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REPORT OF THE COMMITTEE
TO MAKE A STUDY OF
PUBLIC AND PRIVATE SERVICES
PROGRAMS AND FACILITIES
FOR THE AGING IN
SOUTH CAROLINA
AND OF LAWS PERTAINING THERETO

FEBRUARY, 1976

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FEBRUARY, 1976

TRANSMITTAL LETTER

*To the Honorable James B. Edwards, Governor of South Carolina
and Members of the General Assembly of South Carolina:*

In the past years, the Study Committee on Aging has been gratified to experience a genuine concern for the aging among members of the General Assembly. Many of the recommendations of the Committee have been favorably acted upon by the General Assembly. (See Appendix A)

During the past year, the Committee has held two public hearings and numerous meetings to endeavor to identify problems of the aging in South Carolina and make recommendations for action to the 1976 General Assembly.

In these times of economic difficulty, the Committee has attempted to develop ideas which would not require funding, but would enrich the everyday lives of our State's older citizens. Therefore, very few of the Committee's recommendations require new funding.

The Committee is, however, concerned with the economic plight of those State employees and teachers who retired prior to July 1, 1972, which is the date the new retirement formula became effective. It has recommended a small yearly increase in retirement benefits for several years for this group of retirees in an attempt to equalize the benefits.

The Committee also desires to see the work of the South Carolina Commission on Aging continue with adequate financial support. The efforts of the Commission directly affect the well-being of our older citizens and are of great benefit to them.

A major recommendation of the Committee is the creation of a Division of Long-Term Care within the Department of Mental Health. This Division would have primary responsibility for those unfortunate elderly citizens who are physically and mentally handicapped to the extent that their needs are not met in other facilities, either public or private.

It is the strong feeling of the Committee that particular emphasis be placed on a program of deinstitutionalization in South Carolina. While there is a need to spend resources on institutional expansion and improvement, programs designed to prevent or delay institutionalization should receive enthusiastic support. Such programs as home health care, community health screening, homemaker services, tax relief, housing assistance, better transportation facilities and nutrition

services enable the elderly to remain in the community longer. In addition, these programs represent an economic bargain when compared to institutional costs.

These recommendations and others are discussed in more detail in this report.

Respectfully submitted,

/s/ RICHARD W. RILEY

Senator

Chairman

/s/ JAMES E. MOORE

Representative

Vice-Chairman

/s/ PATRICK B. HARRIS

Representative

Secretary

/s/ HYMAN RUBIN

Senator

/s/ EDWARD E. SALEEBY

Senator

/s/ EUGENE S. BLEASE

Representative

/s/ JAMES E. ALEWINE

(Reverend)

/s/ GEORGE E. CARLTON (Mr.)

/s/ JUNE B. FURMAN (Mrs.)

LEGISLATIVE RECOMMENDATIONS

RECOMMENDATION 1

Increase in Retirement Benefits for Those State Employees and Teachers Who Retired Prior to July 1, 1972

During the past several years, and again during the public hearing held in Columbia in 1975, the Committee received testimony calling for an increase in retirement benefits for those State employees and teachers who retired prior to July 1, 1972, which is the date the new retirement income formula became effective. The Committee has been advised by retired groups that a 9% increase would equalize benefits for this group. Several alternative proposals for funding were studied by the Committee. It is the decision of the Committee to introduce legislation during the 1976 session to request a 1% increase funded through a general appropriation of \$275,000 for 1976. It is the intention of the Committee that an additional 1% annual increase be granted for the next eight years to complete the equalization process.

RECOMMENDATION 2

Establishment of a Division of Long-Term Care Within the Department of Mental Health

During the 1975 session of the General Assembly, the Committee on Aging and the Committee on Mental Health and Mental Retarda-

tion held joint meetings for the purpose of seeking solutions to some of the crucial problems concerning many of the elderly patients at Crafts-Farrow State Hospital.

Out of the shared concern of these two study committees came the creation of a Co-Committee on Institutionalized Elderly made up of two members from each committee. This Co-Committee has met several times during the interim and has received testimony concerning the needs of institutionalized elderly citizens of our State.

The major recommendation of the Co-Committee at this time is the establishment of a Division of Long-Term Care within the Department of Mental Health under the direction of a Deputy Commissioner. This Division would have primary responsibility for care and treatment of elderly persons who are mentally and physically handicapped to the extent that their needs are not met in other facilities, either public or private. The creation of this Division will assign the long needed responsibility for the care and treatment of these unfortunate elderly people.

Legislation has been filed in both Houses to create the Division of Long-Term Care. (See Appendix B)

RECOMMENDATION 3

Provision for Extension of Homestead Tax Exemption by Mail After Initial Application

Legislation was filed during the 1975 session to allow reapplication for the Homestead Exemption by mail. After the initial application has been filed, each year thereafter the recipient of the Homestead Tax Exemption would simply need to sign a statement testifying to their continued eligibility and return it by mail to the county auditor.

Passage of this legislation would eliminate the necessity for annual trips to the court house to reapply for the exemption.

RECOMMENDATION 4

Provision for Monetary Penalties for Hospitals, Skilled Nursing Homes and Intermediate Care Facilities

At the present time, the only penalty for violation of licensing regulations in hospitals, skilled nursing homes and intermediate care facilities is the revocation of the license.

It is the feeling of the Committee that monetary penalties would allow for better enforcement of regulations and thereby improve conditions in these facilities. Legislation has been filed in the Senate and

the House establishing a procedure for monetary penalties administered by the Department of Health and Environmental Control. (See Appendix C)

RECOMMENDATION 5

Establishment of a Retirement Advisory Board

Testimony has been received at public hearings for several years calling for the establishment of a Retirement Advisory Board with representation from the retired sector.

It is the feeling of the Committee that such an Advisory Board can be of assistance to the South Carolina Retirement System on retirement and pre-retirement matters.

Legislation will be filed early in the 1976 session to create a Retirement Advisory Board with representation from the retired sector.

RECOMMENDATION 6

Establishment of an Interagency Council on Transportation

Transportation continues to be a major problem of South Carolina's older citizens. Lack of funds and/or physical disability frequently make it impossible for many older persons to own or drive their own automobiles. More often than not, an individual in this situation finds it difficult to reach the places he needs to go: the grocery store, health services, social agencies, educational or recreational opportunities, church or other destinations.

Progress has been made in some locations, with establishment of mini-bus service of similar portal-to-portal transportation by Aging organizations and other agencies, but much remains to be done.

There continues to be a great need for coordination of transportation services among state agencies. The Committee believes the recommendation of the Study Committee on Transportation to create an Interagency Council on Transportation is a sound approach to achieve this needed coordination. Legislation has been filed to create this Interagency Council and it has the full support of the Committee on Aging.

RECOMMENDATION 7

Amend the Family Court Act to Define the Court's Duties and Responsibilities in Relation to the Adult Abuse and Protection Act

The Adult Abuse and Protection Act, passed in 1974, prohibits the abuse or neglect of senile or developmentally disabled persons,

and assigns responsibilities to public officials in implementing the Act. However, some Family Courts have been in doubt as to their jurisdiction in cases arising under the Act.

The Committee has filed an amendment to the Family Court Act to make clear the authority of Family Courts to act in such cases.

RECOMMENDATION 8

Desirability of Reciprocal Agreements With Other States Regarding Nontaxable Retirement Income

Most states do not levy income tax on the retirement incomes they provide their own state employees and teachers. However, for example, a South Carolina retired teacher who moves to Georgia would be subject to Georgia income tax, and vice-versa.

The Committee believes it would be desirable for South Carolina to enter into agreements with other states providing for reciprocal recognition of the tax exempt status of each other's retired employees. In the example of a South Carolina teacher, therefore, the teacher could move to another state with whom an agreement existed and maintain tax exempt status.

Legislation has been filed to allow reciprocal agreements.

RECOMMENDATION 9

Educational Opportunities for the Aging

Legislation has been filed to reduce the eligible age from 65 to 60 for those older citizens interested in taking advantage of the free tuition program at the State's universities, colleges and TEC schools. Admittance is allowed on a space-available basis.

Retirement has now been made available to many older citizens at an earlier age. It is the desire of the Committee to make this resource available to retired people and those older citizens who wish to educate themselves in preparation for retirement living.

RECOMMENDATION 10

Change the Description of Facilities for Care of the Aged Or Mentally or Physically Infirm As Contained in Act No. 474 of the 1967 General Assembly

In South Carolina there are 102 licensed homes whose descriptive titles contain such terms as "boarding home," "rest home," or "convalescent home." In order to alleviate confusion as to the ex-

tent of services provided by such establishments, the Committee has filed a bill substituting the term "residential care facility" in Act 474 of the 1967 General Assembly for the terms "boarding home, rest home or convalescent home." The Committee feels that this will more accurately describe the level of care provided in these facilities which are licensed by the Department of Social Services.

RECOMMENDATION 11

Extend the Committee to Make a Study of Public and Private Services, Programs and Facilities for the Aging in South Carolina, and of Laws Pertaining Thereto

The Committee requests that it be extended to continue its studies and make a report of its findings and recommendations during the 1977 session of the General Assembly.

GENERAL RECOMMENDATIONS

RECOMMENDATION 1

Support of Budgetary Needs of the South Carolina Commission on Aging

The South Carolina Commission on Aging has proved effective in guiding the expansion of services to the elderly throughout South Carolina, thereby improving the quality of life for our older citizens.

State dollars, as requested by the Commission, are needed to maintain the work of the Commission and related organizations without regression.

In 1974, the General Assembly allocated \$25,000 to each of the State's ten Planning Regions for use in maintaining or expanding services for the aging.

In 1975, this \$250,000 appropriation was reduced to \$238,000 because of tightening of the State's financial condition.

In both years, these funds have been used to attract other available dollars, approximately tripling the value of the State appropriations. These monies are financing such services as day care centers for the elderly, home chore services, transportation, health services, and other activities in line with the Commission's aim of enabling older citizens to live decently with dignity in their own homes as long as possible and to avoid deinstitutionalization.

The Commission in 1976 is requesting the General Assembly to continue this appropriation for regional use at the \$250,000 level, thus restoring the \$12,000 cut from the previous allocation.

A second request of the Commission this year is for an additional \$250,000 to complete organization of Areawide Agencies on Aging throughout the State. The Commission has established and funded Area Agencies on Aging in six of the State's ten planning districts. Areawide programs, well-planned and well-coordinated, have been developed in all six of these districts. Lack of sufficient federal dollars has made it impossible to fund additional Area Agencies on Aging, although there are some good programs for the elderly in the other four districts.

The Commission's greatest need is to increase the number of Area Agencies on Aging to ten, so that the older citizens of every district—every county—have the benefit of these more comprehensive programs, and all counties and districts can be treated alike in the allocation and use of Older Americans Act funds. The Commission's budget request for 1976-77 includes this \$250,000 request to make this possible.

A small increase of approximately \$20,000 in the Commission's current budget is also requested in order to meet higher costs of overall operations. This increase is needed to supplement Title XX funds to administer aging services under Title XX, services which will expand the Commission's programs for the elderly by one-third or more.

The Committee notes that the South Carolina Commission on Aging has worked successfully to improve the quality of life of older South Carolinians for nearly a decade. The Commission has become recognized as a leader among state programs of a similar nature, and its innovative approaches have often served as a model for other states.

The manner in which the Commission has carried out its tasks is commendable and the need for service to the aging continues to grow with the increased proportion of elderly in the population. Because of these reasons and because increases in federal funds require a commensurate increase in State administrative responsibilities, the Committee recommends that the funding requests of the Commission on Aging be fully met.

RECOMMENDATION 2

Support of the Home Health Care Program and the Hypertension Screening and Treatment Program of the Department of Health and Environmental Control

Home Health Care Program—Home health care services are a cost-effective and humane ingredient in the provision of care, allowing for alternative and appropriate care, and at the same time, releasing valuable institutional resources to treat patients with more complex health care requirements. Home health care has been defined as “the provision of health care to persons confined to their place of residence because of illness or injury, on an intermittent basis by trained health professionals, working under the direction of the attending physician.” These services include skilled nursing, home health aid, physical therapy, speech therapy, occupational therapy and medical social services. Needed medical supplies and durable medical appliances are also provided. Home health care is effective, efficient and economical and it plays a highly significant role in a deinstitutionalization program.

Hypertension Screening and Treatment Program—In 1974, the Department of Health and Environmental Control established a network of Hypertension Screening and Treatment Clinics throughout the State, to detect and treat hypertension. South Carolina is a pioneer in this field and has attracted national attention for its efforts.

Hypertension, or high blood pressure, is the largest contributing cause of death in the United States today. This condition, often symptomless, occurs more than twice as often among people 65-80 years of age than in the population as a whole.

Since 1974, the number of people screened by this program has increased by almost ten times the number previously served. A total of 29,170 people 65 years of age or older were tested during 1974-75. Approximately 10,000 of the total number of people tested in all age groups had problems and most of these were elderly. It has been firmly established that early detection of increased blood pressure and control through drug therapy can greatly reduce the incidence of such complications as heart and kidney failure and stroke. This program represents another example of a cost-effective preventive medical service.

The Committee on Aging and the Co-Committee on Institutionalized Elderly have studied these programs and feel that they deserve strong support and expansion to the extent that funds can be made available.

RECOMMENDATION 3

Support of the Homemaker Services Programs of the Department of Social Services and the Department of Health and Environmental Control

Provision of Homemaker Services has been a highly successful program within the Department of Social Services and the Department of Health and Environmental Control. These services range from house cleaning and grocery shopping to teaching the elderly an easier way to handle chores. In addition to the practical duties, the homemaker fulfills the emotional need of having someone to talk to who takes an interest in their needs. This program exemplifies another valuable service to the elderly.

The Committee feels that the provision of homemaker services to the elderly is yet another step in the direction of preventing institutionalization. It recommends full support and expansion of these services when funds can be made available.

RECOMMENDATION 4

Establishment of Pre-Retirement Programs Within State Government

The Committee feels that pre-retirement education programs can be of substantial benefit. Such programs can better prepare workers for a healthy and happy retirement. Financial planning is, of course, an integral part of pre-retirement planning. However, there are many other areas to emphasize, such as how to use and enjoy leisure time and development of a positive attitude toward retirement living.

The Commission on Aging has for several years encouraged development of pre-retirement programs in State government and private industry. In addition, a study group comprised of members from the public and private sector is conducting research in this area.

The Committee encourages the continuance of these efforts and recommends that planning begin for the development of preretirement programs in State government, beginning in the middle years, to better prepare our public servants for their retirement years.

RECOMMENDATION 5

Establishment of a revolving loan fund for use by the State Housing Authority to expedite construction of low-moderate rental housing for the elderly

The State Housing Authority, in cooperation with several communities and the Farmers Home Administration, has undertaken the establishment of low-moderate rental housing projects for the elderly, since under existing conditions private mortgage funds are not available to construct facilities on a competitive market at a rate affordable by persons with low to moderate income.

The Farmers Home Administration has a program which provides assistance to construct needed housing which can be made available on a rental basis within the means of large numbers of elderly persons on low-fixed incomes.

The program requires, however, that front-end funds be raised. Each project requires land purchase, survey fees and engineering fees which cannot be regained until permanent loan arrangements are completed. Average project cost for these advance funds is approximately \$15,000. Since the FHA does not function in communities of more than 10,000 population, raising this amount of money in a small community presents difficulties. If a revolving loan fund were established, several concurrent projects could be undertaken. This revolving fund, which is loaned on a no-interest rate basis, will be replenished as the loans are closed.

The Committee recommends that such a fund be established to help provide needed housing more quickly for older citizens.

STATEMENTS OF POSITION

STATEMENT 1

Rental Tax Relief for Older Citizens

Many of South Carolina's older citizens are not presently receiving housing tax relief because they live in rented quarters. The Committee is presently studying several rental tax relief plans, including a circuit breaker plan. It is the intention of the Committee to recommend a tax relief plan at such time as the State's economic situation is improved.

STATEMENT 2

Revision of Probate Laws

Testimony has been received by the Committee for several years urging the implementation of the Uniform Probate Code in South Carolina. A Subcommittee of the State Bar is prepared to begin study of the Code on receipt of a report which is being submitted to them by the University of South Carolina Law School. At the completion of the study by the State Bar Subcommittee, the Committee on Aging will make a recommendation. The Committee will urge the Subcommittee to complete its study of the Uniform Probate Code at the earliest possible time.

STATEMENT 3

Involving Older People as Volunteers in Planning and Implementing Programs Designed to Benefit the Aging

Many successful programs have been initiated on a national level involving the elderly—the Foster Grandparent Program, the Retired Senior Volunteer Program, the Senior Corps of Retired Executives, the National School Volunteer Program, to name a few. Older citizens in many states have started volunteer programs to help other elderly people. Senior citizens have demonstrated that they have a great deal of interest, experience and imagination to offer and can be of great assistance in such efforts.

The Committee would like to encourage State agencies and private groups involved in programs for the aging to enlist the aid of older people in planning and implementation of these programs.

STATEMENT 4

Encouragement of Efforts by South Carolina Universities, Colleges and TEC Schools to Develop Curricula Dealing With the Aging Process

Educational courses, workshops and other programs dealing with the aging process are now being conducted by many South Carolina universities, colleges and TEC schools. Some of these programs are designed for participation by older citizens. Others are aimed at educating both those who work with the elderly and those who desire to learn more about life span development.

The Committee feels such educational endeavors are of great benefit to our older citizens and would like to commend and encourage the continuance of this interest and concern.

STATEMENT 5

Support of Cultural Development Programs for Older Citizens

An outstanding example of cooperation between the South Carolina Commission on Aging and other State agencies is a program of instruction for older citizens carried out by the South Carolina Arts Commission. Last year and during the current year, the Arts Commission has conducted dozens of workshops for older citizens to develop their personal creative ability and increase their appreciation of their environment. Workshops in pottery-making, painting, folk music, dramatics, quilting and other subjects have touched every section of the State.

The Committee urges that support be given to the South Carolina Arts Commission in carrying out this valuable service to the older people of our State.

STATEMENT 6

Community School Concept As It Relates To Senior Citizens

The Committee supports the Community School or Community Education concept—the use of school facilities for the total needs of the community. There is a growing awareness that school facilities are ideally suited for after-hours programs in instruction, recreation, health care or other programs. The Committee believes that many of our State's older citizens could benefit from such uses of school facilities in their communities.

STATEMENT 7

Need for Uniformity in Planning and Service Districts

Research is being conducted by the Committee regarding the possibility of establishing uniformity in planning and service districts across state agencies.

STATEMENT 8

Death With Dignity/The Living Will

The Committee is involved in studying "Death With Dignity" and "The Living Will." Due to the complexity of the issues involved, the Committee feels that it should make a recommendation only after careful study of the subject and it will do so at that time.

STATEMENT 9

Municipal Homestead Tax Exemption for the Elderly

As a further means of granting tax relief to elderly persons, the Committee suggests extending the Homestead Tax Exemption Plan to include an exemption from municipal taxes at such time when it is financially feasible.

Appendix A

SUMMARY OF MAJOR LEGISLATION AND RECOMMENDATIONS OF THE COMMITTEE ON AGING WHICH HAVE BEEN IMPLEMENTED

Homestead Tax Exemption

Home owners 65 years of age or more and residing in the State for at least one year receive the benefits of a Homestead Tax Exemption which provides that the first \$10,000 of the fair market value of the dwelling place shall be exempt from county, school and special assessment real estate property taxes. Counties are reimbursed by the State for losses they incur by reason of granting the exemption.

Exemption from Sales Tax on Prescription Drugs and Prosthetic Devices

A South Carolina resident certifying that his age is 50 or older is not required to pay the 4% State sales tax on prescription drugs or prosthetic devices. This tax is eliminated at the point of sale.

Half-Price Admission to Certain State Park Facilities

South Carolinians 65 years of age or older are granted half-price admission to state park facilities for which a charge is customarily levied (except cabin rentals).

Regulation of Skilled Nursing Homes, Intermediate care Facilities and Residential Care Facilities

Nursing facilities at all levels of care are strictly regulated and inspected by designated State agencies. In addition, the S. C. Commission on Aging staff includes Nursing Home Ombudsmen who receive complaints or reports concerning patient care and investigate and seek to resolve any problems that may occur. Skilled nursing homes, intermediate care facilities, boarding, rest and convalescent homes are now required to provide an item-by-item billing of all charges for all services to the patient or person paying the bill, on request.

Cost-of-Living Increases in Retirement Benefits

Teachers, State employees, and other public workers covered by the South Carolina Retirement System receive automatic increases in benefits when cost of living rises.

Fitting and Selling of Hearing Aids Regulated

South Carolina statutes govern the licensing of persons who fit and sell hearing aids, and regulate the manner in which they conduct their business.

Free Hunting and Fishing Licenses

Residents of South Carolina for three years who are 65 or older are eligible for free hunting or fishing licenses from the Department of Wildlife and Marine Resources. Proof of age is required.

Establishment of State Housing Authority

A State Housing Authority has been established. One of the purposes of the Authority, among others, is to encourage the growth of specialized housing for the elderly.

State Agency on Aging Given Commission Status

The Interagency Council on Aging was reorganized and designated as the Commission on Aging.

Establishment of Hypertension Screening Clinics

The Department of Health and Environmental Control has established a network of Hypertension Screening and Treatment Clinics throughout the State to detect and treat hypertension (high blood pressure). This condition, often symptomless, occurs more than twice as often among people aged 65-80 than in the population as a whole.

Free Tuition for Older South Carolinians at State Educational Institutions

State-supported universities, colleges and technical schools may now permit South Carolina residents at least 65 years of age to attend classes on a space-available basis without payment of tuition.

Adult Abuse and Protection Act

An Act has been enacted into law to prohibit the abuse, neglect or exploitation of a senile or developmentally disabled person and to provide protective services for such a person.

Retirement After 30 Years of Service

Members of the South Carolina Retirement System may now retire at 65 years of age or after 30 years of service.

Removal of Reference to Age as a Qualification to Serve on a Jury

The South Carolina Code has been amended to eliminate a reference to age as a qualification to serve on a jury.

*Appendix B***A BILL**

To Amend Act 863 of 1964, as Amended, Relating to the State Department of Mental Health, so as to Create a Division for Long-Term Care for Mentally and Physically Handicapped Elderly Persons.

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

SECTION 1. Section 5 of Act 863 of 1964, as last amended by Act 370 of 1969, is further amended by adding at the end: "One of the divisions shall be a Division for Long-Term Care which shall have primary responsibility for care and treatment of elderly persons who are mentally and physically handicapped to the extent that their needs are not met in other facilities either public or private." The section when amended shall read:

"Section 5. The Department of Mental Health may be divided into such divisions as may be authorized by the State Commissioner of Mental Health and approved by the Commission. These divisions may be headed by deputy commissioners, but any deputy commissioner heading a medical division must be a medical doctor duly licensed in South Carolina. One of the divisions shall be a Division on Alcohol and Drug Addiction which shall have primary responsibility in the State for treatment of alcohol and drug addicts. One of the divisions shall be a Division for Long-Term which shall have primary responsibility for care and treatment of elderly persons who are mentally and physically handicapped to the extent that their needs are not met in other facilities either public or private."

SECTION 2. This act shall take effect upon approval by the Governor.

*Appendix C***A BILL**

To Provide that Certain Health Care Facilities Shall be Subject to a Penalty for Violating Franchising or Licensing Regulations or Treatment Standards.

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

SECTION 1. The Department of Health and Environmental Control (Department) may assess a monetary penalty against any hospital, skilled nursing or intermediate care facility for:

(1) Violation of any of the provisions of the State Hospital Construction and Franchising Act (Article 2, Chapter 3, Title 32 of the 1962 Code).

(2) Permitting, aiding or abetting the commission of any unlawful act relating to the securing of a certificate of need or the operation of a hospital as defined in the State Hospital Construction and Franchising Act.

(3) Conduct or practices detrimental to the health or safety of patients or employees of any such institutions, but this provision shall not be construed to have any reference to healing practices authorized by law.

(4) Refusing to admit and treat, on the basis of medical need, alcoholic abusers and alcoholics whose admission or treatment has been prescribed by a physician who is a member of the hospital's medical staff or discriminating against alcoholics solely because of their alcoholism.

SECTION 2. (1) Should the department determine to assess a penalty, it shall send to the applicant or licensee, by registered mail, a notice setting forth the particular reasons for the determination. The assessment of a penalty shall become final thirty days after the mailing of the notice, unless the licensee, within such thirty day period, shall give written notice of his desire for a hearing. If the licensee shall give such notice, he shall be given a fair hearing before the South Carolina Board of Health and Environmental Control or its designee and he and other affected parties may present such evidence as may be proper. On the basis of such evidence the determination involved shall be affirmed, modified, or set aside, and a copy of such decision setting forth the findings of fact, and the particular reasons upon which it is based shall be sent by certi-

fied or registered mail to the applicant or licensee. The decision shall become final thirty days after it is mailed unless the applicant or licensee, within such thirty day period, appeals the decision to a court of competent jurisdiction.

(2) The penalty which may be imposed by the department shall be not less than fifty dollars nor more than five hundred dollars per violation on any licensee operating any health care facility that fails to correct serious violations of its licensing standards in a time period specified in those licensing standards. Thirty days from the date that a penalty is imposed, in the event the facility has not corrected the violations, the department shall proceed with suspension, revocation or denial of a renewal of the license. The department shall, in its standards, indicate those violations or classes of violations that it determines are serious. The amount of penalties may vary with the seriousness of the violations and the length of time they have existed.

(3) The department may, upon written application therefor, receive within fifteen days from the date a determination has become final, remit or mitigate any penalty provided for or discontinue any prosecution to recover such penalty upon such terms as it may deem proper.

(4) The department shall establish the methods of implementing procedures for penalties.

(5) Failure to pay penalties within thirty days after such penalties become final shall be grounds for suspension, revocation or denial of a renewal of a license. No license can be issued or reissued or renewed until all penalties finally assessed against an applicant or licensee have been satisfied.

(6) All penalties collected pursuant to this act shall be deposited in the State Treasury and shall be credited to the General Fund of the State.

(7) The department shall complete implementation of regulations to comply with this act, including a schedule of fines for violation, and properly notify all facilities subject thereto prior to the effective date of this act.

SECTION 3. This act shall take effect January 1, 1977.

On motion of Mr. RILEY ordered printed in the Journal and 500 extra copies ordered printed in pamphlet form.