

**HEALTHCARE SUBCOMMITTEE
RECOMMENDATIONS FOR FY 2025-26
TO THE PROVISO SUBCOMMITTEE**

SECTION 31 - J060 - DEPARTMENT OF PUBLIC HEALTH

31.5 AMEND (DPH: Cancer/Hemophilia) Prohibits the amounts appropriated for prevention, detection and surveillance of cancer, for providing cancer treatment services, and for the hemophilia assistance program from being transferred to other programs and prohibits the funds from being reduced more than a pro-rata share in the event of any mid-year reductions or base reductions assessed to the department.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to include “other blood disorders.” Requested by the Department of Public Health.

31.5. (DPH: Cancer/Hemophilia *and Other Blood Disorders*) Notwithstanding any other provisions of this act, the funds appropriated herein for prevention, detection and surveillance of cancer as well as providing for cancer treatment services, \$545,449 and the hemophilia *and other blood disorders* assistance program, \$1,186,928 shall not be transferred to other programs within the agency and when instructed by the Executive Budget Office or the General Assembly to reduce funds within the department by a certain percentage, the department may not act unilaterally to reduce the funds for any cancer treatment program and hemophilia *and other blood disorders* assistance program provided for herein greater than such stipulated percentage.

31.34 AMEND (DPH: HIV/AIDS Treatment and Prevention) Authorizes funds for HIV and AIDS prevention and treatment to be used to develop a partnership with the Joseph H. Neal Health Collaborative to provide services to all patients, regardless of their ability to pay. Includes a plan for prevention and treatment of Hepatitis C. Directs the department to ensure that the funds are spent solely for testing and treatment services. Allows funds to be used to enhance services provided through federal funds allocation or the state’s AIDS Drug Assistance Program rebate funds. Directs Ryan White Part B Grants funds be included in the funds allowed to enhance services.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update language to better align with the intended use of funds in the prevention and treatment of HIV/AIDS and HCV.

31.34. (DPH: HIV/AIDS Treatment and Prevention) From the funds appropriated to the Department of Public Health in the current fiscal year for HIV and AIDS prevention and treatment, the department shall ~~develop a partnership~~ *partner* with the Joseph H. Neal Health Collaborative and expend \$500,000 to provide ~~comprehensive medical, dental, preventative,~~ psychological, and educational services to all patients, regardless of their financial ~~situation, or insurance status, or status that may impact their~~ ability to pay. In addition, the Joseph H. Neal Health Collaborative shall deploy its plan ~~for the treatment and prevention as a facilitator~~ of Hepatitis C *Virus (HCV) management strategies*. The department shall ensure the funds are expended ~~solely primarily~~ *primarily* for testing, *prevention, education,* treatment, and follow-up services of HIV/AIDS and ~~Hepatitis C, and providing primary care and dental care~~ *HCV*. ~~As well, funds may be used to enhance the services provided through a~~ *in* combination of ~~with~~ Ryan White Part B Grant funds ~~and, other federal funds, or the state’s AIDS Drug Assistance Program rebate funds~~ *for education and instruction*.

SECTION 35 - J120 - DEPARTMENT OF MENTAL HEALTH

35.10 AMEND (DMH: Orangeburg Crisis Stabilization Unit Facility) Authorizes the department to use up to \$2,000,000 of its available one-time funds to secure a site in Orangeburg County and prepare it for licensure as a Crisis Stabilization Unit Facility. Directs the department to provide

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a status report to the Chairmen of the Senate Finance, Senate Medical Affairs, House Ways and Means, and Medical, Military, Public, and Municipal Affairs Committees by January 10, 2025.
SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update the calendar year reference.

35.10. (DMH: Orangeburg Crisis Stabilization Unit Facility) The Department of Mental Health, through its Orangeburg Area Mental Health Center, is authorized to utilize up to two million dollars of its available one-time funds to secure an appropriate site for development, operations, or support of a Crisis Stabilization Unit Facility in Orangeburg County. The department shall provide a report on the status of its efforts to the Chairman of the Senate Finance Committee, the Chairman of the Senate Medical Affairs Committee, the Chairman of the House Ways and Means Committee, and the Chairman of the Medical, Military, Public, and Municipal Affairs Committee by January 10, ~~2025~~ 2026.

35.ohp **ADD** (DMH: Out of Home Placement) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to provide that funds allocated in Act 84 of 2023, Section 118.19(27)(c) for State-Operated Intensive Group Homes shall be redirected to support out-of-home placements. Requested by the Department of Mental Health.

35.ohp. (DMH: Out-of-Home Placement) The funds appropriated in Act 84 of 2023, Section 118.19(27)(c) to the Department of Mental Health for State-Operated Intensive Group Homes shall be redirected for the purpose of out-of-home placements. An out-of-home placement refers to a situation where a child or adolescent is removed from their home and is placed in a foster care or treatment setting. This includes therapeutic group homes for youth with severe emotional issues that, because of their family or legal circumstances, cannot be treated on an outpatient basis.

SECTION 38 - L040 - DEPARTMENT OF SOCIAL SERVICES

38.2 **AMEND 38.2**(DSS: Recovered State Funds) Authorizes the department to withhold a portion of state funds recovered under Title IV-D.
SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update federal program and office names. Requested by the Department of Social Services.

38.2. (DSS: Recovered State Funds) The department shall withhold a portion of the State Funds recovered, under the Title IV-D Program, for credit to the general fund in order to allow full participation in the federal “set-off” Federal Tax Refund Offset program offered through the ~~Internal Revenue Service~~ Bureau of the Fiscal Service, the withholding of unemployment insurance benefits through the Department of Employment and Workforce and reimbursement for expenditures related to ~~blood~~ genetic testing. Such funds may not be expended for any other purpose. The Department of Social Services shall be allowed to utilize the State share of Federally required fees, collected from non-TANF clients, in the administration of the ~~Child Support Enforcement Program~~ Child Support Services Division. Such funds may not be expended for any other purpose. However, this shall not include ~~Child Support Enforcement Program~~ Child Support Services Division incentives paid to the program from federal funds to encourage and reward cost effective performance. Such incentives are to be reinvested in the program to increase collections of support at the state and county levels in a manner consistent with federal laws and regulations governing such incentive payments. The department shall not

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use clerk of court incentive funds to replace agency operating funds. Such funds shall be remitted to the appropriate state governmental entity to further child support collection efforts.

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

SUBCOMMITTEE RECOMMENDATION: CONFORM TO FUNDING/AMEND to update the amount of monthly foster care payments. Requested by the Department of Social Services.

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

ages 0 – 5 ~~\$670~~ \$700 per month
ages 6 - 12 ~~\$783~~ \$818 per month
ages 13+ ~~\$827~~ \$863 per month

(B) These specified amounts are for the basic needs of the foster children to include kinship care assistance. Basic needs within this proviso are identified as food (at home and away), clothing, housing, transportation, education, and other costs as defined in the U.S. Department of Agriculture study of “Annual Cost of Raising a Child to Age Eighteen”. Further, each agency shall identify and justify, as another line item, all material and/or services, in excess of those basic needs listed above, which were a direct result of a professional agency evaluation of clientele need. Legitimate medical care in excess of Medicaid reimbursement or such care not recognized by Medicaid may be considered as special needs if approved by the sponsoring/responsible agency and shall be reimbursed by the sponsoring agency in the same manner of reimbursing other special needs of foster children.

38.23 AMEND (DSS: Internal Child Fatality Review Committees) Requires the Director of the Department of Social Services to create and fund Internal Child Fatality Review Committees to allow for rapid and expeditious review of child fatalities that are reported to the Department.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to delete the fiscal year reference. Requested by the Department of Social Services.

38.23. (DSS: Internal Child Fatality Review Committees) ~~For Fiscal Year 2024-25,~~ The Department of Social Services shall continue the work of the Internal Child Fatality Review Committees (internal committees) pursuant to the authority granted in Sections 43-1-60(3), 43-1-80, and 63-7-910(E) to allow for the rapid and expeditious review of reported child fatalities that are reported to the Department of Social Services on suspicion of abandonment, child abuse, neglect or harm as defined in Section 63-7-20. This review process will enable the department to respond to the safety needs of any surviving siblings and will lead to improvement in the department’s efforts to prevent child fatalities caused by abandonment, child abuse, neglect, or harm. Each internal committee shall be composed of a board-certified child abuse pediatrician, an agent from the State Law Enforcement Division, a local law enforcement officer, a representative from the local coroner’s office, and representatives from the Department of Social Services. The internal committee may invite other service provider organizations as deemed necessary. The department is authorized to provide reasonable compensation for board-certified child abuse pediatricians serving on an internal committee. Internal committees shall have access to information and records maintained by a provider of medical care regarding a child whose death is being reviewed by the internal committee, including information on prenatal care; all information and records maintained by any state, county, or local government agency including, but not limited to, birth certificates, law enforcement investigation data, county coroner or

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medical examiner investigation data, parole and probation information and records, and information and records of health agencies that provided services to the child or family. The meetings, information obtained by, reports prepared by, and statements made before the internal committees are confidential and protected from disclosure pursuant to the Freedom of Information Act, criminal and civil proceedings, and subpoenas as set forth in Sections 63-7-940 and 63-7-1990.

- 38.25 DELETE** (DSS: Wilderness Therapeutic Camps) Directs DSS to make and promulgate any licensing standards rules and regulations necessary to carry out the purposes of Article 1 of Title 63, Chapter 11, relating to child welfare agencies, as applied to Wilderness Therapeutic Camps. Define “Wilderness Therapeutic Camp.”

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. Requested by the Department of Social Services.

~~38.25. (DSS: Wilderness Therapeutic Camps) The Department of Social Services shall make and promulgate such rules and regulations relating to licensing standards and other matters as may be necessary to carry out the purposes of Title 63, Chapter 11, Article 1 of the 1976 Code as applied to Wilderness Therapeutic Camps. For this purpose, a “Wilderness Therapeutic Camp” is a therapeutic camp organization or facility with an outdoor or wilderness focus that is engaged in receiving children for care and maintenance, either part or full time, but shall not include any summer camp, day camp, or after school program, and shall also not include any other outdoor education or youth development program or facility where participants usually attend for less than 15 days, and does not include any licensed residential group care organization, child caring institution or group home or facility that meets the facility requirements of S.C. Code of Regulations Section 114-590.~~

- 38.26 DELETE** (DSS: Group Home Transition) Directs the department to provide financial and administrative support to group homes to enable any necessary transition of services or the development of new service models for children and young adults. Directs that group homes with young adults ages 18 to 23 are not required to provide 24 hour face to face supervision.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso. Requested by Department of Social Services.

~~38.26. (DSS: Group Home Transition) For the current fiscal year, the Department of Social Services shall provide financial and administrative support and flexibility to Group Homes in order to best enable any necessary transition of services or the development of new service models for children and young adults. Group Homes with young adults between the ages of 18 to 23 years residing in approved and supervised independent living programs shall not be required to provide 24 hours per day face to face supervision for the resident. Regulatory and contractual requirements must not be different for supervision and staff ratios when a young adult aged 18 to 23 is a resident in an approved and supervised independent living program.~~

SECTION 40 - L060 - DEPARTMENT ON AGING

- 40.5 CONFORM TO FUNDING/AMEND** (AGING: Home and Community Based Services) Directs that Home and Community-Based Services state funds be used for services that most directly meet the goal of allowing seniors to live safely and independently at home. Defines allowable services; provides a methodology for allocating these funds to the Area Agencies on Aging; allows the AAAs to spend up to 10% for administrative services and the department to

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retain 1/4 of 1% to monitor and oversee the program; allows the department to retain up to 3% to be allocated for cases of a recognized emergency and/or natural disaster recognized by the Governor and directs that if the funds are not allocated they are to be treated as carry forward funds and reallocated to the AAA's; requires each AAA to submit a budget to the Department on Aging's for approval that indicates the services to be provided; authorizes these funds to be carried forward and used for the same purpose; and prohibits the funds from being transferred and used for any other purpose.

SUBCOMMITTEE RECOMMENDATION: CONFORM TO FUNDING/AMEND proviso to add pest control and dental and other supportive health services to allowable services. Requested by the Department on Aging.

40.5. (AGING: Home and Community-Based Services) State funds appropriated for Home and Community-Based Services shall be used to fund those services that most directly meet the goal of allowing seniors to live safely and independently at home. Allowable services as defined in the Department on Aging's State Plan include, *but are not limited to: pest control, dental and other supportive health services.* programs to promote social connection, group dining, home delivered meals, transportation to group dining sites, transportation for essential trips, personal care, homemaker, Home Chore, Home Modification, Legal Assistance, and Assessments. Area Agencies on Aging (AAAs) may expend no more than ten percent for administrative services and one-quarter of one percent shall be retained by the Department on Aging to provide monitoring and oversight of the program. However, up to three percent of the annual state appropriation for Home and Community-Based Services may be retained at the Department on Aging to be allocated by the department to the affected regions in cases of an emergency and/or natural disaster recognized by the Governor. If these funds are not utilized in the fiscal year allocated, they are to be treated as carry forward funds and reallocated to the AAAs. The Intrastate Funding Formula shall be used as a guideline for the allocation of state funds appropriated for Home and Community-Based Services. The Department on Aging shall develop and implement a structured methodology to allocate the state Home and Community-Based Services funding. The methodology shall include flexibility to reallocate funds amongst the AAAs, and be composed of, at a minimum, the following factors: a minimum base amount, the fiscal year's federally allocated funds, federal and state carry forwards funds, and an appropriate weighted proportion that will achieve the mission of the Department on Aging to provide as many services as possible to the citizens of South Carolina. Each AAA shall submit a budget for approval by the Department on Aging indicating the services to be provided. Any unexpended Home and Community-Base Services funds in this program shall be carried forward by the Department on Aging and used for the same purposes. Funds may not be transferred from the Home and Community-Based special line item for any other purpose.

40.6 CONFORM TO FUNDING/AMEND (AGING: Geriatric Loan Forgiveness Program) Authorizes the Geriatric Physician Loan Program, to make a single lump sum payment of up to \$35,000 or the loan balance whichever is less, to the lending institution. Authorize unexpended funds to be carried forward and used for the same purpose.

SUBCOMMITTEE RECOMMENDATION: CONFORM TO FUNDING/AMEND proviso to update the lump sum payment amount. Requested by the Department on Aging.

40.6. (AGING: Geriatric Loan Forgiveness Program) (A) In lieu of quarterly payments to a recipient of the Geriatric Physician Loan Program, the Department on Aging is authorized to make a single lump sum payment to the lending institution of up to ~~\$35,000~~ \$50,000 or the loan balance, whichever is less.

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(B) Any unexpended balance on June thirtieth of the prior fiscal year of funds appropriated in Part IA, Section 40, Geriatric Physician Loan Program, shall be carried forward and used for the same purpose as originally appropriated.

40.aac **ADD** (AGING: Allocations and Aid Carryforward) **SUBCOMMITTEE RECOMMENDATION:** ADD new proviso to allow carry forward of funds for allocations or aid from the prior fiscal year into the current fiscal year. Requested by the Department on Aging.

40.aac. (AGING: Allocations and Aid Carryforward) Unexpended funds appropriated to the Department on Aging for allocations or aid shall be carried forward from the prior fiscal year into the current fiscal year and used for the same purpose by the department.

SECTION 41 - L800 - DEPARTMENT OF CHILDREN'S ADVOCACY

41.4 **DELETE** (DCA: Home Visiting Pilot) Allows the department to use funds appropriated to the Children's Trust Fund to pilot home visiting programs that target zero- to three-year old children in the county not receiving home visiting services.

SUBCOMMITTEE RECOMMENDATION: DELETE proviso.

~~41.4. (DCA: Home Visiting Pilot) With funds appropriated and authorized to the Department of Children's Advocacy for the Children's Trust Fund for Fiscal Year 2024-25, the Children's Trust Fund may pilot additional home visiting programs in collaboration with county-wide school districts, using one or more evidence-based models targeting zero to three year old children in the county currently not receiving home visiting services.~~

SECTION 117 - X900 - GENERAL PROVISIONS

117.124 **AMEND** (GP: Medical Marijuana Research) Authorizes the USC College of Pharmacy and MUSC, to the extent permitted and in accordance with federal laws and regulations, to acquire pharmaceutical grade marijuana, and similar compounds to use for research and clinical trials to develop potential therapeutic agents for certain illnesses. Authorizes USC and MUSC to work with other public and private entities to conduct the research and clinical trials as permitted by federal law and regs. Directs USC and MUSC, by the first day of the 2025 legislative session, to provide the General Assembly with a written summary of actions taken and material findings, if any, resulting from these activities.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update the calendar year.

117.124.(GP: Medical Marijuana Research) (A) With funds provided in this fiscal year, the University of South Carolina College of Pharmacy and the Medical University of South Carolina are authorized, to the extent permitted by and in accordance with federal laws and regulations, to undertake the following actions: acquire pharmaceutical grade marijuana, marijuana extracts, semi-pure isolates, and purified compounds including, but not limited to, THC, CBD, CBO, cannabiniol, and cannabigerol for use in research and clinical trials to develop potential therapeutic agents for epilepsy, Dravet's Syndrome, chronic pain, cancer, reduction of nausea, and vomiting induced by chemotherapy, glaucoma, obesity, multiple sclerosis, drug abuse, inflammation, and autoimmune disorders, including encephalomyelitis.

(B) The University of South Carolina and the Medical University of the South Carolina are further authorized to form collaborations, agreements, and partnerships with other public and private entities in order to conduct this research and clinical trials, to the extent permitted by and

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in accordance with federal laws and regulations, as well as to pursue both public and private funding. Further, the University of South Carolina and the Medical University of South Carolina are directed to provide to the members of the South Carolina General Assembly, on or before the first day of the ~~2025~~ 2026 legislative session, with a written summary of the actions they have undertaken pursuant to this proviso and the material findings, if any, resulting from such activities.

117.143 AMEND (GP: Behavioral Health Capacity) Directs DHHS to coordinate with DMH, DPH, DAODAS, and other relevant agencies to examine effectiveness in the existing statewide system for the delivery of Medicaid and non-Medicaid behavioral health services. Directs DHHS with the support of DMH to assess gaps in coverage of psychiatric care, crisis stabilization, and other behavioral health services. Directs DHHS, upon the assessment, to establish coverage and reimbursement policies to address deficiencies and improve behavioral health services. Provides for the strategies and policies that may be piloted to improve behavioral health services. Requires the Data Oversight Council, DPH, and any other state agency to provide information on behavioral health service to DHHS if requested. Directs the Data Oversight Council to established data collection procedures. Direct the DHHS director, with support from other state health agency directors, to assess opportunities to improve substance use disorder or serious mental illness treatments. Directs DHHS, DJJ, and DMH to ensure access to “no eject, no reject” services is restored to children and adolescents who require this specific care. Directs DMH to examine ways to convert state-funded indigent care to a sustainable reimbursement model improving access to behavioral health treatment while reducing their reliance on state funds, and to provide a report on the results of this examination. Directs DMH to also contract for an independent review of its revenue cycle and ensure its compliance with hospital price transparency rules. Requires DHHS, with support of SDE and DMH, to improve access to and the quality of school-based behavioral health services and identify the disparities and availability of the care and provides for the requirements of this effort. Authorizes DHHS to establish and fund various pilot projects or initiatives intended to develop the health care workforce and provides for the requirements of this effort. Directs DHHS to consult with DMH to assess the feasibility and potentially establish a statewide system for near-real time tracking of in-patient psychiatric hospital beds and crisis stabilization beds and provides for the requirements of such system. Authorizes DHHS to enter contracts and agreements, offer grants, and otherwise expend funds, establish demonstration projects, develop policies and procedures to assure accountability in the expenditure of these funds, and apply for federal matching when available. Requires DHHS to report annually to the Senate Finance Committee and House Ways and Means Committee on the expenditures made under this provision. Allows funds appropriated for Behavioral Health Capacity to be retained by DHHS and carried forward to be expended for any purpose in this provision.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to delete subsection (G) relating to ways to convert state-funded or DSH-funded indigent care to a sustainable reimbursement model that improves access to behavioral health treatment while potentially reducing uncompensated care levels and the department’s reliance on state funds. Requested by the Department of Mental Health.

117.143. (GP: Behavioral Health Capacity) (A) The Department of Health and Human Services, in coordination with the Department of Mental Health , the Department of Public Health, the Department of Alcohol and Other Drug Abuse Services, and all other relevant agencies shall examine and analyze the existing statewide system for the delivery of Medicaid and non-Medicaid behavioral health services to assess the system’s effectiveness in:

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(1) providing a range and supply of treatment options and settings that are appropriate to meet the varying needs of individual patients;

(2) being responsive to changes in federal law, regulation, or policy that improve access to care and/or associated reimbursement, particularly where related to the treatment of patients in Institutions for Mental Disease (IMDs);

(3) being economical in its approach, so as to obtain the greatest value possible for each state taxpayer dollar; and

(4) ensuring that the statewide system for the delivery of behavioral health services complies with the requirements of Section 44-9-90(7).

(B) With the support of the Department of Mental Health, the Department of Health and Human Services shall undertake an effort to assess existing gaps in coverage for or the supply of inpatient psychiatric care, crisis stabilization, and other inpatient or outpatient behavioral health services. Based upon this assessment, the Department of Health and Human Services shall establish, or with the full cooperation of any other requested state agency, request the establishment of coverage and reimbursement policies that it deems necessary to address existing deficiencies and bring about a more comprehensive and effective continuum of behavioral health care in South Carolina. Priorities for this effort may be piloted on a regional basis and shall include, but not be limited to:

(1) increasing the number of beds available to provide inpatient psychiatric care, with emphasis on communities with the greatest current need, and using the appropriate combination of new construction, augmentation or reconfiguration of existing facilities, or contracting with psychiatric or acute care hospitals to obtain short-term capacity;

(2) establishing crisis stabilization beds and services to provide needed short-term medication, counseling, and other support in previously unserved areas of the State, working toward the goal of having such services available within a 90-minute drive of each South Carolinian, and with coverage and reimbursement being funded through Medicaid for its beneficiaries or through the Department of Mental Health for indigent care, regardless of the provider of these services;

(3) formalizing and expanding the coverage of claims-based mobile crisis stabilization services that offer rapid and intensive interventions intended to stabilize individuals at the sites of behavioral health crises;

(4) developing one or more regional dedicated psychiatric emergency departments, operating twenty-four hours per day, seven days per week to effectively evaluate and triage patients experiencing acute behavioral health emergencies;

(5) developing effective referral and discharge strategies and engaging with existing community providers to ensure that sufficient outpatient services, case management services, and standards of care are in place;

(6) leveraging and building upon existing telehealth capacity to support and extend outpatient services; and

(7) promoting the development of in-state treatment options for specific behavioral health conditions for which patients are routinely placed out-of-state due to an insufficiency of treatment options or settings in South Carolina.

(C) The Executive Director of the Public Employee Benefit Authority shall be encouraged to consult with the Director of the Department of Health and Human Services to make appropriate coverage and reimbursement policy changes to ensure proper access to behavioral health services for covered beneficiaries.

(D) The Data Oversight Council, established pursuant to Section 44-6-170, shall undertake whatever rulemaking is necessary to ensure that the data on the utilization of crisis stabilization units are collected in a manner generally consistent with the requirements for general acute care hospitals and specialized hospitals, so that the effectiveness of these services may be properly

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evaluated. The Data Oversight Council, Department of Public Health, and any other state agency shall, upon the request of and in the format specified by the Department of Health and Human Services, furnish information on behavioral health service demand, utilization, or financing needed to facilitate the implementation of this provision.

(E) With the support of the Director of the Department of Mental Health, the Director of the Department of Alcohol and Other Drug Abuse Services, and any other identified agency head, the Director of the Department of Health and Human Services shall evaluate opportunities to improve and/or coordinate treatment capacity for individuals diagnosed with substance use disorder and/or serious mental illness including, but not limited to, options established pursuant to Sections 1115, 1915(l), and/or 1947 of the Social Security Act or made available to states by the Centers for Medicare and Medicaid Services through State Medicaid Director Letters 17-003, 18-011, or 19-0003.

(F) In consultation with the Department of Juvenile Justice and the Department of Mental Health, the Department of Health and Human Services shall ensure that access to “no eject, no reject” services is restored for children and adolescents requiring care in a private residential treatment facility.

~~(G) To ensure that individuals requiring behavioral health services are protected from unexpected or excessive billings, the Department of Mental Health shall examine ways to convert state funded or DSH funded indigent care to a sustainable reimbursement model that improves access to behavioral health treatment while potentially reducing uncompensated care levels and the department’s reliance on state funds. In the current fiscal year, the department shall report to the Chairmen of the Senate Finance Committee and the House Ways and Means Committee on the results of this examination and the actions taken to address any findings. The department also shall:~~

~~(1) contract for an exhaustive independent review of its entire revenue cycle, to eliminate inefficiencies and improve business processes, ensure that bills are produced on a timely and accurate basis, and assess and maximize the proportion of the time during which the department’s clinicians and providers are rendering chargeable treatment services to the State’s citizens; and~~

~~(2) ensure its immediate and ongoing compliance with the hospital price transparency rules established at 45 C.F.R. Part 180, and also meet its obligation to provide certain patients with good faith estimates as required by the No Surprises Act, P.L. 116 260, and subsequent regulation.~~

~~(H)(G)~~ With the support and participation of the Department of Education and the Department of Mental Health, and with the intent of assuring access to behavioral health services to every student in the State through either a public or private provider, the Department of Health and Human Services must lead a comprehensive effort to improve access to and the quality of school-based behavioral health services in South Carolina, while identifying and taking steps to address community-level disparities in the availability of this care. This effort shall include, but not be limited to:

(1) the performance of a comprehensive review of Medicaid and non-Medicaid school-based behavioral health services in South Carolina, including an assessment of the availability of such services and the identification of any barriers to access, such as coverage and reimbursement rules, billing practices, other insurer policies, state agency, school district rules or procedures, or provider shortages;

(2) a revisitation of existing coverage policies for medically necessary services provided to children, including those with or without a disability determination, and whether those services are or are not required by a child’s individualized education plan or individualized family services plan, whether they do or do not arise from a referral under the Early and Periodic Screening, Diagnostic, and Treatment program, and in the context of State Medicaid Director Letter 14-006;

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(3) the rescission of any Medicaid or PEBA policies that deny coverage, solely on the basis that those services are being provided within a school or through a telehealth encounter that originates in a school, of medically necessary outpatient services that have been furnished to eligible children by enrolled and qualified providers;

(4) the issuance of any new Medicaid policies needed to durably enshrine any appropriate telehealth coverage that had been authorized on a temporary basis during the public health emergency;

(5) a review of statewide and school district-level policies and practices relating to suicide risk referral protocols and behavioral health training for student-facing personnel in schools; and

(6) reporting to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee on any other relevant potential policy changes that the Director of the Department of Health and Human Services believes would advance the intent of this provision, but which would have a fiscal impact that is sufficiently substantial to require the General Assembly's direct consideration in the future.

~~(H)~~(H) The Department of Health and Human Services is authorized to establish programs and/or fund in whole or in part, including through the potential use of CHIP Health Services Initiatives, various pilot projects or other initiatives that are intended to develop the health care workforce in South Carolina. Such efforts must be targeted toward current or future providers who demonstrate, by whatever means is selected by the department, commitments to remaining in-state and including Medicaid beneficiaries among their patients. The development of the behavioral health workforce shall be prioritized, although the department may also address other provider classes, such as respiratory therapists, for which shortages have been highlighted and/or exacerbated by the public health emergency. Further consideration also should be given to attracting additional qualified preceptors and increasing opportunities for clinical rotations. The department may partner with or enlist the support of the Technical College System, Area Health Education Centers, and/or Student Loan Corporation in designing or administering these programs and, where appropriate, is encouraged to structure them as public-private partnerships in conjunction with the state's hospital and health systems and other key employers of health providers.

~~(I)~~(I) If either the Director of the Department of Mental Health or the Director of the Department of Health and Human Services finds that state personnel and/or procurement rules are limiting his ability to fulfill the intent of this provision, he shall notify the State Fiscal Accountability Authority of this in writing and request whatever exemptions are necessary to ensure that clinical staff may be recruited, retained, and/or contracted for so as to provide greater access to behavioral health treatment.

~~(J)~~(J) In consultation with the Department of Mental Health, the Department of Health and Human Services shall assess the feasibility of, and if warranted, take steps to establish or obtain through grant, contract, subscription, or other procurement, a statewide system for the near-real time tracking of in-patient psychiatric hospital beds and crisis stabilization beds. This system should be generally designed to draw data from providers' existing electronic medical record systems and make summary-level data available to authorized users within state agencies, participating provider organizations, and any others to be specified by the Department of Health and Human Services, for the purposes of managing critical resources and ensuring that patients may be promptly treated in the most effective and clinically appropriate setting. To protect patient privacy and ensure HIPAA compliance, the system may only collect information on the types, counts, and availability of beds, or other categorical or aggregated information, as opposed to individually identifying patient details. In partnership with the following named agencies, the Department of Health and Human Services may also explore and pursue the use of such a system:

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(1) to meet the emergency preparedness and disaster recovery requirements of the Department of Public Health and the Emergency Management Division that are currently met by the Bed Availability Report Tracking system; and/or

(2) to augment or replace the capabilities of the Department on Aging's GetCareSC website.

~~(L)~~(K) From the funds appropriated to or otherwise made available to it, the Department of Health and Human Services is authorized to procure, enter into contracts and agreements, offer grants, and otherwise expend funds as well as establish demonstration projects in one or more areas of the state to encourage and promote necessary infrastructure and investment to achieve the objectives set out in this provision. The department shall develop policies and procedures as necessary to assure accountability in the expenditure of these funds and apply for federal matching funds when appropriate and available. The department shall report annually to the Senate Finance Committee and the House Ways and Means Committee on all expenditures made under this provision.

~~(M)~~(L) Crisis stabilization unit facilities established or funded pursuant to this provision shall be eligible for licensure under Regulation 61-125 without being owned or operated by the Department of Mental Health.

~~(N)~~(M) Funds appropriated for Behavioral Health Capacity may be retained by the Department of Health and Human Services and carried forward to be expended for any purpose specified in this provision.

117.169 AMEND (GP: Prostate Cancer Study Committee) Creates the Prostate Cancer Study Committee. Provides the initiatives that the study committee shall address and the requirements for the appointed members of the committee. Directs that the chairman of the committee shall be appointed by the President of the Senate and the Speaker of the House. Requires the committee to continuously meet and provide a report to the Governor and the Chairmen of the Senate Finance and House Ways and Means Committees by January 15, 2025 on its findings and recommendations.

SUBCOMMITTEE RECOMMENDATION: AMEND proviso to update reporting date.

117.169.(GP: Prostate Cancer Study Committee) (A) For the current fiscal year, the South Carolina Prostate Cancer Study Committee shall continue to address, but is not limited to addressing, the following initiatives:

(1) the best methods to ensure timely screening, accurate diagnosis, and treatment of prostate cancer;

(2) the need for and viability of a continuum of care for those diagnosed with and in remission from prostate cancer;

(3) reviewing and evaluating best practices for education and awareness about prostate cancer;

(4) identifying areas in South Carolina with a high incidence of prostate cancer or poor outcomes;

(5) researching the latest and proven methods for screening, diagnosing, and treating prostate cancer; and

(6) reviewing current efforts to promote prostate cancer awareness and screening in South Carolina and how best to improve those efforts.

(B) In addition to two Senators appointed by the President of the South Carolina Senate and two members of the House of Representatives as appointed by the Speaker of the South Carolina House of Representatives, the committee shall consist of:

(1) one Urology or Oncology Specialist from the MUSC School of Medicine;

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(2) one Urology or Oncology Specialist from the University of South Carolina School of Medicine;

(3) three Urology or Oncology Specialists who are not affiliated with the MUSC School of Medicine or the University of South Carolina School of Medicine appointed jointly by the President of the Senate and the Speaker of the House of Representatives upon recommendation of the South Carolina Hospital Association;

(4) three Urology or Oncology Specialists who are not affiliated with the MUSC School of Medicine or the University of South Carolina School of Medicine appointed jointly by the President of the Senate and the Speaker of the House of Representatives upon recommendation of the South Carolina Medical Association;

(5) the Director of the Hollings Cancer Center or his designee;

(6) the Director of the South Carolina Office of Rural Health or his designee;

(7) the Director of the South Carolina Center for Rural and Primary Healthcare or his designee;

(8) the Director of Clemson Rural Health or his designee;

(9) the Dean of the Arnold School of Public Health or his designee;

(10) one representative from the American Cancer Society;

(11) one patient advocate, to be appointed by the Chairman of the Senate Finance Committee; and

(12) one patient advocate, to be appointed by the Chairman of the House Ways and Means Committee.

No member of the study committee shall be entitled to any compensation or reimbursement.

(C) From the membership of the committee, a Chairman shall be appointed jointly by the President of the Senate and the Speaker of the House of Representatives.

(D) Any administrative services or support for the study committee shall be provided by staff of the General Assembly.

(E) No later than ~~January 15~~ December 31, 2025, the study committee shall provide the Governor, the Chairman of the Senate Finance Committee, and the Chairman of the House Ways and Means Committee with a report on its findings and recommendations on the initiatives contained in this provision.