

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34



Fiscal Year 2014-15 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	My agency is submitting the following recurring decision packages (Form B):	
	1962 ; 2160	
	For FY 2014-15, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	My agency is submitting the following one-time decision packages (Form C):	
	1377	
	For FY 2014-15, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.

PROVISOS	For FY 2014-15, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Bruce C. Busbee	803-898-3388	Busbeebc@dhec.sc.gov
SECONDARY CONTACT:	Barbara Derrick	803-898-0815	Derrickba@dhec.sc.gov

I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN/DATE):	<i>Catherine Templeton</i>	11/7/2013
AGENCY DIRECTOR (TYPE/PRINT NAME):	Catherine Templeton	

This form must be signed by the department head – not a delegate.

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	1962
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Exchange of Earned/Earmarked Expenditure Authorization for Restricted
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Provide a brief, descriptive title for this request.

AMOUNT	\$0
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	<p>A170,R193,H3584</p> <p>Smoking Prevention and Cessation Trust Fund created; Medicaid Reserve Fund created</p> <p>SECTION 3. Article 1, Chapter 11, Title 11 of the 1976 Code is amended by adding:</p> <p>“Section 11-11-230. (A) There is created in the State Treasury the Smoking Prevention and Cessation Trust Fund. This fund is separate and distinct from the general fund of the State and all other funds. Earnings and interest on this fund must be credited to it and any balance in this fund at the end of a fiscal year carries forward in the fund in the succeeding fiscal year. The trust fund must transfer five million dollars annually to the Department of Health and Environmental Control to administer a statewide smoking prevention and cessation program. The funds must not be appropriated for any other purpose and the Department of Health and Environmental control may not use the funds for any purposes other than administering a statewide smoking prevention and cessation program.”</p>
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark "X" for all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Change in cost of providing current services to existing program audience.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Non-mandated change in eligibility / enrollment for existing program.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Change in case load / enrollment under existing program guidelines.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Non-mandated program change in service levels or areas.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Loss of federal or other external financial support for existing program.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Exhaustion of fund balances previously used to support program.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Proposed establishment of a new program or initiative.</td> </tr> </table>	<input type="checkbox"/>	Change in cost of providing current services to existing program audience.	<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.	<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.	<input type="checkbox"/>	Non-mandated program change in service levels or areas.	<input type="checkbox"/>	Loss of federal or other external financial support for existing program.	<input type="checkbox"/>	Exhaustion of fund balances previously used to support program.	<input type="checkbox"/>	Proposed establishment of a new program or initiative.
<input type="checkbox"/>	Change in cost of providing current services to existing program audience.														
<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.														
<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.														
<input type="checkbox"/>	Non-mandated program change in service levels or areas.														
<input type="checkbox"/>	Loss of federal or other external financial support for existing program.														
<input type="checkbox"/>	Exhaustion of fund balances previously used to support program.														
<input type="checkbox"/>	Proposed establishment of a new program or initiative.														

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RECIPIENTS OF FUNDS	<p>The funds are used by the Smoking Prevention program to administer a statewide smoking prevention and cessation program targeted for the citizens of South Carolina.</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

RELATED REQUEST(S)	N/A
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	N/A
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	N/A
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	<p>This decision package properly aligns the department’s expenditure authorization and cash between earmarked and restricted funds. Since both of these funding sources are considered other funds the net increase in the agency’s expenditure authorization is zero.</p>
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

METHOD OF CALCULATION	N/A
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	Proper alignment of expenditure authorization with cash availability.
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

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INTENDED IMPACT	Proper alignment of expenditure authorization with cash availability.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	2160
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Transfer of State Agency Match to SCDHHS Base Budget from DHEC
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Provide a brief, descriptive title for this request.

AMOUNT	\$(266,302) State Funds – Transfer to DHHS
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What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	42 CFR §431.10 and §44-6-30 of South Carolina State Code.
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	The state match required under the Medicaid program will reside with SCDHHS rather than the contracting state agency. DHEC (provider) will continue to receive reimbursement for the services provided.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

RELATED REQUEST(S)	This decision package is related to similar decision packages for seven other state agencies.
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-

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recurring request?

MATCHING FUNDS	Yes. Federal match at either the service rate (70/30) or the administrative rate (50/50).
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	This money is currently in DHEC's budget and these funds will be permanently transferred to DHHS.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	This decision package proposes to allow the transfer of state appropriations that DHEC uses for state match to draw down federal funds to SC DHHS. This approach will reduce the state agency's administrative burden and risk.
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

METHOD OF CALCULATION	N/A
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	Proper alignment of expenditure authorization with cash availability.
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

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INTENDED IMPACT	Proper alignment of expenditure authorization with cash availability.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	1377
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Capital-Non-Recurring DHEC Technology Needs FY2014-2015
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Provide a brief, descriptive title for this request.

AMOUNT	\$11,392,000
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How much is requested for this project in FY 2014-15?

BUDGET PROGRAM	IV. Non-Recurring
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Identify the associated budget program(s) by name and budget section.

SUMMARY	<p>These funds are necessary to support critical agency infrastructure. Continual work on building the modernized information technology infrastructure is essential to the agency's ability to accomplish its mission, increase efficiency, improve performance and streamline the delivery of agency services and resources.</p> <p>The complexity of DHEC requires the use of numerous systems and processes to collect, store, secure and analyze data and information based on programmatic and scientific needs to support decision-making at multiple levels.</p> <p>New systems continue to be developed and consolidated which enhance the agency's productivity and improve agency service to the citizens of South Carolina. Examples include work toward secure system integration, data sharing through messaging, virtualization, migration to cloud-hosted email and applications when appropriate, establishment of a network operations centers, and the use of electronic medical records.</p> <p>DHEC has integrated many aspects of the major public health surveillance systems in the past few years through an informatics approach that has led to technological linkages with enterprise tools such as geographic information systems (GIS) and relation database management systems. These systems include registries, surveillance systems, laboratory systems, client tracking, performance management, field data collection, licensing, permitting and follow-up activities to name a few. Depending on the core function of the system, clusters of systems are being developed so that lifelong records are available for surveillance, analysis and decision-making. This approach has significantly improved the agency's capacity to track environmental hazards, human exposure and adverse health outcomes.</p> <p>Since DHEC houses some of the most critical public health databases, agency data security and system security are paramount. Vital records and medical data are strictly confidential and could be used for identity theft, creation of false documentation</p>
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(driver’s licenses, passports) or to compromise personal privacy laws and regulation.

Capital or Non-Recurring Appropriations Request – DHEC Technology Needs FY 2014-2015

Newtowrk Routers and Switches – Replacement of aging and out of warranty network infrastructure equipment. **(\$560,000)**

Public Health Imaging – Move field offices/clinics to streamlined, secure and paperless environment. **(\$500,000)**

Facility Security – Upgrade existing facility security and badging system; upgrade existing video camera system. **(\$100,000)**

Email Encryption – Provides encryption license for staff whose communciations include PII and /PHI to internal or external parties. **(\$32,000)**

Server Housing Hardware – Replacement of aging and out-pf-waarranty equipment; increase server hosting capabilities in data center. **(\$100,000)**

Storage Area Network Expansion – Increase the network storage capacity. **(\$100,000)**

Environmental ePermitting – Revamp current EFIS system to web portal for internal and external customers, incorporating mobile and GIS technologies. **(\$5,000,000)**

Public Health Client System – Revamp current CARES system to web portal for internal and external customers, incorporating mobile and GIS technologies. **(\$5,000,000)**

Total Capital Funds Request - \$11,392,000

Provide a summary of the project and explain why it is necessary.

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RELATED REQUEST(S)	N/A
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	As the projects develop, federal funds may be available to support. However, federal funds have not been approved at this point.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	N/A
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	DSIT approval has been received for Environmental E-Permitting.
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What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS	
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FORM D – PROVISO REVISION REQUEST

NUMBER	34.30
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	Department of Health and Environmental Control
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	(DHEC: Beach Renourishment and Monitoring and Coastal Access Improvement)
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

REQUESTED ACTION	Amend
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>\$1,000,000 of funds allocated or carried forward for beach renourishment may be spent in accordance with all required state and federal permits and certifications to benefit an area in which the erosion of the beaches located in state jurisdiction is attributed to a federally authorized navigation project as documented by the findings of a Section 111 Study conducted under the authority of the federal Rivers and Harbors Act of 1968, as amended by the federal Water Resources Development Act of 1986, and approved by the United States Army Corps of Engineers and \$500,000 may be spent in accordance with all required state and federal permits and certifications for the purpose of constructing outfalls for stormwater emanating from jurisdictions where maintenance of near shore water quality is critical to tourism. If state funds are made available or carried forward from any general revenue, capital, surplus or bond funding appropriated to the department for beach renourishment and maintenance, the department shall be able to expend not more than \$100,000 of these funds annually to support annual beach profile monitoring. Additional funds made available or carried forward for beach renourishment projects that are certified by the department as excess may be spent for beach renourishment and departmental activities that advance the policy goals contained in the State Beachfront Management Plan, R.30-21.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

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EXPLANATION	<p>Budget items related to beach renourishment and ocean outfalls for stormwater will be encumbered and expended within FY2014. However, state funding for beach profile monitoring will be necessary in order for the Department to meet its obligations contained in R.30.21, Beachfront Management Plan.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

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**PROPOSED
PROVISO TEXT**

(DHEC: Beach Renourishment and Monitoring and Coastal Access Improvement) ~~\$1,000,000 of funds allocated or carried forward for beach renourishment may be spent in accordance with all required state and federal permits and certifications to benefit an area in which the erosion of the beaches located in state jurisdiction is attributed to a federally authorized navigation project as documented by the findings of a Section 111 Study conducted under the authority of the federal Rivers and Harbors Act of 1968, as amended by the federal Water Resources Development Act of 1986, and approved by the United States Army Corps of Engineers and \$500,000 may be spent in accordance with all required state and federal permits and certifications for the purpose of constructing outfalls for stormwater emanating from jurisdictions where maintenance of near shore water quality is critical to tourism.~~ If state funds are made available or carried forward from any general revenue, capital, surplus or bond funding appropriated to the department for beach renourishment and maintenance, the department shall be able to expend not more than \$100,000 of these funds annually to support annual beach profile monitoring. Additional funds made available or carried forward for beach renourishment projects that are certified by the department as excess may be spent for beach renourishment and departmental activities that advance the policy goals contained in the State Beachfront Management Plan, R.30-21.

Paste FY 2013-14 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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FORM D – PROVISO REVISION REQUEST

NUMBER	34.34
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	Department of Health and Environmental Control
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	(DHEC: Coastal Zone Appellate Panel)
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

REQUESTED ACTION	Codify
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>The Coastal Zone Appellate Panel as delineated in Section 48-39-40 of the 1976 Code under the Department of Health and Environmental Control shall be suspended for the current fiscal year.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

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EXPLANATION	<p>The General Assembly amended the appeal process for DHEC decisions in 2006 Act No. 387, which became effective on July 1, 2006. Prior to this Act, OCRM cases were appealed to the ALC and then to the Coastal Zone Management Appellate Panel. Under the new law, OCRM cases now follow the same appeal route as other DHEC cases: Staff decisions may be reviewed by the DHEC Board, then appealed to the ALC and the Court of Appeals. The Coastal Panel no longer has an appellate role, though retains an advisory function to the Department.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

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The Coastal Zone Appellate Panel as delineated in Section 48-39-40 of the 1976 Code under the Department of Health and Environmental Control shall be suspended for the current fiscal year.

**PROPOSED
PROVISO TEXT**

Paste FY 2013-14 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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FORM D – PROVISO REVISION REQUEST

NUMBER	34.43
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	DHEC: Laurens County
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

REQUESTED ACTION	Delete
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>Proviso requires us to make a one time transfer to Laurens County for roof repairs.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

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EXPLANATION	<p>Action was one time and was to take place during the 2013-14 SFY. Action has been completed and proviso is no longer needed.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>None</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

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~~**34.43. — (DHEC: Laurens County) By August 1, 2013, the department shall transfer \$39,425 to the County of Laurens, South Carolina to reimburse the county for the expenses of reroofing a building vacated by the department.**~~

**PROPOSED
PROVISO TEXT**

Paste FY 2013-14 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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FORM D – PROVISO REVISION REQUEST

NUMBER	34.44
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	DHEC: Cancer Early Detection/Screenings
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

REQUESTED ACTION	Delete
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	
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Which other agencies would be affected by the recommended action? How?

SUMMARY	Requires DHEC to provide \$1 million in funding to BCN and \$500,000 to Colon Cancer Prevention Network for matching purposes.
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

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EXPLANATION	<p>DHEC received one time funding for this purpose for SFY 2013-14. Recommend deletion of the proviso if it is unfunded for future as this would create additional expense of \$1.5 million without funding.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>None if deleted.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

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~~**34.44. — (DHEC: Cancer Early Detection/Screenings) Of the funds appropriated and/or authorized to the Department of Health and Environmental Control, excluding department Restricted fund accounts, \$1,000,000 shall be used for the Best Chance Network and \$500,000 shall be used as matching funds for the Colon Cancer Prevention Network.**~~

**PROPOSED
PROVISO TEXT**

Paste FY 2013-14 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

AGENCY NAME:	Department of Health and Environmental Control		
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FORM D – PROVISO REVISION REQUEST

NUMBER	34.51
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Cite the proviso according to the State Budget Division’s renumbered list for FY 2014-15 (or mark “NEW”).

TITLE	Department of Health and Environmental Control
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Provide the title from the FY 2013-14 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	(DHEC: Sand-scraping and Sandbagging)
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	
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Is this request associated with a decision package you have submitted for FY 2014-15? If so, cite it here.

REQUESTED ACTION	Delete
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>Under the current proviso, sand-scraping and sandbagging is allowed as protection for golf courses, if permitted by the department, until December 31, 2013, at which time sand-scraping and sandbagging will no longer be allowed for the protection of golf courses.</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

EXPLANATION	<p>The provisions of this proviso will expire on December 31, 2013 and should not be reestablished.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>None.</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

AGENCY NAME:	Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

~~34.51. (DHEC: Sand scraping and Sandbagging) Sand scraping and sandbagging is allowed as protection for golf courses, if permitted by the department, until December 31, 2013, at which time sand scraping and sandbagging will no longer be allowed for the protection of golf courses.~~

**PROPOSED
PROVISO TEXT**

Paste FY 2013-14 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.