessary.

136-795. Appeals.

- A. Adds “for the Upper Coastal Area” for clarity.

136-799. Penalties.

- No changes necessary.

**Notice of Public Hearing and Opportunity for Public Comment:**

Should a hearing be requested pursuant to Section 1-23-110(b) of the 1976 Code, as amended, such hearing will be conducted at the Administrative Law Court at 10:00 a.m. on Monday, September 17, 2007. Written comments may be directed to Randall L. Bryant, Administrator, Commissioners of Pilotage, Department of Labor, Licensing and Regulation, PO Box 11329, Columbia, SC 29211-1329, no later than 5:00 p.m. on September 3, 2007.

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### **Preliminary Fiscal Impact Statement:**

There will be no increased costs to the State or its political subdivisions.

### **Statement of Need and Reasonableness:**

#### DESCRIPTION OF REGULATION:

Purpose: The Department is updating the regulations by removing outdated language.

Legal Authority: 1976 Code, Section 54-15-140.

Plan for Implementation: These regulations will take effect upon approval by the General Assembly and upon publication in the State Register. LLR will notify licensees of the regulations and post the regulations on the agency's Web site.

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

The regulations will establish enhanced communication between licensees and the public.

#### DETERMINATION OF COSTS AND BENEFITS:

The standardized format of the regulations will assist other regulatory entities with locating requirements within the regulations. There will be no cost increases to the State or its political subdivisions.

#### EFFECT ON ENVIRONMENT AND PUBLIC HEALTH:

There will be no effects on the environment or public health.

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

Implementation of these regulations will allow improvement in communication to the public.

### **Statement of Rationale:**

The purpose of Regulations 136-001 through 136-799 is to update the regulations in conformance with 2006 Act 237.

### **Text:**

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

Document No. 3079  
**DEPARTMENT OF LABOR, LICENSING AND REGULATION**  
**BOARD OF MEDICAL EXAMINERS**  
 Chapter 81  
 Statutory Authority: 1976 Code Sections 40-1-70, 40-47-10(I)(3)

**Synopsis:**

The Board of Medical Examiners is adding Regulation 81-96 regarding office-based surgery.

**Instructions:**

Add regulation 81-96 as printed below.

**Text:**

## 81-96 Office-based Surgery

## A. Statement of Intent and Goals

The purpose of this regulation is to promote patient safety in the non-hospital office-based setting during procedures that require the administration of local anesthesia, sedation/analgesia, or general anesthesia, or minor or major conduction block. Moreover, this regulation has been developed to provide physicians performing office-based surgery (including cryosurgery and laser surgery), that requires anesthesia (including tumescent anesthesia), analgesia or sedation, the benefit of uniform professional standards regarding qualification of practitioners and staff, equipment, facilities and policies and procedures for patient assessment and monitoring. Level I procedures as defined in (B)(13) are excluded from this regulation.

## B. Definitions

For the purpose of this regulation, the following terms are defined:

1. "Advanced resuscitative technique" means current certification in Advanced Trauma Life Support (ATLS), Advanced Cardiac Life Support (ACLS), or Pediatrics Advanced Life Support (PALS) as appropriate for the individual patient and surgical situation involved. For example, for those licensees treating adult patients, training in advanced cardiac life support (ACLS) is appropriate; for those treating children, training in pediatric advanced life support (PALS) is appropriate.

2. "Anesthesiologist" means a physician who has successfully completed a residency program in anesthesiology approved by the Accreditation Council of Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA), or who is currently a diplomate of either the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or who was made a Fellow of the American College of Anesthesiology before 1982.

3. "Anesthesiologist's assistant (AA)" means a person licensed by the Board as an anesthesiologist's assistant who is an allied health graduate of an accredited anesthesiologist's assistant program who is currently certified by the National Commission for Certification of Anesthesiologist's Assistants and who works under the direct supervision of an anesthesiologist who is immediately available in the operating suite and is physically present during the most demanding portions of the anesthetic including, but not limited to, induction and emergence.

4. "Board" means the South Carolina State Board of Medical Examiners.

5. "Certified registered nurse anesthetist (CRNA)" means a person licensed by the South Carolina State Board of Nursing as an Advanced Practice Registered Nurse in the category of Certified Registered Nurse Anesthetist.

6. "Complications" means untoward events occurring at any time within 48 hours of any surgery, special procedure or the administration of anesthesia in an office setting including, but not limited to, any of the following: paralysis, malignant hypothermia, seizures, myocardial infarction, renal failure, significant cardiac events, respiratory arrest, aspiration of gastric contents, cerebral vascular accident, transfusion reaction, pneumothorax, allergic reaction to anesthesia, unintended hospitalization for more than 24 hours, or death.

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7. “Deep sedation/analgesia” means the administration of a drug or drugs that produce sustained depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

8. “DHEC” means the S.C. Department of Health and Environmental Control.

9. “General anesthesia” means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

10. “Health care personnel” means any office staff member who is licensed or certified by a recognized professional or health care organization such as but not limited to a professional registered nurse, licensed practical nurse, physician assistant or certified medical assistant.

11. “Hospital” means a hospital licensed by the state in which it is situated.

12. “Immediately available” means being located within the office and ready for immediate utilization when needed.

13. “Level I Surgery” means minor procedures in which p.o. preoperative medication and/or unsupplemented local anesthesia is used in quantities equal to or less than the manufacturer’s recommended dose adjusted for weight and where the likelihood of complications requiring hospitalization is remote. No drug-induced alteration of consciousness other than preoperative minimal p.o. anxiolysis of the patient is permitted in Level I Office Surgery; the chances of complications requiring hospitalization must be remote.

14. “Local anesthesia” means the administration of an agent that produces a transient and reversible loss of sensation in a circumscribed portion of the body.

15. “Major conduction block” means the injection of local anesthesia to stop or prevent a painful sensation in a region of the body. Major conduction blocks include, but are not limited to, axillary, interscalene, and supraclavicular block of the brachial plexus, spinal (subarachnoid), epidural and caudal blocks.

16. “Minimal sedation” (anxiolysis) means the administration of a drug or drugs that produces a state of consciousness that allows the patient to tolerate unpleasant medical procedures while responding normally to verbal commands. Cardiovascular or respiratory function should remain unaffected and defensive airway reflexes should remain intact.

17. “Minor conduction block” means the injection of local anesthesia to stop or prevent a painful sensation in a circumscribed area of the body (that is, infiltration or local nerve block), or the block of a nerve by direct pressure and refrigeration. Minor conduction blocks include, but are not limited to, intercostal, retrobulbar, paravertebral, peribulbar, pudendal, sciatic nerve, and ankle blocks.

18. “Moderate sedation/analgesia” means the administration of a drug or drugs, which produces depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Reflex withdrawal from painful stimulation is NOT considered a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. This includes dissociative anesthesia, which does not meet the criteria as defined under sustained deep anesthesia or general anesthesia.

19. “Monitoring” means continuous visual observation of a patient and regular observation of the patient as deemed appropriate by the level of sedation or recovery using instruments to measure, display, and record physiologic values such as heart rate, blood pressure, respiration and oxygen saturation.

20. “Office” means a location at which medical or surgical services are performed and which is not subject to regulation by DHEC.

21. “Office-based practice” means procedures performed under this regulation that occur in a physician’s office or location other than a hospital or facility licensed by DHEC.

22. “Office-based surgery” means the performance of any surgical or other invasive procedure requiring anesthesia, analgesia, or sedation, including cryosurgery and laser surgery, which results in a necessary patient stay of less than twenty-four consecutive hours and is performed by a physician in a location other than a hospital or a diagnostic treatment center, including free-standing ambulatory surgery centers.

23. "Operating room" means that location in the office or facility dedicated to the performance of surgery or special procedures.

24. "Physical status classification" means a description of a patient used in determining if an office surgery or procedure is appropriate. The American Society of Anesthesiologists (ASA) enumerates classification: I - Normal, healthy patient; II - a patient with mild systemic disease; III- a patient with severe systemic disease limiting activity but not incapacitating; IV- a patient with incapacitating systemic disease that is a constant threat to life; and V- Moribund, patients not expected to live 24 hours with or without operation.

25. "Physician" means an individual holding an M.D. or D.O. degree who is authorized to practice medicine in accordance with the South Carolina Medical Practice Act.

26. "Practitioner" means a physician or anesthesiologist assistant, registered nurse or CRNA licensed and practicing within the scope of practice pursuant to South Carolina law.

27. "Recovery area" means a room or limited access area of an office dedicated to providing medical services to patients recovering from surgery or anesthesia.

28. "Special procedure" means patient care which requires entering the body with instruments in a potentially painful manner, or which requires the patient to be immobile, for a diagnostic or therapeutic procedure requiring anesthesia services; for example, diagnostic or therapeutic endoscopy, invasive radiologic procedures, pediatric magnetic resonance imaging; manipulation under anesthesia or endoscopic examination with the use of general anesthetic.

29. "Sufficient knowledge" means a physician holds staff privileges in a South Carolina hospital or ambulatory surgical center which would permit the physician to supervise the anesthesia, or the physician must be able to document certification or eligibility by a specialty board approved by the American Board of Medical Specialties or American Osteopathic Association, or the physician must be able to demonstrate comparable background, formal training, or experience in supervising the anesthesia, as approved by the Board.

30. "Surgery" means any operative or manual procedure performed for the purpose of preserving health, diagnosing or treating disease, repairing injury, correcting deformity or defects, prolonging life or relieving suffering, or any elective procedure for aesthetic or cosmetic purposes. This includes, but is not limited to, incision or curettage of tissue or an organ, suture or other repair of tissue or an organ, extraction of tissue from the uterus, insertion of natural or artificial implants, closed or open fracture reduction, or an endoscopic examination with use of local or general anesthetic. This also includes, but is not limited to, the use of lasers and any other devices or instruments in performing such procedures.

31. "Topical anesthesia" means the effect produced by an anesthetic agent applied directly or indirectly to the skin or mucous membranes, intended to produce a transient and reversible loss of sensation to a circumscribed area.

### C. Office Administration

Each office-based practice, at a minimum, must develop and implement policies and procedures on the topics listed below. The policies and procedures must be periodically reviewed and updated. The purpose of the policies and procedures is to assist in providing safe and quality surgical care, assure consistent personnel performance, and promote an awareness and understanding of the inherent rights of patients.

1. Emergency Care and Transfer Plan: A plan must be developed for the provision of emergency medical care as well as the safe and timely transfer of patients to a nearby hospital, should hospitalization be necessary.

a. Age appropriate emergency supplies, equipment and medication must be provided in accordance with the scope of surgical and anesthesia services provided at the physician's office.

b. In an office where anesthesia services are provided to infants and children, the required emergency equipment must be appropriately sized for a pediatric population, and personnel must be appropriately trained to handle pediatric emergencies (e.g. PALS certified).

c. A practitioner who is qualified in resuscitation techniques and emergency care must be present and available until all patients having more than local anesthesia or minor conduction block anesthesia have been discharged from the operating room or recovery area.

d. In the event of untoward anesthetic, medical or surgical complications or emergencies, personnel must be familiar with the procedures and plan to be followed, and able to take the necessary actions. All office personnel must be familiar with a documented plan for the timely and safe transfer of patients to a nearby

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hospital. This plan must include arrangements for emergency medical services, if necessary, or when appropriate, escort of the patient to the hospital or to an appropriate practitioner. If advanced cardiac life support is instituted, the plan must include immediate contact with emergency medical services.

2. **Medical Record Maintenance and Security:** The practice must have a written procedure for initiating and maintaining a health record for every patient evaluated or treated. The record must include a procedure code or suitable narrative description of the procedure and must have sufficient information to identify the patient, support the diagnosis, justify the treatment and document the outcome and required follow-up care. For procedures requiring patient consent, there must be a documented, informed consent in the patient record. If analgesia/sedation, minor or major conduction block or general anesthesia are provided, the record must include documentation of the type of anesthesia used, drugs (type and dose) and fluids administered, the record of monitoring of vital signs, level of consciousness during the procedure, patient weight, estimated blood loss, duration of the procedure, and any complications related to the procedure or anesthesia. Procedures must also be established to assure patient confidentiality and security of all patient data and information.

3. **Infection Control Policy:** The practice must comply with state and federal regulations regarding infection control. For all surgical procedures, the level of sterilization must meet current OSHA requirements. There must be a written procedure and schedule for cleaning, disinfecting and sterilizing equipment and patient care items. Personnel must be trained in infection control practices, implementation of universal precautions, and disposal of hazardous waste products. Protective clothing and equipment must be available.

4. **Performance Improvement:**

a. A performance improvement program must be implemented to provide a mechanism to periodically review (minimum of every six months) the current practice activities and quality of care provided to patients, including peer review by members not affiliated with the same practice. Performance improvement (PI) can be established by:

- (1) Establishment of a PI program by the practice; or
- (2) A cooperative agreement with a hospital-based performance or quality improvement program; or
- (3) A cooperative agreement with another practice to jointly conduct PI activities; or
- (4) A cooperative agreement with a peer review organization, a managed care organization, specialty society, or other appropriate organization dedicated to performance improvement approved by the Board.

b. PI activities must include, but not be limited to review of mortalities, review of the appropriateness and necessity of procedures performed, emergency transfers, surgical and anesthetic complications, and resultant outcomes (including all postoperative infections), analysis of patient satisfaction surveys and complaints, and identification of undesirable trends, such as diagnostic errors, unacceptable results, follow-up of abnormal test results, and medication errors and system problems. Findings of the PI program must be incorporated into the practice's educational activity.

5. **Reporting of Adverse Events:** Anesthetic or surgical events requiring resuscitation, emergency transfer, or resulting in death must be reported to the South Carolina Board of Medical Examiners within three business days using a form approved by the Board. Such reports shall be considered initial complaints under the S.C. Medical Practice Act.

6. **Federal and State Laws and Regulations:** Federal and state laws and regulations that affect the practice must be identified and procedure developed to comply with those requirements. The following are some of the key requirements upon which office-based practices must focus:

- a. Non-Discrimination (see Civil Rights statutes and the Americans with Disabilities Act)
- b. Personal Safety (see Occupational Safety and Health Administration information)
- c. Controlled Substance Safeguards
- d. Laboratory Operations and Performance (CLIA)
- e. Personnel Licensure Scope of Practice and Limitations.

7. **Patients' Bill of Rights:** Office personnel must recognize the basic rights of patients and understand the importance of maintaining patients' rights. A patients' rights document must be immediately available upon request.



#### D. Credentialing

1. Facility Accreditation: Practices performing office-based surgery or procedures that require the administration of moderate or deep sedation/analgesia, or general anesthesia (Level II and III facilities as defined below) must be accredited within the first year of operation by an accreditation agency, including the American Association of Ambulatory Surgery Facilities (AAASF); Accreditation Association for Ambulatory Health Care (AAAHC); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or the Healthcare Facilities Accreditation Program (HFAP), a division of the American Osteopathic Association; or any other agency approved by the South Carolina Board of Medical Examiners. The accrediting agency must submit a biannual summary report for each facility to the South Carolina Board of Medical Examiners. Any physician performing Level II or Level III office surgery must register with the South Carolina Board of Medical Examiners. Such registration must include each address at which Level II or Level III office surgery is performed and identification of the accreditation agency that accredits each location (when applicable). Rule of Thumb: The capacity of the patient at all times to retain his/her life-protective reflexes and to respond to sensory stimuli (i.e., the depth of sedation or anesthesia), rather than the specific procedure performed, lies at the core of differentiating Level II from Level III surgery.

a. Scope of Level II Office Surgery: Level II office surgery includes any procedure which requires the administration of minimal or moderate intravenous, intramuscular, or rectal sedation/analgesia, thus making post-operative monitoring necessary. Level II office surgery must be limited to procedures where there is only a moderate risk of surgical and/or anesthetic complications and the likelihood of hospitalization as a result of these complications is unlikely. Level II office surgery includes local or peripheral nerve block, minor conduction block, and Bier block.

b. Scope of Level III Office Surgery: Level III office surgery includes any procedure that requires, or reasonably should require, the use of deep sedation/analgesia, general anesthesia, or major conduction block, and/or in which the known complications of the proposed surgical procedure may be serious or life threatening.

#### 2. Practitioners:

a. The specific office-based surgical procedures and anesthesia services that each respective practitioner involved is qualified and competent to perform must be commensurate with each practitioner's level of training and experience. Criteria to be considered to demonstrate competence include:

- (1) State licensure.
- (2) Procedure-specific education, training, experience and successful evaluation appropriate for the patient population being treated (e.g. pediatrics).
- (3)(a) For physicians, staff privileges in a hospital to perform the same procedure or service as that being performed in the office setting or board certification, board eligibility or completion of a training program in a field of specialization recognized by the ACGME for expertise and proficiency in that field, or comparable background, formal training, or experience as approved by the Board. Board certification is understood as American Board of Medical Specialists (ABMS), American Osteopathic Association (AOA), or equivalent board certification as determined by the Board.
- (b) For non-physician practitioners, certification that is appropriate and applicable for the practitioner, as recognized by the practitioner's licensing board or this Board.
- (4) Professional misconduct and malpractice history.
- (5) Participation in peer and quality review proceedings.
- (6) Participation in continuing competency activities consistent with the statutory requirements and requirements of the practitioner's professional organization.
- (7) Malpractice insurance coverage adequate for the specialty.
- (8) Procedure-specific competence (and competence in the use of new procedures/technology), which encompasses education, training, experience and evaluation, and which includes:

- (a) Adherence to professional society standards;
- (b) Hospital and/or ambulatory surgical privileges for the scope of services performed in the office-based setting at Levels II and III or must be able to document satisfactory completion of training such as board certification or board eligibility by a specialty board approved by the American Board of Medical Specialties,

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American Osteopathic Association, or comparable background, formal training, or experience as approved by the Board;

(c) Credentials approved by a nationally recognized accrediting/credentialing organization;

(d) For physicians, didactic course complemented by hands-on, observed experience. Training is to be followed by a specified number of cases supervised by a practitioner already competent in the respective procedure, in accordance with professional society standards and guidelines.

b. Unlicensed or uncertified personnel may not be assigned duties or responsibilities that require professional licensure or certification. Duties assigned to unlicensed or uncertified personnel must be in accordance with their training, education and experience and under the direct supervision of a qualified, licensed practitioner.

### E. Standards for Office Procedures

#### 1. Level II Office Procedures:

##### a. Training Required:

(1) The physician must have staff privileges in a hospital to perform the same procedure as that being performed in the office setting or must be able to document satisfactory completion of training such as board certification or board eligibility by a specialty board approved by the American Board of Medical Specialties, American Osteopathic Association, or must demonstrate comparable background, formal training, or experience as approved by the Board. The physician must maintain current certification in advanced resuscitative techniques as appropriate (e.g. ATLS, ACLS, or PALS).

(2) One assistant or other health care personnel that is immediately available (immediately available is defined as being located within the office and not necessarily the person assisting in the procedure) must be certified in advanced resuscitative techniques as appropriate (e.g. ATLS, ACLS, or PALS).

##### b. Equipment and Supplies Required:

(1) Emergency resuscitation equipment and a reliable source of oxygen must be current and immediately available.

(2) Monitoring equipment must include a continuous suction device, pulse oximeter, and noninvasive blood pressure apparatus and stethoscope. Electrocardiographic monitoring must be available for patients with a history of cardiac disease. Age-and size-appropriate monitors and resuscitative equipment must be available for patients.

##### c. Assistance of Other Personnel Required:

(1) Supervision of the sedation/analgesia component of the medical procedure should be provided by a physician who is immediately available, who possesses sufficient knowledge, and who is qualified in accordance with law supervise the administration of the sedation/analgesia or minor conduction block. The physician providing supervision must:

(a) ensure that an appropriate pre-sedation/analgesia or anesthesia examination and evaluation is performed proximate to the procedure;

(b) order the sedation/analgesia or anesthesia;

(c) ensure that qualified health care personnel participate;

(d) remain immediately available until discharge criteria are met; and

(e) ensure the provision of indicated post-sedation/analgesia or anesthesia care.

(2) Sedation/analgesia or anesthesia must be administered or supervised only by a duly licensed, qualified and competent physician. CRNAs, AAs, or other qualified practitioners who administer sedation/analgesia or anesthesia as part of a medical procedure must have training and experience appropriate to the level of sedation/analgesia or anesthesia administered and function in accordance with their scope of practice. Such personnel must have documented competence to administer sedation/analgesia or anesthesia and to assist in any support or resuscitation measures as required. The individual administering sedation/analgesia or anesthesia and/or monitoring the patient must not play an integral role in performing the surgical procedure. This is not intended to restrict or limit the physician's ability to delegate medical tasks to other qualified practitioners in Level II office procedures.

(3) A registered nurse or other licensed health care personnel practicing within the scope of their practice who is currently certified in advanced resuscitative techniques must monitor the patient postoperatively and have the capability of administering medications as required for analgesia, nausea/vomiting, or other

indications. Monitoring in the recovery area must include pulse oximetry and non-invasive blood pressure measurement. The patient must be assessed periodically for level of consciousness, pain relief, or any untoward complication. Each patient must meet discharge criteria as established by the practice, prior to leaving the operating room or recovery area.

d. Transfer and Emergency Protocols: The physician must have a transfer protocol in effect with a hospital within reasonable proximity.

e. Facility Accreditation: The physician must obtain and maintain accreditation of the office setting by an approved accreditation agency.

## 2. Level III Office Procedures

### a. Training Required:

(1) The physician must have documentation of training to perform the particular surgical procedure(s). The physician must have staff privileges in a hospital to perform the same procedure as that being performed in the office setting or must be able to document satisfactory completion of training such as board certification or board eligibility by a specialty board approved by the American Board of Medical Specialties, American Osteopathic Association, or comparable background, formal training, or experience as approved by the Board. In the event the physician is supervising the administration of anesthesia by a CRNA, the physician must have sufficient knowledge of the anesthesia specified for the procedure to provide effective care in the case of emergency. If the physician does not possess the sufficient knowledge of anesthesia, the anesthesia must be administered by or under the supervision of a qualified physician. The physician must maintain current certification in advanced resuscitative techniques as appropriate (e.g. ATLS, ACLS, or PALS).

(2) One assistant or other health care personnel that is immediately available (immediately available is defined as being located within the office and not necessarily the person assisting in the procedure) must be currently certified in advanced resuscitative techniques as appropriate (e.g. ATLS, ACLS, or PALS).

### b. Equipment and Supplies Required:

(1) Emergency resuscitation equipment, a continuous suction device, and a reliable source of oxygen must be current and immediately available. At least 12 ampules of dantrolene sodium must be immediately available. Age-and size-appropriate monitors and resuscitative equipment must be available for patients.

(2) Monitoring equipment must include:

- (a) blood pressure apparatus and stethoscope
- (b) pulse oximetry
- (c) continuous EKG
- (d) capnography
- (e) temperature monitoring for procedures lasting longer than 30 minutes.

(3) Facility, in terms of general preparation, equipment and supplies, must be comparable to a free standing ambulatory surgical center, have provisions for proper record keeping, and the ability to recover patients after anesthesia.

### c. Assistance of Other Personnel Required:

(1) Supervision of the sedation/analgesia component of the medical procedure should be provided by a physician who is immediately available, who possesses sufficient knowledge, and who is qualified in accordance with law to supervise the administration of the sedation/analgesia or minor conduction block. The physician providing supervision must:

- (a) ensure that an appropriate pre-sedation/analgesia or anesthesia examination and evaluation is performed proximate to the procedure;
- (b) order the sedation/analgesia or anesthesia;
- (c) ensure that qualified health care personnel participate;
- (d) remain immediately available until discharge criteria are met; and
- (e) ensure the provision of indicated post-sedation/analgesia or anesthesia care.

(2) Sedation/analgesia or anesthesia must be administered or supervised only by a duly licensed, qualified and competent physician. CRNAs or AAs who administer sedation/analgesia or anesthesia as part of a medical procedure must have training and experience appropriate to the level of sedation/analgesia or anesthesia administered and function in accordance with their scope of practice. Such personnel must have documented competence to administer sedation/analgesia or anesthesia and to assist in any support or resuscitation

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measures as required. The individual administering sedation/analgesia or anesthesia and/or monitoring the patient must not play an integral role in performing the surgical procedure.

(3) A registered nurse or other licensed health care personnel practicing within the scope of their practice who is currently certified in advanced resuscitative techniques must monitor the patient postoperatively and have the capability of administering medications as required for analgesia, nausea/vomiting, or other indications. Monitoring in the recovery area must include pulse oximetry and non-invasive blood pressure measurement. The patient must be assessed periodically for level of consciousness, pain relief, or any untoward complication. Each patient must meet discharge criteria as established by the practice, prior to leaving the operating room or recovery area.

d. Transfer and Emergency Protocols: The physician must have a transfer protocol in effect with a hospital within reasonable proximity.

e. Facility Accreditation and Inspection. The physician must obtain and maintain accreditation of the office setting by an approved accreditation agency.

### F. Patient Admission and Discharge

1. Patient Selection. The physician must evaluate the condition of the patient and the potential risks associated with the proposed treatment plan. The physician is also responsible for providing a post-operative plan to the patient and ensuring the patient is aware of the need for the necessary follow-up care. Patients with pre-existing medical problems or other conditions, who are at undue risk for complications, must be referred to an appropriate specialist for pre-operative consultation. Patients that are considered high risk or are a physical classification status III or greater and require a general anesthetic for the surgical procedure must have the surgery performed in a hospital setting or in ambulatory surgery centers. Patients with a physical status classification of III or greater may be acceptable candidates for moderate sedation/analgesia. ASA Class III patients must be specifically addressed in the operating procedures of the office-based practice. They may be acceptable candidates if deemed so by a physician qualified to assess the specific disability and its impact on anesthesia and surgical risks. Acceptable candidates for deep sedation/analgesia, general anesthesia, or major conduction block in office settings are patients with a physical status classification of I or II, no airway abnormality, and possess an unremarkable anesthetic history.

2. Informed Consent. The risks, benefits, and potential complications of both the surgery and anesthetic must be discussed with the patient and/or, if applicable, the patient's legal guardian prior to the surgical procedure. Written documentation of informed consent must be included in the medical record.

3. Preoperative Assessment. A specialty specific medical history and physical examination must be performed, and appropriate laboratory studies obtained within 30 days prior to the planned surgical procedure, by a practitioner qualified to assess the impact of co-existing disease processes on surgery and anesthesia. The physician must assure that a preanesthetic examination and evaluation is conducted immediately prior to surgery by the practitioner who will be administering or supervising the anesthesia. Monitoring must be available for patients with a history of cardiac disease. Age and size appropriate monitors and resuscitative equipment must be available for patients. The information and data obtained during the course of these evaluations must be documented in the medical record.

4. Discharge Evaluation. The physician must evaluate the patient immediately upon completion of the surgery and anesthesia. Care of the patient may then be transferred to qualified health care personnel in the recovery area. A qualified physician must remain immediately available until the patient meets discharge criteria. Criteria for discharge for all patients who have received anesthesia must include the following:

- a. confirmation of stable vital signs
- b. stable oxygen saturation levels
- c. return to pre-procedure mental status
- d. adequate pain control
- e. minimal bleeding, nausea and vomiting
- f. resolving neural block, resolution of the neuraxial block
- g. discharged in the company of a competent adult.

5. Patient Instructions. The patient must receive verbal instruction understandable to the patient or guardian, confirmed by written post-operative instructions and emergency contact numbers. The instructions must include:

- a. The procedure performed
  - b. Information about potential complications
  - c. Telephone numbers to be used by the patient to discuss complications or should questions arise
  - d. Instructions for medications prescribed and pain management
  - e. Information regarding the follow-up visit date, time and location
  - f. Designated treatment facility in the event of emergency.
- G. Inapplicability to dentistry. These regulations shall not apply to an oral surgeon licensed to practice dentistry who is also a physician licensed to practice medicine, if the procedure is exclusively for the practice of dentistry.

**Fiscal Impact Statement:**

There will be no additional cost incurred by the State or any political subdivision.

**Statement of Rationale:**

Standards for office-based surgery are added to promote patient safety in office-based settings requiring anesthesia and to provide uniform professional standards for office-based surgery.

Document No. 3120  
**DEPARTMENT OF NATURAL RESOURCES**  
 CHAPTER 123

Statutory Authority: 1976 Code Sections 50-1-200, 50-1-210, 50-11-310, 50-11-335, 50-11-350, 50-11-390, 50-11-500, 50-11-520, 50-11-530, 50-11-2200 and 50-11-2210.

**Synopsis:**

These regulations amend Chapter 123-40, 123-51 and 123-52 in order to eliminate references to Game Zones that no longer exist. Act No. 289 of 2006 reduced the number of Game Zones from 11 to 6.

**Instructions:**

Amend Regulations 123-40, 123-51 and 123-52 to eliminate references to Game Zones that no longer exist.

**Text:**

HUNTING IN WILDLIFE MANAGEMENT AREAS

**123-40.** Wildlife Management Area Regulations.

1.1 The following regulations amend South Carolina Department of Natural Resources regulation Numbers 123-40 and 123-51.

1.2. The regulations governing hunting including prescribed schedules and seasons, methods of hunting and taking wildlife, and bag limits for Wildlife Management Areas are as follows:

**(A) Game Zone 1****Chauga, Franklin L. Gravely and Caesar's Head WMA's**

Delete Keowee WMA from Game Zone 1

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### (B) Game Zone 2

**John C. Calhoun, Cokesbury, Clarks Hill, Parsons Mountain, Key Bridge, Forks, Ninety-six, Goldmine, Murray, Enoree, Fairforest, Keowee, Fant's Grove, Carlisle, Broad River, Dutchman, Wateree and Worth Mountain WMA's.**

No more than 5 bucks total may be taken during all seasons combined, regardless of method (archery, muzzleloader, gun). Worth Mountain WMA Quality Deer Management Area: Bucks must have a minimum 4 points on one side or a minimum 12-inch antler spread.

#### Draper WMA

##### Small Game

Quail	1st and 2 <sup>nd</sup> Sat. in Dec., 3rd and 4th Wed. In Dec., 1 <sup>st</sup> and 2 <sup>nd</sup> Wed. And Sat. in Jan. Sunrise until 4:00 PM.	10 per day
Rabbit	1st Wed. after Thanksgiving, Wed. in Dec. prior to the 2 <sup>nd</sup> Sat. in Dec., Wed. and Sat. in Jan. following the last scheduled quail hunt until Mar. 1.	3 per day
<b>Other Small Game</b> No open season on fox squirrels	No hunting before Sept. 1 or after Mar. 1; otherwise Game Zone 2 limits apply.	Game Zone 2 limits

Delete current (D) Game Zone 4 regulations (**Fairforest, Enoree, Carlisle, Broad River, Dutchman, Wateree and Worth Mountain WMA's**)

#### (E) Broad River Waterfowl Management Area

Deer Archery	Sept. 15 - Oct. 31	Game Zone 2 limits.
Small Game	Feb. 2 - Mar. 1	Game Zone 2 limits.
Raccoon	Feb. 2 - Mar. 1	Game Zone 2 limits.

#### (J) Webb WMA

Other Small Game No open season on fox squirrels	No hunting before Sept. 1 or after Mar. 1; otherwise Game Zone 6 seasons apply. No hunting on half-days scheduled for deer hunting.	Game Zone 6 bag limits.
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**(K) Tillman Sandridge WMA**

Small Game	No hunting before Sept. 1 or	Game Zone 6 bag limits.
No open season on fox squirrels.	after Mar. 1; otherwise Game Zone 6 seasons apply. No Small game hunting during scheduled deer hunt periods.	

**(M) Victoria Bluff WMA**

Small Game	No hunting before Oct. 15 or	Game Zone 6 bag limits.
No open season on fox squirrels.	after Feb. 1; otherwise Game Zone 6 seasons apply. No Small game hunting during scheduled deer hunt periods. Shotguns only, shot no larger than no. 2.	

**(N) Bear Island WMA**

Quail	Quail hunting Tue. only Feb. 1 - Mar. 1	Game Zone 6 bag limits.
Other Small Game No open season on fox squirrels.	Feb. 1 - Mar. 1 Wed. and Sat. Only	Game Zone 6 bag limits.
Raccoon/Opossum	Feb. 1 - Mar. 15 Wed. and Fri. Nights Only	Game Zone 6 bag limits.

**(O) Lewis Ocean Bay WMA**

Small Game No Fox Squirrels	Jan. 1-Mar.1	Game Zone 4 bag limits.
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**(P) Pee Dee Station Site WMA**

Small Game	Sat. after Thanksgiving - last Wed. and Sat. in Feb., Wed. and Sat. Only.	Game Zone 4 limits.
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### (S) Other Small WMAs

#### Aiken, Lexington and Richland Counties

#### Chesterfield, Kershaw, & Marlboro Counties

Still Gun Hunts and Archery (No Dogs)	Oct. 1 - Jan 1	Total 10 deer for all gun hunts, 2 per day, buck only except on Game Zone 4 either-sex days as specified in Reg. 4.2. Limit of 10 may not include more than 5 bucks. Male deer required 2 inches of visible antler above the hairline to be legal. Male fawns (button bucks) are considered antlerless deer, legal only during either- sex hunts; however, they apply toward the buck limit. Archers are allowed to take either-sex during entire period; however, daily and season bag limits apply.
Small Game	No hunting before Sept. 1 or after Mar. 1; otherwise Game Zone 4 limits apply.	Game Zone 4 bag limits.

#### Darlington, Lee & Sumter Counties

Archery	Sept. 1 - Jan. 1	Total 5 deer per season, buck only, except on Game Zone 5 either-sex days as specified in Reg. 4.2.
Still Gun Hunts (No dogs) No buckshot.	Sept. 15 - Jan. 1	Total 5 deer per season, buck only except on Game Zone 5 either-sex days as specified in Reg. 4.2.
Small Game	No hunting before Sept. 1 or after Mar. 1; otherwise Game Zone 5 seasons apply.	Game Zone 5 bag limits

#### Dillon County

Archery	Sept. 1 - Jan. 1	Total 5 deer per season, buck only, except on Game Zone 4
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either-sex days as specified in Reg. 4.2.

Still Gun Hunts  
(No dogs)  
No buckshot.

Sept. 15 - Jan. 1

Total 5 deer per season, buck only except on Game Zone 4 either-sex days as specified in Reg. 4.2.

Small Game

No hunting before Sept. 1 or after Mar. 1; otherwise Game Zone 4 seasons apply.

Game Zone 4 bag limits

**(U) Manchester State Forest WMA**

Quail  
(Except Bland Tract)

Thanksgiving – March 1.

Game Zone 5 bag limits.

Quail  
(Bland Tract)  
Quail hunters must pick up and return data cards at access points.

Designated Wed. and Sat. within Game Zone 5 season, in Dec., Jan., and Feb. Shotguns must be plugged so as not to hold more than 3 shells.

Game Zone 5 bag limits.

Squirrel and Rabbit

Thanksgiving Day - Mar. 1  
Except no squirrel or rabbit hunting on Bland Tract during scheduled quail hunts.

Game Zone 5 bag limits.

**(V) Sand Hills State Forest WMA**

Hunting by the general public closed during scheduled field trials on the Sand Hills State Forest Special Field Trial Area. Hunting allowed during permitted field trials on the Sand Hills State Forest Special Field Trial Area in compliance with R.123-96. No man-drives allowed. No buckshot allowed. Individual antlerless deer tags valid on days not designated as either-sex after Sept. 15.

Deer

Still Gun Hunts  
(No dogs)

Oct. 1 - Jan. 1

Total of 10 deer, 2 per day, buck only except either-sex on Game Zones 4 and 5 either-sex days specified in Reg. 4.2. No more than 5 bucks.

Small Game

No hunting before Sept. 1 or after Mar. 1; otherwise Game Zones 4 and 5 seasons apply.

Game Zones 4 and 5 limits.

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No daytime fox hunting from  
Sept. 15 - Jan. 1.

### **(W) Marsh Furniture WMA**

Small Game Seasons Open only for rabbit, squirrel, opossum, quail, and woodcock only	Thanksgiving - Mar. 1 Wed. - Sat. only Woodcock – Wed. – Sat. only during Federal season.	Game Zone 4 bag limits.  Woodcock – Fed. limits
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### **(Z) Donnelley WMA**

Small Game No open season for fox squirrels.	Wed. only Dec. 6 - Jan. 31 Wed. and Sat. Feb. 1 - Mar. 1 seasons.	Game Zone 6 Bag Limits
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### **(AA) Little Pee Dee River Complex WMA**

Small Game	Thanksgiving Day - Mar. 1 No open season for fox squirrels.	Game Zone 4 Bag Limits.
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### **(BB) Great Pee Dee River WMA**

Gray Squirrels	Thanksgiving Day - Mar. 1st. No small game hunting during deer hunt periods. No open season on fox squirrels.	Game Zone 5 bag limits.
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### **(CC) Hickory Top WMA**

Small Game (No open season for fox squirrels)	No hunting before Sept. 1 or after Mar. 1; otherwise Game Zone 5 seasons apply.	Game Zone 5 bag limits. Except quail 8 per day.
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### **(DD) Palachucola WMA**

Small Game (No open season for fox squirrels or quail)	No hunting before Sept. 1 or after Mar. 1; otherwise Game Zone 6 seasons apply.	Game Zone 6 bag limits.
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### **(FF) Waccamaw River Heritage Preserve WMA**

Small Game Seasons: Season open only for	Thanksgiving Day - Mar. 1 Woodcock during Fed. Season	Game Zone 4 bag limits
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Gray squirrel and woodcock.

**(GG) McBee WMA**

Still Gun Hunts  
(No dogs, no buckshot)

Oct. 1 – Sat. after  
Thanksgiving

Total of 10, 2 per day, buck only  
except on specified Game Zone 4  
either-sex days during the McBee  
WMA still gun hunt season. Total  
not to include more than 5 bucks.

Other Small Game  
No small game hunting  
during scheduled deer  
hunting periods.

No hunting before Mon.  
following the 2<sup>nd</sup> Sat. in  
Jan. or after Mar. 1;  
otherwise Game Zone 4 seasons.

Game Zone 4 limits.

**(II) Cartwheel Bay WMA**

Small Game  
(No small game,  
hunting during  
Scheduled deer  
hunt periods.)  
No open season on  
fox squirrels.

No hunting before Nov. 1  
or after Mar. 1; otherwise  
Game Zone 4 bag limits.

Game Zone 4 bag limits

**(JJ) Longleaf Pine WMA**

Small Game  
(No small game hunting  
during scheduled deer hunt  
periods). No open season  
on fox squirrels.

Thanksgiving Day - Mar. 1

Game Zone 5 bag limits.

**(OO) Santee Dam WMA**

Small Game  
Shotguns only, no open  
season on fox squirrels.

Jan. 2 through Mar. 1.

Game Zone 5 bag limits.  
Except quail 8 per day.

**(QQ) Oak Lea WMA**

Small Game  
No open season on quail.

Jan. 2 through Mar. 1

Game Zone 5 limits.

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### **(RR) Lynchburg Savannah Heritage Preserve WMA**

Small Game Only No open season on fox squirrels.	No hunting before Sept. 1 or after Mar. 1; otherwise Game Zone 5 seasons.	Game Zone 5 limits
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### **(UU) Wee Tee WMA**

Small Game No open season for fox hunting.	No hunting before Sept. 1 or after Mar. 1; otherwise Game Zone 5 seasons apply. Dogs allowed during small game gun season only. Closed during scheduled deer and hog hunt periods.	Game Zone 5 bag limits except Quail – 8 per day
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## WILDLIFE MANAGEMENT AREA REGULATIONS

### General

2.8 On State-owned, US Forest Service and other Federally-owned WMA lands any hunter younger than sixteen (16) years of age must be accompanied by an adult (21 years or older) who is validly licensed and holds applicable permits, licenses or stamps for the use of WMA lands. Sight and voice contact must be maintained.

This also applies to non-state or non-federally owned leased WMA land in Game Zones 1 and 2 for deer hunting.

### DEER

4.1 On State-owned, US Forest Service and other Federally-owned WMA lands with designated check stations, all deer bagged must be checked at a check station. Deer bagged too late for reporting one day must be reported the following day. Unless otherwise specified by the department, only bucks (male deer) may be taken on all WMA lands. Male deer must have antlers visible two (2) inches above the hairline to be legally bagged on "bucks only" hunts. Male deer with visible antlers of less than two (2) inches above the hairline must be taken only on either-sex days or pursuant to permits issued by the department. A point is any projection at least one inch long and longer than wide at some location at least one inch from the tip of the projection. Antler spread is the greatest outside measurement (main beam or points) on a plane perpendicular to the skull. On WMA lands, man drives for deer are permitted between 10:00 a.m. and 2:00 p.m. only, except that no man drives may be conducted on days designated by the department for taking deer of either sex. On WMA lands, drivers participating in man drives are prohibited from carrying or using weapons. On WMA lands, in Game Zones 1 and 2, man drives will be permitted on the last four (4) scheduled either-sex days. A man drive is defined as an organized hunting technique involving two (2) or more individuals whereby an attempt is made to drive game animals from cover or habitat for the purpose of shooting, killing, or moving such animals toward other hunters.

4.2 Deer either-sex days for gun hunts are as follows:

Game Zone 1: The first two Fridays and Saturdays in November.

Game Zones 2 – 6 : (except Dillon, Horry and Marlboro counties) Saturday after October 3; every Friday and/or Saturday from October 11 to Thanksgiving day inclusive; Saturdays in December beginning 23 days after Thanksgiving day; and the last day of the open season.

Dillon, Horry and Marlboro counties: Saturday after October 3; beginning October 11, the next 2 Fridays and Saturdays, inclusive; and the Friday and Saturday before Thanksgiving.

DOGS

5.2 On all WMA lands in Game Zones 1 and 2, beagles may not be used for rabbit hunting during still gun hunts for deer. Beagles may be used from the close of the season for deer until the close of the rabbit season. Beagles may be trained for rabbit hunting from September 1 through September 30 (no guns).

5.4 The Department may permit deer hunting with dogs on WMA areas not located in Game Zones 1 and 2. For the purposes of tracking a wounded deer, a hunter may use one dog which is kept on a leash.

SUBARTICLE 3  
OTHER BIG GAME

**123-51. Turkey Hunting Rules and Seasons**

1. Total limit of 5 turkey statewide per person, 2 per day gobblers only, unless otherwise specified. Total statewide and county bag limits include turkeys harvested on Wildlife Management Areas (WMAs). Small unnamed WMAs in counties indicated are open for turkey hunting. Turkey seasons and limits are as follows:

AREA	DATES	LIMIT	Other Restrictions
Game Zones 1 and 2 Oconee, Pickens, Greenville, Anderson, Abbeville, Laurens, Newberry, Greenwood, McCormick, Saluda, Edgefield, Cherokee, Chester, Fairfield, Lancaster, Spartanburg, Union & York counties	April 1 - May 1	5	
Game Zone 3 Aiken Lexington & Richland counties	April 1 - May 1	5 2	
Game Zone 4 Kershaw County Chesterfield, Dillon, Florence, Horry, Marion & Marlboro counties	April 1 - May 1	5 2	
Game Zone 5 Clarendon, Georgetown & Williamsburg counties Darlington, Lee & Sumter counties	April 1 - May 1	5 2	
Game Zone 6 Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper & Orangeburg Counties.	March 15 - May 1	5	

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2. The following Regulations apply to all Wildlife Management Area lands. No turkey hunting permitted on Turkey Restoration Sites which have not been formally opened by the Department.

e. It is unlawful to hunt turkeys on Sundays on Wildlife Management Area lands.

### **123-52. Deer Hunting on Private Lands in Game Zones 1 and 2 (50-11-310, 50-11-350, 50-11-390).**

1. The seasons and limits for deer hunting on private lands in Game Zones 1 and 2 are as follows:

5. It is unlawful to hunt deer with dogs in Game Zones 1 and 2.

### **Fiscal Impact Statement:**

This amendment of Regulations 123-40, 123-51 and 123-52 will not change public hunting opportunities or result in changes in the generation of State revenue through license sales.

### **Statement of Rationale:**

Rationale for the formulation of these regulations is based on over 60 years of experience by SCDNR in establishing public hunting areas. New areas are evaluated on location, size, current wildlife presence, access and recreation use potential. Contractual agreements with the landowners provide guidelines for the use and management of the property. Wildlife Management Area agreements are on file with the Wildlife Section of the Department of Natural Resources, Room 267, Dennis Building, 1000 Assembly Street, Columbia.

Document No. 3100

### **DEPARTMENT OF REVENUE**

#### CHAPTER 117

Statutory Authority: 1976 Code Section 12-4-320

Regulation 117-335

### **Synopsis:**

The South Carolina Department of Revenue is considering amending SC Regulation 117-335 concerning the sales and use tax and manufactured and modular homes to add subsection 117-335.5 to address the application of the sales and use tax to heat pumps, air conditioning systems, skirting, steps, decks, septic tanks, wells, and driveways built or installed after the home is delivered to the construction site. This proposal is consistent with present Department of Revenue policy.

### **Instructions:**

Amend SC Regulation 117-335 concerning the sales and use tax and manufactured and modular homes to add subsection 117-335.5 to address the application of the sales and use tax to heat pumps, air conditioning systems, skirting, steps, decks, septic tanks, wells, and driveways built or installed after the home is delivered to the construction site.

### **Text:**

117-335 Manufactured Homes and Modular Homes

Manufactured homes and modular homes are taxed differently under the sales and use tax code.

### 117-335.1 Manufactured Homes

The basis upon which the tax is calculated on a manufactured home (as defined in Code Section 40-29-20) is only sixty-five percent of the “gross proceeds of sales” as defined in Code Section 12-36-90.

The maximum tax due on the sale of a manufactured home is \$300 if the home meets certain energy efficient standards as set forth in Code Section 12-36-2110(B). If the home does not meet these energy efficient standards, then the maximum tax is \$300 plus 2% of the basis upon which the tax is calculated that exceeds \$6,000. A manufactured home is energy efficient if it meets the following energy efficiency levels as set forth in Code Section 12-36-2110(B): “storm or double pane glass windows, insulated or storm doors, a minimum thermal resistance rating of the insulation only of R-11 for walls, R-19 for floors, and R-30 for ceilings. However, variations in the energy efficiency levels for walls, floors, and ceilings are allowed and the exemption on tax due above three hundred dollars applies if the total heat loss does not exceed that calculated using the levels of R-11 for walls, R-19 for floors, and R-30 for ceilings. The edition of the American Society of Heating, Refrigerating, and Air Conditioning Engineers Guide in effect at the time is the source for heat loss calculation. The dealer selling the manufactured home must maintain records, on forms provided by the State Energy Office, on each manufactured home sold which contains the above calculations and verifying whether or not the manufactured home met the energy efficiency levels provided for in this subsection. These records must be maintained for three years and must be made available for inspection upon request of the Department of Consumer Affairs or the State Energy Office.”

Local sales and use taxes that are administered and collected by the Department of behalf of local jurisdictions do not apply to manufactured homes.

The retail sale upon which the tax is based is the sale by the retailer to the consumer home buyer or contractor. See Code Section 12-36-2120(B).

### 117-335.2 Modular Homes

The basis upon which the tax is calculated on a modular home (as regulated in Chapter 43 of Title 23) is only fifty percent of the “gross proceeds of sales” as defined in Code Section 12-36-2120(34). A modular home regulated under Chapter 43 of Title 23 cannot be considered a manufactured home, even if the home meets the definitional requirements of a manufactured home in Code Section 40-29-20.

The maximum tax provisions do not apply to modular homes. Local sales and use taxes that are administered and collected by the Department of behalf of local jurisdictions do apply to modular homes.

The retail sale upon which the tax is based is the sale by the manufacturer to either the modular home dealer or home buyer, whichever is applicable. See Code Section 12-36-2120(34).

### 117-335.3 Other Factory Fabricated Buildings

Sales of portable classrooms and storage type manufactured buildings, recreational vehicles (RVs), travel trailers, campers, manufactured condominiums and units, and like tangible personal property are not considered sales of manufactured homes or modular homes.

### 117-335.4 Furniture and Appliance

Furniture and appliances are not considered a part of a manufactured or modular home, unless they are built-ins. For example, televisions, counter appliances, sofas, chairs and tables, even though sold with a home, are not a part of the home. Because these items are not a part of the home, they are taxed separately from the home at 5%, plus any applicable local sales and use tax, of their sales price less any trade-in allowed. The amount

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upon which the tax is calculated on furniture and appliances that are not built ins is the amount listed in the sales contract for these items or the retail fair market value of these items if the amounts for these items are not listed in the contract or if the amounts listed in the contract do not reasonably represent the retail fair market value of these items.

Items such as disposals, built-in dishwashers, and built-in stoves are considered a part of the home and are not taxed separately from the home if installed at the time of the retail sale of the home.

### 117-335.5 Heat Pumps, Decks, Steps, Skirting and Similar Items

Heat pumps, air conditioning systems, skirting, steps, decks, septic tanks, wells, and driveways built or installed after the home is delivered to the construction site are not considered a part of the delivered home and are taxed separately from the home. The sale of these items to, or the purchase of these items by, the person who will build or supply and install them is subject to the tax.

#### **Fiscal Impact Statement:**

There will be no impact on state or local political subdivisions expenditures in complying with this proposed legislation.

#### **Statement of Rationale:**

The purpose of this proposal is to amend SC Regulation 117-335 concerning the sales and use tax and manufactured and modular homes to add subsection 117-335.5 to address the application of the sales and use tax to heat pumps, air conditioning systems, skirting, steps, decks, septic tanks, wells, and driveways built or installed after the home is delivered to the construction site. This proposal is consistent with present Department of Revenue policy.

The proposal to amend SC Regulation 117-335 is needed to specifically set forth the Department's longstanding position concerning the application of the sales and use tax to heat pumps, air conditioning systems, skirting, steps, decks, septic tanks, wells, and driveways built or installed after the home is delivered to the construction site. The proposal to amend this regulation is also reasonable in that it is the department's responsibility to maintain regulations that are up-to date, consistent with the law and provide taxpayers with complete information as to the application of the tax to manufactured and modular homes.

Document No. 3101

### **DEPARTMENT OF REVENUE**

#### **CHAPTER 7**

Statutory Authority: 1976 Code Section 12-4-320 and 61-2-60

### 7-201 Requirements for Protesting Beer and Wine Permits or Alcoholic Liquor Licenses

#### **Synopsis:**

The South Carolina Department of Revenue is considering amending SC Regulation 7-201 concerning the requirements for protesting the issuance or renewal of beer or wine permits or alcoholic liquor licenses, including, but not limited to, the information a protest must contain and what constitutes a timely protest.

#### **Instructions:**

Amend SC Regulation 7-201 concerning the requirements for protesting the issuance or renewal of beer or wine permits or alcoholic liquor licenses, including, but not limited to, the information a protest must contain and what constitutes a timely protest.



**Text:**

Code Sections 61-4-525, 61-6-185 and 61-6-1825 set forth the requirements a person must follow when protesting the issuance or renewal of a beer and wine permit, retail liquor store license and a liquor by the drink license.

The following will address these requirements:

1.Q. Who may protest the issuance or renewal of a beer and wine permit or an alcoholic liquor license?

A. Any person who:

1. resides in the county in which the permit or license is requested to be granted; or
2. resides within five miles of the location for which the permit or license is requested

may protest the issuance or renewal of a beer and wine permit or an alcoholic liquor license.

2. Q. Is the protest required to be in writing?

A. Yes.

3. Q. Where is the protest mailed?

A. All protests must be mailed to:

SC Department of Revenue  
 ABL Licensing Section - Protest  
 P.O. Box 125  
 Columbia, South Carolina 29214

A protest concerning the issuance of a new permit or license must be mailed to the Department and postmarked on or before the date set forth in the "Notice of Application" published in the newspaper or the "Notice" posted at the site. If a valid protest is received with respect to the issuance of a new permit or license, the new permit or license will not be issued until the protest is resolved and the determination is made that the permit or license must be issued.

Since renewal notices are mailed to permittees and licensees sixty days before the existing license or permit expires, a protest concerning the renewal of an existing permit or license must be filed with the Department at least sixty days prior to the expiration of the existing permit or license. However, an exception will be made and a protest will be considered timely if the protest is received by the ABL Licensing Section after the renewal notice has been mailed but before the renewal permit or license has been issued. If a valid and timely protest is received by the Department with respect to the renewal of a permit or license and the permittee or licensee made a timely and sufficient application for the renewal, the existing permit or license of the permittee or licensee does not expire until the application has been finally determined by the Department, and, in case the application is denied, until the last day for seeking review of the Department's final agency determination or a later date fixed by order of the reviewing court. (See Code Section 1-23-370(b).)

4. Q. What information must the protest contain?

A. A protest must contain the following information:

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1. the name, address, and telephone number of the person filing the protest;
2. the name of the applicant for the permit or license and the address of the premises sought to be licensed, or the name and address of the permit or license holder if the application is for renewal;
3. the specific reasons why the application should be denied; and
4. a statement by the person protesting the application as to whether or not he or she wishes to attend a contested case hearing before the Administrative Law Court. Important: If the protest states that the protestant does not wish to attend a contested case hearing before the Administrative Law Court, then the protest is invalid and the Department must continue to process the application and must issue the permit or license if all other statutory requirements are met. See Question #6 below.

Note: If the protestant does not reside in the same county in which the permit or license is requested, then the protestant must state that he or she lives within five miles of the location for which a permit or license is requested.

5. Q. If a protest does not contain all of the above information, is the protest a valid protest?

A. No. The protest is invalid and the Department must continue to process the application and must issue the permit or license if all other statutory requirements are met.

6. Q. If the protest states that the protestant does not wish to attend a contested case hearing before the Administrative Law Court, is the protest valid?

A. No. The protest is invalid and the Department must continue to process the application and must issue the permit or license if all other statutory requirements are met.

7. Q. If the protest states that the protestant wishes to attend a contested case hearing before the Administrative Law Court, is the protest valid?

A. Yes, provided the protest contains all the information listed in the answer to Question #4 and the Department has determined, via letter, e-mail, fax or some other method, that the protestant does intend to attend the contested case hearing and offer testimony before the Administrative Law Court.

8. Q. If the protestant advised the Department of his or her intention to attend the contested case hearing before the Administrative Law Court, but does not attend the hearing, what are the consequences for not attending the hearing?

A. A person who files a protest and fails to appear at a hearing after affirming a desire to attend the hearing may be assessed by the Administrative Law Court a fine or penalty to include court costs.

9. Q. Does the Department publish a form that can be used to protest the issuance or renewal of a permit or license?

A. Yes, Form ABL-20 can be used to protest the issuance or renewal of a permit or license and can be obtained at the offices of the Department or at the Department's website ([www.sctax.org](http://www.sctax.org)). However, please note that this form is not required. Any letter containing the information required by the law, as discussed in this regulation, is sufficient to constitute a valid protest provided the protestant affirms to the Department a desire to attend the hearing before the Administrative Law Court.

**Fiscal Impact Statement:**

There will be no impact on state or local political subdivisions expenditures in complying with this proposed legislation.

**Statement of Rationale:**

The purpose of this proposal is to amend SC Regulation 7-201 concerning the requirements for protesting the issuance or renewal of beer or wine permits or alcoholic liquor licenses, including, but not limited to, the information a protest must contain and what constitutes a timely protest. The proposal would eliminate the sample protest form and state that this form (Form ABL-20) is available at the offices of the Department and at the Department's website. This will allow more flexibility in making changes to the form when needed. The Department is also proposing to change references to the Administrative Law Judge Division to the Administrative Law Court and to change the reference to the minibottle license to the liquor by the drink license.

The proposal to amend this regulation is needed to ensure the protest form is up-to-date and to reduce any taxpayer confusion as to references to the Administrative Law Judge Division and not to the Administrative Law Court. The proposal to amend this regulation is also reasonable in that it is the department's responsibility to maintain regulations that are clear and understandable and up-to-date.