



SOUTH CAROLINA REVENUE AND FISCAL AFFAIRS OFFICE
STATEMENT OF ESTIMATED FISCAL IMPACT
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Bill Number:	S. 0855	Prefiled on November 30, 2023
Author:	Davis	
Subject:	Healthcare Study Committee Joint Resolution	
Requestor:	Senate Medical Affairs	
RFA Analyst(s):	Bryant	
Impact Date:	January 2, 2024	

Fiscal Impact Summary

This joint resolution creates the Healthcare Market Reform Measures Study Committee to study whether to recommend the adoption of various measures affecting the provision of health care services in South Carolina. The resolution also specifies the membership and reporting requirements of this committee.

The joint resolution is not expected to impact expenditures for participation on the committee. The House and Senate anticipate that any per diem, mileage, and subsistence expenses will be managed with existing resources.

The joint resolution also establishes a nonvoting advisory board whose members include the directors of the Department of Health and Human Services (DHHS), the Department of Health and Environment Control (DHEC) or the successor Department of Public Health (DPH), the Department of Mental Health (DMH), the Department of Social Services (DSS), the Department of Alcohol and Other Drug Services (DAODS), the Department on Aging, the Department of Labor, Licensing and Regulation (LLR), and the executive director of the Revenue and Fiscal Affairs Office (RFA), or their designees. DHHS, DHEC, DMH, DAODAS, LLR, and RFA indicate that they can manage the provisions of the resolution within existing appropriations. We anticipate that DSS and the Department on Aging can also manage the provisions of the resolution using existing staff and resources. We will update this impact statement if the agencies provide a different response.

Explanation of Fiscal Impact

Prefiled on November 30, 2023 **State Expenditure**

This joint resolution establishes the Healthcare Market Reform Measures Study Committee to study whether to recommend the adoption of various measures affecting the provision of health care services in South Carolina. The resolution requires the committee to address the following issues:

- The legal and procedural impediments to health professional practice areas and whether healthcare market reform measures may need to be amended to implement reforms that will increase access to healthcare services;
- The potential costs and benefits to South Carolina health consumers and providers of each market reform studied; and
- The experience of other states with adopting the healthcare market reforms and payment structure measures studied.

The committee must issue a report on its work to the General Assembly, including its recommendations that the state act or not act on the market reform measures studied, by December 1, 2024. If the committee recommends that the state act, the report must include draft legislation and identify requirements that should be established. The committee will be dissolved after submitting its final report to the General Assembly.

The committee will be comprised of the following six members:

- the chair of the healthcare subcommittee of the House Ways and Means committee;
- the chair of the health subcommittee of the House Medical, Military, Public and Municipal Affairs committee;
- a member of the House, appointed by the Speaker of the House;
- the chair of the health subcommittee of the Senate Finance committee;
- the chair of a standing subcommittee of the Senate Medical Affairs committee, appointed by the chair of the Medical Affairs committee; and
- a member of the Senate, appointed by the President of the Senate.

The committee must also retain the South Carolina Institute of Medicine and Health as an independent, expert consultant.

The resolution also establishes a nonvoting advisory board comprised of the following members:

- the Director of the DHHS, or a designee;
- the Director of the DHEC or the successor Department of Public Health, or a designee;
- the Director of the DMH, or a designee;
- the Director of the DSS, or a designee;
- the Director of the DAODS, or a designee;
- the Director of the Department on Aging, or a designee;
- the Director of the DLLR, or a designee;
- the Executive Director of the RFA, or a designee;
- the Executive Director of the South Carolina Area Health Education Consortium, or a designee;
- the president of the South Carolina Hospital Association, or a designee;
- the president of the South Carolina Medical Association, or a designee;
- the president of the South Carolina Nurses Association, or a designee;
- two representatives of healthcare consumers in South Carolina, appointed by the Speaker of the House;
- two representatives of healthcare consumers in South Carolina, appointed by the President of the Senate;
- a representative of the South Carolina Telemedicine Association;

- a small business owner, appointed by the Speaker of the House upon the recommendation of the Small Business Chamber of Commerce;
- a member of the South Carolina Chamber of Commerce, appointed by the President of the Senate upon the recommendation of the South Carolina Chamber of Commerce;
- a representative of AARP South Carolina, appointed by the Speaker of the House upon the recommendation of AARP South Carolina;
- a representative of the South Carolina Chapter of the Alzheimer’s Association, appointed by the President of the Senate upon the recommendation of the South Carolina Chapter of the Alzheimer’s Association;
- a representative of CoverSC, appointed by the Speaker of the House upon the recommendation of CoverSC;
- a representative of ABLESC, appointed by the President of the Senate upon the recommendation of ABLESC;
- an employee of a company of the South Carolina Manufacturers’ Alliance, appointed by the Speaker of the House upon the recommendation of the South Carolina Manufacturers’ Alliance;
- a representative of the Primary Health Care Association, appointed by the President of the Senate upon the recommendation of the Primary Health Care Association;
- a representative of the South Carolina Office of Rural Health, appointed by the Speaker of the House upon the recommendation of South Carolina Office of Rural Health;
- a representative of the Rural Health Care Association, appointed by the President of the Senate upon the recommendation of the Rural Health Care Association;
- a representative of the South Carolina Alliance of Health Plans, appointed by the Speaker of the House upon the recommendation of the South Carolina Alliance of Health Plans;
- a representative of the South Carolina Association of Health Underwriters, appointed by the President of the Senate upon the recommendation of the South Carolina Association of Health Underwriters;
- a representative of the South Carolina Pharmacy Association, appointed by the Speaker of the House upon the recommendation of the South Carolina Pharmacy Association; and
- a representative of the South Carolina Dental Association, appointed by the President of the Senate upon the recommendation of the South Carolina Dental Association.

Pursuant to Proviso 117.19 of the FY 2023-24 Appropriations Act, each member of the committee who is not a sitting House or Senate member or a full-time officer or employee of the State of South Carolina will receive per diem of \$50 per day. A committee member who is also a sitting House or Senate member will receive per diem of \$50 per day if the committee meets on a non-session day. Proviso 117.20 of the FY 2023-24 Appropriations Act sets mileage reimbursement rates applicable to state committees equal to the standard business mileage rate as established by the Internal Revenue Service of 67 cents per mile. Subsistence is to be no more than \$35 per day for travel within the State of South Carolina, and \$42 per day for committee members not employed by the State of South Carolina. Subsistence increases to \$231.73 on non-session days for an appointed member who is also a sitting House or Senate member. The total potential expenses will depend on the number and timing of meetings held by the committee.

House of Representatives and Senate. The House and Senate anticipate that any per diem, mileage, and subsistence expenses will be managed with existing resources. Therefore, absent a significant number of meetings held by this committee, the House and Senate expect to manage any increase in expenses within existing appropriations.

Department of Health and Human Services. DHHS reports that this resolution may require the agency to gather Medicaid-related data relevant to the purposes of the study committee. The agency indicates that it will respond to all data requests by utilizing existing resources. Therefore, this resolution will have no expenditure impact on DHHS.

Department of Health and Environmental Control. This resolution will have no expenditure impact on DHEC. The agency indicates that it can manage the provisions of the resolution within existing resources.

Department of Mental Health. This resolution will have no expenditure impact on DMH. The agency indicates that participation in the committee aligns with the role of the agency director and anticipates that any expenses can be managed within existing appropriations.

Department of Social Services. We anticipate that DSS can manage the provisions of the resolution with existing staff and resources. We will update this impact statement if the agency provides a different response.

Department of Alcohol and Other Drug Services. This resolution will have no expenditure impact on DAODS. The agency indicates that they expect to manage any potential travel costs within their existing appropriations.

Department on Aging. We anticipate that the Department on Aging can manage the provisions of the resolutions with existing staff and resources. We will update this impact statement if the agency provides a different response.

Department of Labor, Licensing and Regulation. LLR does not anticipate this resolution will have an expenditure impact on the agency or its boards since the resolution does not alter the responsibilities of the agency or respective boards. The agency indicates that any expenses to implement the provisions of the resolution can be managed with existing resources.

Revenue and Fiscal Affairs Office. This resolution will have no expenditure impact on RFA. The agency indicates that it can manage the provisions of the resolution within existing appropriations.

State Revenue

N/A

Local Expenditure and Local Revenue

N/A



Frank A. Rainwater, Executive Director