**South Carolina General Assembly**

124th Session, 2021-2022

**A2, R4, H3707**

**STATUS INFORMATION**

Joint Resolution

Sponsors: Ways and Means Committee

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Introduced in the House on January 26, 2021

Introduced in the Senate on January 28, 2021

Last Amended on February 11, 2021

Passed by the General Assembly on February 16, 2021

Governor's Action: February 19, 2021, Signed

Summary: COVID-19

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

1/26/2021 House Introduced, read first time, placed on calendar without reference ([House Journal‑page 9](file:///h:\hj\20210126.docx))

1/27/2021 Scrivener's error corrected

1/27/2021 House Amended ([House Journal‑page 42](file:///h:\hj\20210127.docx))

1/27/2021 House Read second time ([House Journal‑page 42](file:///h:\hj\20210127.docx))

1/27/2021 House Roll call Yeas‑116 Nays‑1 ([House Journal‑page 42](file:///h:\hj\20210127.docx))

1/28/2021 Scrivener's error corrected

1/28/2021 House Read third time and sent to Senate

1/28/2021 Senate Introduced and read first time ([Senate Journal‑page 8](file:///h:\sj\20210128.docx))

1/28/2021 Senate Referred to Committee on **Finance** ([Senate Journal‑page 8](file:///h:\sj\20210128.docx))

2/3/2021 Senate Committee report: Favorable with amendment **Finance** ([Senate Journal‑page 44](file:///h:\sj\20210203.docx))

2/4/2021 Scrivener's error corrected

2/4/2021 Senate Read second time ([Senate Journal‑page 160](file:///h:\sj\20210204.docx))

2/9/2021 Senate Committee Amendment Adopted ([Senate Journal‑page 20](file:///h:\sj\20210209.docx))

2/9/2021 Senate Amended ([Senate Journal‑page 20](file:///h:\sj\20210209.docx))

2/10/2021 Scrivener's error corrected

2/10/2021 Senate Read third time and returned to House with amendments ([Senate Journal‑page 6](file:///h:\sj\20210210.docx))

2/10/2021 Senate Roll call Ayes‑40 Nays‑1 ([Senate Journal‑page 6](file:///h:\sj\20210210.docx))

2/11/2021 House Senate amendment amended ([House Journal‑page 10](file:///h:\hj\20210211.docx))

2/11/2021 House Debate adjourned on Senate amendments until Tues., 2‑16‑21 ([House Journal‑page 10](file:///h:\hj\20210211.docx))

2/16/2021 House Amendment 1A Tabled ([House Journal‑page 16](file:///h:\hj\20210216.docx))

2/16/2021 House Concurred in Senate amendment and enrolled ([House Journal‑page 16](file:///h:\hj\20210216.docx))

2/16/2021 House Roll call Yeas‑112 Nays‑0 ([House Journal‑page 18](file:///h:\hj\20210216.docx))

2/18/2021 Ratified R 4

2/19/2021 Signed By Governor

2/24/2021 Effective date 02/19/21

2/24/2021 Act No.  2

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**VERSIONS OF THIS BILL**

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(A2, R4, H3707)

**A JOINT RESOLUTION TO MAKE APPROPRIATIONS FOR THE STATE’S PUBLIC HEALTH RESPONSE TO THE COVID‑19 VIRUS, INCLUDING VACCINATIONS, AND TO FURTHER PROVIDE FOR THE RESPONSE TO THE COVID‑19 VIRUS.**

Whereas, the COVID‑19 virus has caused untold damage on South Carolina’s citizens and its economy, particularly in rural and underserved areas, and vaccinating South Carolinians is of the utmost importance to returning the State and its citizens to their everyday lives; and

Whereas, there are now multiple versions of a highly effective vaccine available to combat COVID‑19; and

Whereas, the State must endeavor to assist with the development and success of the vaccine delivery infrastructure that will help South Carolina make full use of its federal allocation of vaccines and maximize the number of inoculations delivered. Now, therefore,

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. (A) From the Contingency Reserve Fund, there is appropriated:

(1) $63,000,000 to the Department of Health and Environmental Control (DHEC); and

(2) $45,000,000 to the Medical University of South Carolina (MUSC).

(B) From the funds appropriated in this section, DHEC and MUSC shall, in consultation, cooperation, and collaboration with the South Carolina Hospital Association, the South Carolina Primary Care Association and any other Federally Qualified Health Centers, and other appropriate entities and associations: (1) expand statewide vaccination capacity; and (2) continue to administer the statewide COVID‑19 testing plan. Such funds must be used in a manner that most effectively and efficiently uses the resources available for vaccinations from hospitals and other COVID‑19 vaccination providers, enrolled and activated by DHEC, across the State. The use of these funds includes costs related to COVID‑19, but are not limited to, vaccination, continued testing and contact tracing, personal protective equipment and medical supplies, personnel costs, education and marketing campaigns, quarantine, transportation and storage, mobile health units including the purchase, upfitting, staffing, and operations thereof, general operations, technology, and staff support.

(C) The funds expended for statewide vaccinations must be used expeditiously to contract with entities set forth in this item that are administering COVID‑19 vaccines to the public. Eligible costs include, but are not limited to, those vaccination costs associated with staffing, security, traffic control, storage, transportation, mobile health units including the purchase, upfitting, staffing, and operations thereof, and technology that have not been reimbursed by an insurer’s administration fee.

(D) Additionally, from the funds appropriated in this section, DHEC, in coordination with MUSC, the South Carolina Hospital Association, the South Carolina Center for Rural and Primary Healthcare, and other relevant stakeholders, shall implement a plan to reach rural and underserved populations who are eligible to be vaccinated.

(E) The funds appropriated in this section may be utilized to support the monitoring of positive COVID‑19 cases, which may include contact tracing. However, participation by individuals in the contact‑tracing program shall be solely on a voluntary basis. The Department of Health and Environmental Control and any individual conducting contact‑tracing collection are prohibited from using any applications created for such purpose on a cellular device. Any contact‑tracing technologies utilized for data collection must be restricted for the collection of public health information only and must be carried and maintained in a decentralized manner. Access to any information collected will be used for public health information purposes only and will comply with all confidentiality requirements contained in the Health Insurance Portability and Accountability Act. Contact tracers must be properly trained and certified by the Department of Health and Environmental Control. The department shall conduct a public awareness campaign to explain the use of contact tracing and that individuals may decline to participate.

(F) An entity that is identified in SECTION 1(A) as a recipient of appropriations from the Contingency Reserve Fund shall not be eligible to receive additional funds pursuant to SECTION 2.

SECTION 2. (A) The Executive Budget Office shall establish the COVID‑19 Vaccine Reserve account to be maintained by the Executive Budget Office and administered as set forth in this section.

(B) From the Contingency Reserve Fund, there is appropriated $100,000,000 to the COVID‑19 Vaccine Reserve account. The Executive Budget Office only may release funds in the account upon receipt of a letter signed by the Director of DHEC. DHEC shall allocate funds to eligible COVID‑19 vaccine providers in support of statewide vaccination efforts. DHEC shall reimburse eligible providers only after affirming the recipient is a COVID‑19 vaccination provider enrolled and activated by DHEC, that DHEC has determined that the request will assist the State in its effort to achieve statewide vaccination, and that the enrolled and activated provider has the vaccine implementation capacity to justify the request.

(C)(1) From the funds appropriated in this section, the Executive Budget Office shall allocate up to $75,000,000 to hospitals, or a political subdivision of the State partnering with the same, to pay for the costs of administering the COVID‑19 vaccine.

(2) From the funds appropriated in this section, the Executive Budget Office shall allocate up to $25,000,000 to other COVID‑19 vaccination providers, or a political subdivision of the State partnering with the same, that are enrolled and activated by DHEC, to pay for the costs of administering the COVID‑19 vaccine.

(3) For purposes of this section, eligible costs of administering the COVID‑19 vaccine include, but are not limited to, those vaccination costs associated with staffing, facility rental, security, traffic control, storage, transportation, mobile health units including the purchase, upfitting, staffing, and operations thereof, and technology that have not been reimbursed by an insurer’s administration fee.

(D) In approving expenses, DHEC must give priority to hospitals and other COVID‑19 vaccine providers that are enrolled and activated by DHEC that can prove or have proven a high demand for the vaccine and the ability to meet the demand.

(E) Notwithstanding any other provision of this section, the Director of DHEC may not authorize the Executive Budget Office to release any funds from the COVID‑19 Vaccine Reserve account to any vaccine provider that is not offering vaccine appointments to the general public.

(F) On the first day of each month, the Executive Budget Office shall provide a detailed accounting of the expenditure of all funds appropriated pursuant to this section. The report shall be transmitted to the Governor, the General Assembly, and made available on the website of the Executive Budget Office. Additionally, any recipient must provide an accounting of the expenditures to DHEC and DHEC must post the accounting on its website.

SECTION 3. (A) Where appropriate and feasible, hospitals, medical providers, and other stakeholders receiving distributions pursuant to this joint resolution also shall seek reimbursement from an individual’s public or private health insurer.

(B) To maximize the benefit of all funds received by the State, DHEC and MUSC shall work with the Department of Administration to assure that available federal funds are utilized for the purposes of this joint resolution appropriately and minimize the use of state funds where possible.

(C) If hospitals, medical providers, and other stakeholders receive distributions pursuant to this joint resolution also receive reimbursements from insurers or federal funds for the same purposes, then the distributions pursuant to this joint resolution exceeding the actual costs of vaccine administration must be remitted back to the agency or fund that distributed the funds.

(D) The provisions of this joint resolution shall apply to the extent permitted by federal law.

SECTION 4. A. (A) Notwithstanding any professional scope of practice or unauthorized practice of law provision in this State, the following individuals have the authority to administer premeasured doses of the COVID‑19 vaccine:

(1) unlicensed personnel with current certification by the certifying boards of the American Association of Medical Assistants (AAMA), the National Center for Competency Testing (NCCT), National Association for Health Professionals (NAHP), the National Certification Medical Association (NCMA), National Healthcare Association (NHA), American Medical Technologists (AMT), or any other certifying body approved by the South Carolina Board of Medical Examiners, and documented training in intermuscular injections; and who administer the vaccine at a site in which a Physician, Physician Assistant, Advanced Practice Registered Nurse, and/or a Registered Nurse licensed in good standing in South Carolina and capable of appropriate evaluation and response to medical emergencies, including resuscitation and treatment of anaphylaxis, is present;

(2) students of an accredited medical school, physician assistant school or program, or a nursing school or program with appropriate instruction and documented training in intramuscular injections and who administer the vaccine at a site in which a Physician, Physician Assistant, Advanced Practice Registered Nurse, and/or a Registered Nurse licensed in good standing in South Carolina and capable of appropriate evaluation and response to medical emergencies, including resuscitation and treatment of anaphylaxis, is present;

(3) Registered Nurses and Licensed Practical Nurses who have retired, become inactive, or whose licenses have lapsed within the last five years, provided their licenses were in good standing at the time of retirement/inactivation/lapse; and who submit the appropriate documentation to the Board of Nursing to confirm licensure within the last five years and that such license was in good standing at the time of retirement/inactivation/lapse; and who administer the vaccine at a site in which a Physician, Physician Assistant, Advanced Practice Registered Nurse, and/or a Registered Nurse licensed in good standing in South Carolina and capable of appropriate evaluation and response to medical emergencies, including resuscitation and treatment of anaphylaxis, is present;

(4) Physicians and Physician Assistants who have retired, become inactive, or whose licenses have lapsed within the last five years, provided their licenses were in good standing at the time of retirement/inactivation/lapse; and who submit the appropriate documentation to the Board of Medical Examiners to confirm licensure within the last five years and that such license was in good standing at the time of retirement/inactivation/lapse; and who administer the vaccine at a site in which a Physician, Physician Assistant, Advanced Practice Registered Nurse, and/or a Registered Nurse licensed in good standing in South Carolina and capable of appropriate evaluation and response to medical emergencies, including resuscitation and treatment of anaphylaxis, is present;

(5) Dentists licensed in good standing by the South Carolina State Board of Dentistry who have successfully completed the following COVID‑19 training programs available through the Centers for Disease Control and Prevention:

(a) “COVID‑19 Vaccine Training; General Overview of Immunization Best Practices for Healthcare Providers”;

(b) “What Every Clinician Should Know about COVID‑19 Vaccines Safety”;

(c) “What Clinicians Need to Know About the Pfizer‑BioNTech and Moderna COVID‑19 Vaccines”; and

(d) “Pfizer‑BioNTech COVID‑19 Vaccine: What Healthcare Professionals Need to Know”; and who administer the vaccine at a site dedicated to the administration of the COVID‑19 vaccine, which does not include the office in which the Dentist typically practices dentistry, in which a Physician, Physician Assistant, Advanced Practice Registered Nurse, and/or a Registered Nurse licensed in good standing in South Carolina and capable of appropriate evaluation and response to medical emergencies, including resuscitation and treatment of anaphylaxis, is present; and

(6) Optometrists licensed in good standing by the South Carolina Board of Examiners in Optometry who have successfully completed the following COVID‑19 training programs available through the Centers for Disease Control and Prevention:

(a) “COVID‑19 Vaccine Training; General Overview of Immunization Best Practices for Healthcare Providers”;

(b) “What Every Clinician Should Know about COVID‑19 Vaccines Safety”;

(c) “What Clinicians Need to Know About the Pfizer‑BioNTech and Moderna COVID‑19 Vaccines”; and

(d) “Pfizer‑BioNTech COVID‑19 Vaccine: What Healthcare Professionals Need to Know”; and who administer the vaccine at a site dedicated to the administration of the COVID‑19 vaccine, which does not include the office in which the Optometrist typically practices optometry, in which a Physician, Physician Assistant, Advanced Practice Registered Nurse, and/or a Registered Nurse licensed in good standing in South Carolina and capable of appropriate evaluation and response to medical emergencies, including resuscitation and treatment of anaphylaxis, is present.

(B) Notwithstanding any professional scope of practice or unauthorized practice provision in this State, South Carolina‑licensed Advanced Practice Registered Nurses, Physician Assistants, and Registered Nurses in good standing may delegate COVID‑19 vaccine dose administration to any individual authorized by South Carolina law to administer vaccines or identified in this section as authorized to administer COVID‑19 vaccines.

B. This section terminates and is no longer effective when South Carolina is no longer under a declared public health emergency concerning COVID‑19.

SECTION 5. A. (A) Beginning fourteen days after the effective date of this joint resolution, all first dose vaccines received by the State which have not already been set for distribution must be allocated to the four DHEC public health regions in a per‑capita manner with considerations taken into account for factors including, but not limited to, poverty level, infection rates, age, and high‑risk populations. From the funds appropriated in this act or from other COVID‑19‑related appropriations, MUSC shall coordinate with DHEC and partner with local healthcare providers to ensure that gaps in statewide vaccination delivery are covered, with priority given to rural and underserved areas.

(B) DHEC shall allocate vaccines so that they are distributed in a manner that ensures that each of its four public health regions shall receive a per‑capita allocation, as described in subsection (A). DHEC’s allocations to specific vaccine providers must:

(1) take into consideration recommendations from affected stakeholders and vaccine providers within the region including, but not limited to, hospitals, primary care practices, pharmacies, rural health clinics, and the South Carolina Primary Care Association and any other federally qualified health centers; and

(2) be based upon the following priorities:

(a) rural and underserved communities must have equitable access to receiving the COVID‑19 vaccine;

(b) available vaccines must be administered to South Carolinians as rapidly as possible, to ensure that no doses are permitted to expire and to position South Carolina favorably in the event that any future federal allocations to states may be based in part upon a state’s ability to expeditiously administer the vaccine;

(c) which providers are best equipped to handle specific manufacturers’ forms of the vaccine, such as those requiring ultra‑cold storage; and

(d) the most current and comprehensive data available concerning how vaccines have already been administered within each region, including how the vaccination rate varies by geography, race, age, income, or other relevant factors.

(C) Notwithstanding any other provisions of this joint resolution, DHEC may retain up to five percent of each weekly dose allocation in inventory to maximize its ability to quickly and efficiently respond to changes in need throughout the week.

B. This SECTION terminates and is no longer effective when the Director of the Department of Health and Environmental Control determines that the demands for the vaccine no longer exceed the supply of the vaccine.

SECTION 6. A. (A) Beginning fourteen days after the effective date of this joint resolution, the Department of Health and Environmental Control shall provide a daily report, detailing:

(1) the total number of COVID‑19 vaccine doses in inventory as of that day;

(2) the total number of COVID‑19 vaccine doses received that day itemized by manufacturer;

(3) the total number of COVID‑19 vaccine doses that the State is presently eligible to receive but has not yet drawn, itemized by manufacturer;

(4) the total number of COVID‑19 vaccine doses in inventory as of that day that are intended to be administered as a first dose and the number that are intended to be administered as a second dose; and

(5) the total number of COVID‑19 vaccine doses that are distributed or redistributed to each administering entity that day, itemized by manufacturer.

The daily report also shall provide a cumulative report detailing the same.

(B) DHEC also shall tabulate the reports required by subsection (C), and include in the daily report required by subsection (A), the cumulative total of vaccines administered. The cumulative totals of vaccines administered also must be shown, numerically and graphically, as a percentage of the State as a whole, and demonstrate how many more vaccines must be given until the next category of individuals are eligible for the vaccine. The cumulative totals of vaccines administered also must be shown, numerically and graphically, by the zip code of the patient.

(C) Each administering entity shall provide a daily report to the Department of Health and Environmental Control detailing:

(1) the total number of COVID‑19 vaccine doses in inventory as of that day, itemized by manufacturer;

(2) the total number of COVID‑19 vaccines administered that day;

(3) the total number of upcoming appointments for a COVID‑19 vaccine scheduled as of that day; and

(4) the total number of COVID‑19 vaccines administered that day as a first dose and the number administered that day as a second dose, if applicable.

The daily report also shall provide a cumulative report for the entity detailing the same.

An administering entity may satisfy the reporting requirements of this subsection, subject to DHEC approval, if it makes such information available through the Vaccine Administration Management System or another existing reporting mechanism approved by DHEC.

(D) Each administering entity also must establish a tracking process to ensure that individuals either receive their first and second dose from the same entity or receive information necessary for obtaining their second dose from another entity.

(E) The reports required by this section must be posted daily on the department’s website.

B. This SECTION terminates and is no longer effective when South Carolina is no longer under a declared public health emergency concerning COVID‑19.

SECTION 7. This joint resolution takes effect upon approval by the Governor.

Ratified the 18th day of February, 2021.

Approved the 19th day of February, 2021.

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