

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



**Fiscal Year 2018-19
Agency Budget Plan**

FORM A - BUDGET PLAN SUMMARY

**OPERATING
REQUESTS
(FORM B1)**

For FY 2018-19, my agency is (mark "X"):	
<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
<input checked="" type="checkbox"/>	Requesting Federal/Other Authorization.
<input type="checkbox"/>	Not requesting any changes.

**NON-RECURRING
REQUESTS
(FORM B2)**

For FY 2018-19, my agency is (mark "X"):	
<input checked="" type="checkbox"/>	Requesting Non-Recurring Appropriations.
<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
<input type="checkbox"/>	Not requesting any changes.

**CAPITAL
REQUESTS
(FORM C)**

For FY 2018-19, my agency is (mark "X"):	
<input type="checkbox"/>	Requesting funding for Capital Projects.
<input checked="" type="checkbox"/>	Not requesting any changes.

**PROVISOS
(FORM D)**

For FY 2018-19, 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:	Darbi C. MacPhail	803-898-3331	macphadc@dhec.sc.gov

I have reviewed and approved the enclosed FY 2018-19 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:		
TYPE/PRINT NAME:	David E. Wilson, Jr.	Allen Amsler

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

Fiscal Year 2018-19 Budget Request Executive Summary

Agency Code: J040
 Agency Name: SC Department of Health and Environmental Control
 Section:

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Reducing the Spread of Communicable Diseases	998,717				998,717	12.00				12.00
2	B1 - Recurring	SC EMS Reporting Repository: EMS Performance Improvement Center (EMS PIC)	350,000				350,000					0.00
3	B1 - Recurring	Ensuring Quality Data for Decision-Making	214,856				214,856	2.00				2.00
4	B1 - Recurring	Mitigate Public Health Impacts from Mosquito-Borne Disease Through Surveillance	489,166				489,166	5.00				5.00
5	B1 - Recurring	Cancer Screenings: Best Chance Network and Colorectal Cancer Prevention Network	1,000,000				1,000,000					0.00
6	B1 - Recurring	Groundwater Quantity Permitting and Planning	192,461				192,461	2.00				2.00
7	B2 - Non-Recurring	Groundwater Quantity Permitting and Planning	106,354				106,354					0.00
8	B1 - Recurring	Protecting Public Health by Preventing Petroleum Contamination to Drinking Water Supplies	250,000				250,000					0.00
9	B2 - Non-Recurring	Protecting Public Health by Preventing Petroleum Contamination to Drinking Water Supplies	291,000				291,000					0.00
10	B1 - Recurring	Office of Rural Water Partnerships to Improve Wastewater Infrastructure	484,154				484,154	6.00				6.00
11	B2 - Non-Recurring	Office of Rural Water Partnerships to Improve Wastewater Infrastructure	194,202				194,202					0.00
12	B1 - Recurring	Earned Authorization Increase: Ryan White ADAP Pharmaceutical Rebate			20,000,000		20,000,000					0.00
13							0					0.00
14							0					0.00
15							0					0.00
16							0					0.00
17							0					0.00
18							0					0.00
19							0					0.00
20							0					0.00
21							0					0.00
22							0					0.00
23							0					0.00
24							0					0.00
25							0					0.00
26							0					0.00
27							0					0.00
28							0					0.00
29							0					0.00
30							0					0.00
TOTAL BUDGET REQUESTS			4,570,910	0	20,000,000	0	24,570,910	27.00	0.00	0.00	0.00	27.00

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

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1 – Form #13290 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Reducing the Spread of Communicable Diseases <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$998,717 Federal: \$0 Other: \$ 0 Total: \$998,717 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	12 FTEs 4 EA30 – Registered Nurse II 4 GA50 – Human Services Coordinator I 2 EC15 – Medical Assistant Technician II 2 EB96 – Health Educator II <i>Please provide the total number of new positions needed for this request.</i>
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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 checked="" type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative
	<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"/>	IT Technology/Security related
<input type="checkbox"/>	Consulted DTO during development	
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

Issue:

Strategy 1.3.2, described as: Prevent the occurrence and spread of STIs and Viral Hepatitis.

According to the CDC, the latest confirmed surveillance numbers (2015) show that bacterial sexually transmitted infections (STIs) chlamydia, gonorrhea and syphilis, the three most commonly reported conditions in the nation, reached a record high level. There were more than 1.5 million chlamydia cases reported, nearly 400,000 cases of gonorrhea, and nearly 24,000 cases of syphilis. South Carolina ranked 7th among 50 states in chlamydial infections (569.9 per 100,000 persons) and ranked 4th among 50 states in gonorrheal infections (169.8 per 100,000 persons).

In South Carolina from 2012 to 2016, the incidence of chlamydia has increased by 5%, gonorrhea by 19%, and latent syphilis by 48% resulting in 28,415 cases of chlamydia, 9,300 cases of gonorrhea, and 616 cases of latent syphilis, staffing challenges have pushed, on average, the next available appointments out to 2 – 3 weeks.

As antiretroviral therapy has improved, HIV has become a chronic disease; not a death sentence. As treatments have increased, the fear of the disease has diminished. This change in public perception has shifted public priority for condom usage and other means of risk reduction. Studies have found that a lack of public knowledge concerning STIs, and a lack of staffing who can provide outreach and community education related to STIs are all contributing to the increasing burden.

Solution:

In order to combat the increasing rates of STIs in the State, it is necessary to create a team-based model of care to allow a move toward working beyond clinic walls by staffing specialty clinics in under-resourced neighborhoods. This three-member team would consist of registered nurses (RN), a disease intervention specialists (DIS), and either a clinical assistant, or a health educator. Such teams would allow a more seamless referral and follow-up relationship between field and clinical staff, decrease wait times for appointments, increase outreach efforts, and also provide more flexibility for education and specialty clinics. Currently, DHEC clinical staff work within the health departments to provide testing and treatment for STIs; while disease intervention specialist (DIS) staff work in the field to track and monitor individuals who have potentially been exposed to STIs via sexual contact. As individuals are identified who need testing and/or treatment DIS staff must coordinate with clinic staff to find an available appointment slot in which the client can be placed. Increasing our staffing numbers and implementing this team-based approach will allow for the nurse and DIS to work as a team to identify the individual, provide education, test as needed, and treat as appropriate. Additionally, the proposed health educators will be able to provide public outreach and education specific to STIs. Focus groups facilitated by DHEC staff have identified a specific need for increased public knowledge about STIs beyond HIV. This increased education becomes the first line of defense against the growing epidemic. Though these teams would focus on those counties identified with the highest disease burden and incidence rates, they would be available to assist throughout the State. This work would be in addition to the current staff already providing services within the health departments.

**ACCOUNTABILITY
OF FUNDS**

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

These efforts would be an opportunity for DHEC to better serve the needs of clients, lead to more prompt diagnosis and treatment of STIs, reduce STI burden and increase adherence to care and outcomes among its clients. The evaluation of success would be through tracking the incidence of each individual STI and the monitoring of wait times for the next available appointment.

What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

All funds would be allocated to DHEC for use within the agency as identified below.

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?

JUSTIFICATION OF REQUEST

Background:

Since the 1970s, DHEC has provided high quality, low or no-cost, confidential preventive health care services to residents of the State. These public health preventive services assist individuals in achieving an optimal state of health. DHEC clinics provide a means for individuals to seek care related to testing and treatment of HIV/STIs by expert healthcare professionals in a confidential and professional setting. Services are offered across all 46 counties and include the following:

- HIV Testing
- Linkage to care for HIV+ clients (Data to Care CDC strategy)
- Educational and counseling services
- HIV risk assessment (education, counseling and testing)
- STI Testing and Treatment

Why This Proposed Approach will be Effective:

Pairing these treatment and testing services with the proposed team approach would allow an increase in the amount of outreach and education that could be provided specific to these clients, their communities and their contacts. Team-based care has been shown to lead to improved outcomes while also reducing costs. This approach to care has been endorsed by numerous medical professionals from a variety of practice settings.

Program-specific data has shown that on average there are 2 individuals linked to each STI case; the index case and a contact. Based on that information the total number of clients that could receive additional education via the Disease Intervention Specialist (DIS) team member is 34,560 per year. This outreach and education would also be supplemented by work of the Health Educator via community events. This funding

would also allow DHEC increased flexibility to pilot/implement evidence-based practices such as expedited partner therapy which would provide greater access to treatment for contacts of STI cases.

Newly funded positions would be assigned to work with SHAPE (Syphilis and HIV Awareness, Prevention and Education) initiatives within their respective areas to ensure a continued and increased focus on reaching our most at-risk populations. SHAPE has been shown to increase community partnerships, syphilis testing and education, and increased awareness related to syphilis among high-risk persons. These efforts are documented via information gathered from focus groups that show a clear need for additional syphilis education/awareness, testing and outreach, and information that has been provided to other members of the healthcare community. By increasing the number of clinicians who are available to see STI clients, we will decrease the wait time for an appointment, thereby providing more timely access which will minimize the continued spread of STIs.

Current Challenges:

DHEC clinical services can be expanded to meet specific needs of counties with large burdens of disease by increasing nursing staff and adopting a team-based care approach to allow clinicians to see greater numbers of clients. Adding an additional nurse to each of the four public health regions would allow a daily increase in STI clients seen (tested/treated) by approximately 18 per region. That is a total increase of 72 clients daily, translating into the potential to see an additional 17,248 clients in a calendar year. The current disease burden and appointment need in counties most heavily impacted by STIs have created, on average, a two-week waiting period for clients. Also, the current lack of health education staff specific to STIs means we are unable to provide community based outreach and information as needed. Our current PH staff address both family planning and STI needs; while this approach is beneficial from a holistic standpoint it emphasizes our need for additional staff who can work specifically to address the state's increasing STI demands.

Cost Savings:

The public savings related to STIs that were attributed to publicly-supported preventive health clinics similar to DHEC's totaled approximately \$123 million from STI/HIV testing and \$23 million from cervical cancer screening and vaccines. Public expenditures for the U.S. preventive health clinics not only prevented unintended pregnancies but also reduced the incidence and impact of preterm and low birth weight births, STIs, infertility, and cervical cancer. The return on investment is an estimated taxpayer savings of \$7.09 for every public dollar spent.

A published study demonstrated that for every 1,000 people treated the indirect cost averted for chlamydia was \$55,980, for gonorrhea it was \$63,280 and for syphilis it was \$965,600.

Impact If Not Funded:

The impact of not providing funds will be the continued rise in STI rates within South Carolina, the continued increase in the wait time for an appointment, fragmented

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

	<p>approach to care and the unnecessary utilization of primary care resources (emergency room services, etc.) due to a lack of public health prevention and treatment services.</p> <p>Costs were calculated using the midpoint salary for each band on all position classifications, as well as the Agency average fringe and assessment rates. Operating costs include a standard per employee cost (\$1500) which includes general supplies, software licenses, telephones, rent, insurance, etc. Computers are included at the current Agency contract pricing.</p> <p>Additional state FTEs are needed because all available FTEs have been assigned to existing programs.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	2 – Form #13291 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	EMS Reporting Repository: EMS Performance Improvement Center (EMS PIC) <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$350,000 Federal: \$0 Other: \$0 Total: \$350,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	None <i>Please provide the total number of new positions needed for this request.</i>
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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"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input checked="" 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"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

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

ACCOUNTABILITY OF FUNDS	<p>3.3.1 – <i>Review license, permit, and certification applications, issue licenses and permits to EMS agencies and educational institutions, and issue certifications to EMS personnel and athletic trainers.</i></p> <p>The SC Credentialing Information System (CIS) is included within this funding stream and is the sole method by which EMS and Athletic Trainers are credentialed. It also is the sole method used to license EMS and First Responder agencies and credential teaching institutions to provide EMS education.</p> <p>3.3.2 - <i>Train and educate EMS providers, first responders, law enforcement, and the public with respect to their role in provision of emergency medical care.</i></p> <p>The CIS allows the department to credential teaching institutions, enter rosters for EMS students, approve students for testing, and credential them once all testing is complete. The system also allows for each individual agency to enter continuing education rosters for their personnel directly into the system and avoid duplicate data entry in their own system, then to ours.</p> <p>The system also collects and stores every electronic patient care report (ePCR) generated by any licensed agency in SC, between 1.2 million and 1.6 million reports annually since 2010. This data is used for state and national research and is sent to the National EMS Information System, which is required of the department in statute.</p> <p>Use of the funds is evaluated by the performance as outlined in the tri-annual contract we have with the EMS Performance Improvement Center which manages this system.</p>
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The EMS Performance Improvement Center (EMS PIC) located at the University of North Carolina, Chapel Hill is currently slated to receive these funds. The EMS PIC has been the sole-source provider for these services for North Carolina, South Carolina and West Virginia since 2010. If other vendors are found who can perform the same services, the department will initiate a bid process for the service. Funds are paid out quarterly, per our contract deliverables being met.</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?

AGENCY NAME:

SC Department of Health and Environmental Control

AGENCY CODE:

J040

SECTION:

34

**JUSTIFICATION OF
REQUEST**

In an emergency, we use the data from our reporting repository to track ambulances and current hospital bed availability. This is particularly beneficial if we need to evacuate a facility and need to identify available ambulances and locations for patients. This information has been critical in the latest disasters to our state. During this most recent event, the Agency was told to prepare for an influx of in-patients from more severely affected states. The tracking tool in the EMS PIC software was able to provide a nearly instantaneous report to support this need. It also helped us to identify ambulances that could be moved from SC to another state to assist with disaster response. These data are required very promptly and calling each individual hospital or EMS provider during a time of emergency is not feasible.

Further, there is a statutory mandate for the department to provide certain services to the EMS community, including training, certification, licensing, and inspection and regulation of ambulances. The department is also required to submit all EMS run report data to the National EMS Information System (NEMSIS). In order to provide these services, the EMS PIC built and has since twice expanded a system, known as Continuum, to provide us with all services and data bases we are required to have to provide these services to the EMS community, at a total increase of just 3 percent over seven years.

SECTION 44-61-30. Standards and regulations for improvement of emergency medical services; creation and membership of Emergency Medical Services Advisory Council.

(A) The Department of Health and Environmental Control, with the advice of the Emergency Medical Services Advisory Council and the State Medical Control Physician, shall develop standards and promulgate regulations for the improvement of emergency medical services (hereinafter referred to as EMS) in the State. All administrative responsibility for this program is vested in the department.

(B) The EMS Program shall include:

- (1) the regulation and licensing of public, private, volunteer, or other type ambulance services; however, in developing these programs for regulating and licensing ambulance services, the programs must be formulated in such a manner so as not to restrict or restrain competition;*
- (2) inspection and issuance of permits for ambulance vehicles;*
- (3) the licensing of emergency medical responder agencies;*
- (4) training and certification of EMS personnel;*
- (5) development, adoption, and implementation of EMS standards and state plan;*
- (6) the development and coordination of an EMS communications system;*
- (7) designation of trauma centers and the categorization of hospital emergency departments; and*
- (8) the establishment of an electronic patient care reporting system to provide data to the National EMS Information System database for betterment of EMS across the nation.*

All DHEC Bureau of EMS services would be greatly impacted by the loss of the data system. Nearly all of our functionality depends on the data system. The system includes more than 10,000 EMTs, 1,888 ambulances, 256 EMS agencies, 30 educational institutions, and more than 800 athletic trainers. Transition off this system would require DHEC to identify (or purchase) server space to hold the HIPAA-compliant secured data related to the credentialed individuals, ambulances and agencies. In addition, a database would need to be developed to store this information.

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

Without this system all data would need to be keyed by DHEC. At current staffing levels, the BEMS would be unable to credential EMTs, paramedics, and athletic trainers, thereby impacting employment. We would be unable to perform initial licensing or renew EMS agency licenses in a timely manner, which would impact business functions. We would also be unable to perform ambulance or institution inspections electronically, creating inefficiencies and delays that could have an adverse impact on safety and compliance. No ePCRs would be able to be uploaded to the EMS PIC or NEMESIS. To meet the requirements of the state law, DHEC would have to hand-key all ePCRs. DHEC does not have the staffing levels to key over 1.4 million reports annually.

The system is required to perform the daily tasks and duties of nearly every Bureau of EMS employee. The inspectors use iPads and inspection apps designed by the EMS PIC that upload completed inspections by VIN to the system and can instantly tell the compliance history of every one of the nearly 1,900 ambulances on the road. The training and certification team uses it eight hours a day to certify and re-certify the more than 10,000 EMS personnel and 800 Athletic Trainers in SC. The entire department and many other entities utilize the data we have stored in the ePCR system to perform daily quality assurance and conduct research into EMS-related issues.

Section 44-61-B(8): the establishment of an electronic patient care reporting system to provide data to the National EMS Information System database for betterment of EMS across the nation

The funding has been received annually since the inception of the program from several federal Hospital Preparedness Program (HPP) grants. These grant priorities have been changed at the federal level as of this federal fiscal year such that our EMS data system can no longer be considered “fundable” by these grants. Without funding, agency operations will be significantly impacted, which will likely result in a disruption of EMS services to the citizens of South Carolina.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	3 – Form #13292
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Ensuring Quality Data for Decision Making
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$214,856 Federal: 0 Other: 0 Total: \$214,856
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	2 State FTEs 1 JB50 – Environmental/Health Manager II 1 JB60 – Environmental/Health Manager III
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Please provide the total number of new positions needed for this request.

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"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input checked="" 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"/>	IT Technology/Security related
	<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input checked="" type="checkbox"/>	Government and Citizens

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

ACCOUNTABILITY OF FUNDS	<p>This request is made to provide necessary support to meet regulatory and operational requirements supporting Goal 2: Protect, enhance, and sustain environmental and coastal resources. Most specifically Objectives 2.1.4 (Collect and analyze air samples...), 2.2.4 (Collect samples for particulate matter, ambient water, wastewater, drinking water, shellfish, and beach monitoring, as well as sample analysis for water-quality related parameters) and 2.4.5. (Collect and evaluate ambient water and beach quality) are supported. Additional objectives supported by an effective Quality System include permitting (2.1.1, 2.2.1, 2.3.1, 2.4.1), compliance (2.1.2, 2.1.3, 2.2.2, 2.3.2, 2.4.2, 2.4.3) and response (2.2.3, 2.3.4).</p> <p>This request is necessary to better meet EPA requirements to provide an administratively independent evaluation of Quality Assurance (QA) processes for field, laboratory or program data collection activities. The importance of quality data "...to make fully informed, well-reasoned decisions that instill trust and confidence in the Agency's expertise and decision-making capabilities," is recognized in the DHEC Strategic Plan. The demonstration and maintenance of a robust Quality System supports maintenance of Federal funding for all environmental programs and indirectly supports maintenance of institutional knowledge in preparation for employee retirements and improves the agency environment that supports talent recruitment and retention.</p> <p>The Quality System adequacy and effectiveness will be evaluated both through internal processes and regular EPA Regional and National Systems Audits of the delegated programs.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The funding will support personnel and operating costs for two FTEs in Environmental Affairs Administration (Office of Applied Science and Community Engagement) who will coordinate, advise and evaluate Quality System implementation in Environmental Affairs program areas (Air, Land and Waste, Ocean and Coast, and Water). Efforts will be focused on those areas where evaluations have indicated deficiencies or opportunities for enhancement.</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 on predetermined eligibility criteria?

AGENCY NAME:

SC Department of Health and Environmental Control

AGENCY CODE:

J040

SECTION:

34

**JUSTIFICATION OF
REQUEST**

There is currently no Office of Quality Assurance to maintain the required Quality Management Plan (QMP), evaluate QA processes for field, laboratory or program data collection activities or consistently provide independent review and approval of Quality Assurance Project Plans (QAPPs) as required by Federal grant commitments. To meet the requirements of U.S. Environmental Protection Agency (EPA) Policy Directive FEM-2012-02, "Policy to Assure the Competency of Organizations Generating Environmental Measurement Data under Agency-Funded Assistance Agreements", the Agency must demonstrate and maintain quality assurance (QA) competency for work conducted by the South Carolina Department of Health and Environmental Control (S.C. DHEC) under EPA-funded grants, such as Clean Water Act §106 program, 319(h) Nonpoint Source program, Safe Drinking Water Act Public Water System Supervision (PWSS) program, Clean Air Act §105 program, Resource Conservation and Recovery Act (RCRA) Subtitle C program, and Comprehensive Environmental Response, Compensation and Liability Act (CERCLA).

If QA processes and control are determined to be insufficient, there are multiple risks to the Agency and state:

- Loss of ability to collect and certify accuracy of ambient measurements. Repeated or similar and unresolved Findings noted during EPA Audits of environmental programs may result in uncertifiable environmental data, inconsistent with National Program requirements that cannot be used to support critical decisions by DHEC programs and designations made by EPA.
- A Quality System found to be deficient due to staffing or lack of organizational independence may be grounds for challenges to the accuracy or representativeness of data collected and reported to public databases. Any Agency evaluations or decisions based on the field and laboratory measurements would be at risk of being challenged.
- Federal environmental grants may not be awarded, or be reduced. Potentially impacted grants total more than \$7.8 million per fiscal year. Loss of Federal Assistance imperils the existing delegation of the authority from EPA to the State to administer environmental regulations and may result in loss of the primary responsibility to administer national programs in a manner most appropriate to the needs of the state.

In the most recent EPA Technical System Air Monitoring/Lab Audit it was stated "...the findings indicate that the design of SCDHEC's quality system is not sufficient to provide the independence and oversight required for its ambient air monitoring program. Quality assurance (QA) activities are currently being performed largely by the same staff members who help generate the agency's environmental data. Without an independent QA Officer or QA Section, there is no technical authority within the agency to ensure the agency's QAPPs and SOPs (Standard Operating Procedures) are being implemented as written..."

State funding for a dedicated Office of Quality Assurance will help ensure that the Agency continues to meet required QA processes and controls. Such an office, administratively independent of the Programs, is necessary to monitor, maintain, document and improve the existing processes. Such an office will support the protection of the public through upholding the mandates of the Safe Drinking Water Act, the Clean Air Act, and the Clean Water Act as established in the Code of Federal Regulations (CFR).

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

	<p>Significant knowledge and experience in laboratory and field Quality Assurance practice are required for effective oversight of the Quality System and coordination of program activities. The effectiveness of the positions will be magnified through coordination, consistency, and training across designated staff embedded in the programs. The requested staff's activity supports the good business practice of continuous assessment of internal and external data and ensures that Agency decisions are based on good quality data and that Federal requirements for the Quality System and data usability are being met.</p> <p>Method of Calculation: Costs were calculated using the midpoint salary for each band on all position classifications, as well as the Agency average fringe and assessment rates. Operating costs include a standard per employee cost (\$1500) which includes general supplies, software licenses, telephones, rent, insurance, etc. Cost for supplies, travel, etc. are based on industry standard, current state contract pricing, and federal GSA rates.</p> <p>Additional state FTEs are needed because all available FTEs have been assigned to existing programs.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	4 – Form #13293
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Mitigate Public Health Impacts from Mosquito-Borne Disease Through Surveillance
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$489,166 Federal: \$0 Other: \$0 Total: \$489,166
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	5 State FTEs 1 JB40 – Environmental/Health Manager I 4 JB50 – Environmental/Health Manager II
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Please provide the total number of new positions needed for this request.

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"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input checked="" 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"/>	IT Technology/Security related
<input type="checkbox"/>	Consulted DTO during development	
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input checked="" type="checkbox"/>	Government and Citizens	

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

Strategy 1.3: Prevent and control communicable diseases, illnesses and other events of public health importance in South Carolina. **Objective 1.3.1:** Conduct surveillance and investigate reportable conditions to reduce morbidity and prevent outbreaks.

Advancing the Objective: Though epidemiological surveillance is essential for understanding arbovirus disease burden, utilizing human case surveillance by itself is insufficient for predicting outbreaks. Arbovirus outbreaks can develop quickly, with the majority of human cases occurring over a few weeks during the peak of transmission. The time from human infection to onset of symptoms, to diagnosis and reporting can be several weeks or longer. As a result, human arbovirus case reports lag well behind the transmission from mosquitoes that initiated the infection. By monitoring arbovirus infection prevalence in mosquito vectors and incidence in non-human vertebrate hosts, and comparing these indices to historical environmental and epidemiological surveillance data, conditions associated with increasing human risk can be detected 2-4 weeks in advance of human disease onset. This provides additional lead time for critical vector control interventions and public education programs to be put in place sooner. Mosquito control in the United States will assume a more critical public health function - well beyond its quality of life role. While these diseases may sound exotic and foreign, globalization and modern day travel are making U.S communities more vulnerable to these diseases and associated health care costs every day.

**ACCOUNTABILITY
OF FUNDS**

Evaluation of funding: Reduction in health care costs. Staples et al. (2014) “estimated initial hospital and lost-productivity costs from 80 patients hospitalized with WNV disease in Colorado during 2003; 38 of these patients were followed for 5 years to determine long-term medical and lost-productivity costs. Initial costs were highest for patients with Acute Flaccid Paralysis (AFP) (median \$25,117; range \$5,385–\$283,381) and encephalitis (median \$20,105; range \$3,965–\$324,167). Long-term costs were highest for patients with AFP (median \$22,628; range \$624–\$439,945) and meningitis (median \$10,556; range \$0–\$260,748). Extrapolating from this small cohort to national surveillance data, [Staples et al. (2014)] estimated the total cumulative costs of reported WNV hospitalized cases from 1999 through 2012 to be \$778 million (95% confidence interval \$673 million–\$1.01 billion).”

Staples JE, Shankar MB, Sejvar JJ, Meltzer MI, Fischer M. Initial and Long-Term Costs of Patients Hospitalized with West Nile Virus Disease. *The American Journal of Tropical Medicine and Hygiene*. 2014;90(3):402-409. doi:10.4269/ajtmh.13-0206.

Zika virus infection during pregnancy is a cause of microcephaly. In 2016, “CDC Director Frieden said the lifetime cost of care for a microcephalic child would be somewhere between \$1 million and \$10 million. [Most of the cost] would require the intervention of either private insurance or the public health care system. Many of these children would probably be institutionalized for at least part of their lives. ... If just 13,000 babies are born in the U.S. with this disability or to women who migrated here for better medical treatment, the cost of keeping them alive and providing for their lifetime care could range from \$13 billion to as much as \$130 billion.”

What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

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

RECIPIENTS OF FUNDS	<p>Employee funding (personnel costs) as well as vendors (supply purchases). Competitive process or existing state contracts (computers or supplies) will be employed.</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?

JUSTIFICATION OF REQUEST	<p>The emergence and spread of West Nile Virus was the first in a series of exotic diseases imported due to the worldwide increase in eco-tourism and international air travel. Chikungunya, dengue fever, Japanese encephalitis, Mayaro, Rift Valley fever, Yellow fever, and Zika viruses have made resurgences in the western hemisphere. Public health officials at all levels are becoming increasingly concerned. Mosquito control in the United States will assume a more critical public health function - well beyond its quality of life role. While these diseases may sound exotic and foreign, globalization and modern day travel are making U.S communities more vulnerable to these diseases and associated health care costs every day.</p> <p>Mosquito-borne disease surveillance has been conducted every year by SC DHEC since 1996 (except 1999). Since then, ten viruses have been detected in South Carolina mosquitoes: Cache Valley, Eastern equine encephalitis, Flanders, Jamestown Canyon, Keystone, Potosi, South River, St. Louis encephalitis, Tensaw, and West Nile viruses. Six of these ten are known to cause human disease and/or possible birth defects. West Nile virus and eastern equine encephalitis are endemic in the state.</p> <p>West Nile and Eastern equine encephalitis viruses were detected in 97 humans, 472 birds, 398 animals, and 318 mosquito samples from 2002 to 14 July 2017. Mosquito-borne diseases can impact human health, animal health, tourism, outdoor recreation and fitness, and even natural disaster recovery efforts. When communities do not have adequate protective programs, people, businesses, governments, and pets are all at risk.</p> <p>The key to managing potential disease outbreaks is to first have a surveillance system in place so that professionals know the mosquito species that may spread diseases. Young and adult mosquitoes can be better and more safely controlled by using the safest insecticide matched to the mosquito species.</p> <p>The economic impact of tourism is vital for South Carolina. A vibrant travel and hospitality economy depends on the good will of tourists and their enjoyment of camping, parks, and other outdoor activities. Mosquitoes and the potential diseases they spread not only get in the way of positive outdoor experiences for travelers, but they threaten human health and are expensive to treat. Travelers spent more than \$12.5 billion in South Carolina during 2015. Tourism directly supported 120,500 jobs and earned travel-supported employees \$2.3 billion. Tourism directly generated over \$1.8 billion in tax revenue for federal, state and local governments in 2015. The top three counties that received the most tourism dollars included Horry County (\$3.9 billion), Charleston County (\$2.2 billion), and Beaufort County (\$1.3 billion).</p> <p style="text-align: center;"><small>United States Travel Association. The Economic Impact of Travel on South Carolina Counties 2015: A Study Prepared for the South Carolina Department of Parks, Recreation & Tourism. Washington, D.C.: United States Travel Association; September 2016.</small></p> <p>Floods, hurricanes, and other water-related disasters cost lives and devastate communities. A serious threat to human health and local economies can build quietly</p>
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AGENCY NAME:

SC Department of Health and Environmental Control

AGENCY CODE:

J040

SECTION:

34

as the mosquito population increases after flooding, potentially increasing the risk of exposing humans and animals to diseases, and hindering recovery and cleanup activities. Filth and debris left by a flood create excellent breeding conditions for mosquitoes, especially those that transmit West Nile virus.

This request includes 5 additional state FTEs. These positions would assist in identifying and pooling mosquitoes, entering and analyzing data, disseminating reports, managing purchase requisitions and budget, maintaining lab equipment, conducting environmental surveillance, and providing logistical support for surveillance activities. The positions also include vector specialists who are a select group of sanitarians from the county environmental health departments that have undergone special vector training. Vector specialists perform routine mosquito surveillance, as well as performing mosquito and environmental surveillance following arbovirus cases in birds, humans, or animals. They may also be called upon for special duties such as door-to-door mosquito surveillance and public education or being the regional go-to person for technical advice or responding to media.

Anticipated impact, if left unfunded:

1. Higher amplification of the mosquito-borne pathogen in reservoir hosts and mosquitoes
2. Increased potential for an outbreak
3. Increased number of human cases, including potential birth defects
4. Increased mosquito-borne disease-related deaths
5. Higher state-funded health costs

Method of Calculation: Costs were calculated using the midpoint salary for each band on all position classifications, as well as the Agency average fringe and assessment rates. Operating costs include a standard per employee cost (\$1500) which includes general supplies, software licenses, telephones, rent, insurance, etc. Cost for supplies, travel, etc. are based on industry standard, current state contract pricing and federal GSA rates.

Additional state FTEs are needed because all available FTEs have been assigned to existing programs.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	5 – Form #13294
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Cancer Screenings: Best Chance Network and Colorectal Cancer Prevention Network
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$1,000,000 Federal: 0 Other: 0 Total: \$1,000,000
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	None
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Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience
	<input checked="" type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input checked="" 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"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

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

ACCOUNTABILITY OF FUNDS	<p>1.2.2: Strengthen cancer prevention and control efforts by collaborating with key stakeholders and increasing screening for breast and cervical cancer.</p> <p>This request advances this objective by increasing breast and cervical cancer screenings, and by coordinating with stakeholders on other cancer-related efforts. Evaluation of this request can be measured by the proportion of women at least 50 years old who receive a mammogram through the Best Chance Network. The effectiveness of the Colorectal Cancer Prevention Network is determined by the number of screenings provided and services rendered for people living in rural counties. Further, both the Best Chance Network and Colorectal Cancer Prevention Network programs are required to report to the federal funder (CDC), any amount of state and other funds received that enhance the work associated with the federal funds.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>\$500,000 would be directed to the breast and cervical cancer screening program at DHEC, Best Chance Network (BCN). These funds provide direct payments to contractors (health care providers, labs, radiologist, mammography) providing screening and diagnostic services to SC women at a negotiated rate.</p> <p>\$500,000 would also be directed to the Colorectal Cancer Prevention Network (CCPN) of the Center for Colon Research at the University of South Carolina to undertake colon cancer screening for uninsured and medically underserved persons. The CCPN will provide direct payment will go to providers for direct screening, patient education and to direct program management (including staff and provider education and training).</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 on predetermined eligibility criteria?

JUSTIFICATION OF REQUEST	<p>DHEC - Best Chance Network (\$500,000): Women without access to health care coverage have lower breast and cervical cancer screening rates, are more likely to be diagnosed with late stage cancers and have lower rates of cancer survival. In 2016 in SC: Only 42.1% of uninsured women (age 40 and older) have received a mammogram in the past two years, compared to 74.2 percent of insured women. Likewise, only 59.4% of uninsured women (21 to 65 years of age) have received a Pap test in the past three years, compared to 76.8% of insured women (BRFSS 2016).</p> <p>Providing women access to cancer screening and early detection services can be a matter of life or death for all women in the United States, but it is even more critical for low-income and uninsured women who are at greater risk of being diagnosed at a later stage. In South Carolina over 700 women die each year from breast cancer (ACS 2017).</p> <p>The Best Chance Network (BCN) screened almost 12,000 women last fiscal year. Federal funding supports the infrastructure to allow for all state funding to go directly to paying providers for breast or cervical cancer screening and follow-up services.</p>
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The program is able to support screening for at least an additional 2,500 women without additional staff. All state monies are going directly to providers for screening and follow up diagnostic services. In South Carolina, state appropriations for cancer programs are less than 33% of the CDC award which gave the state an F on the latest cancer report card.

The minimum estimated cost savings for women's breast cancer screening is \$30,000 per year of lives saved. In one year that equates to a minimum of \$1.5 million when screening 2,500 women. The estimated average cost for clinical services for one woman through BCN is only \$209.

South Carolina's need continues to increase as the federal poverty level for eligibility is increasing from 200% to 250% and the screening age for cervical cancer has decreased in the past several years. Over 156,000 women in FY 2018 are eligible for screening through BCN. This program can screen around 8-10% of eligible women, which is comparable to other states.

As the eligibility changes are increasing the screening population, additional funding is needed to serve the bigger need. \$500,000 in state funding would result in over 2,500 more women screened for breast and cervical cancer. This means at least 50 women would get the follow-up services they need and most of them would ultimately be diagnosed with cancer.

USC Colon Cancer Prevention Network (\$500,000):

Colorectal cancer is the second leading cause of cancer death for both men and women in the United States. Each year in SC, 2,200 new people will be diagnosed with the disease and more than 800 will die from the disease. Statistics show the medically underserved has a higher incidence and lower survival rates from colorectal cancer diagnosis. In addition, African American and rural populations are at high-risk for developing colorectal cancer.

Through the CCPN, the Center for Colon Cancer Research at USC is working to reduce the morbidity rate from colorectal cancer in South Carolina. The state-wide program provides screening colonoscopy to the uninsured medically underserved populations of South Carolina. The requested state funding will be used to provide services to men and women who aren't eligible for other state or federal coverage parameters.

By providing \$500,000 in recurring funding to the CCPN program, an estimated additional 600-1,000 persons will be screened for colorectal cancer annually, and will be followed-up appropriately each year in the state. The average cost per patient is \$1,042 for colonoscopy and \$150 for fecal immunochemical testing. It is estimated that of the patients screened during 2014-2016, 47 patients were identified with advance lesions or cancer that required specialize services. Of those, all received treatment through hospital foundation programs and in-kind contributions from specialists who waived their fees. These costs are estimated at \$10,000,000 based on self-pay cost. Importantly, patients diagnosed at stage 0 and 1, often received their treatment during the screening, with the immediate removal of the lesions. Stage 2-3 patients rely solely on the partnerships and collaborations that the CCPN staff has

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

	developed to received treatment care, as they are unable to access Medicaid. Stage 4 patients can apply for Medicaid in SC.
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	6 – Form #13295 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Groundwater Quantity Permitting and Planning <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$192,461 Federal: \$0 Other: \$ 0 Total: \$192,461 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	2 State FTEs 2 LC20 – Geologist/Hydrologist II <i>Please provide the total number of new positions needed for this request.</i>
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FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply: <table border="1" style="width: 100%;"> <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>Change in case load/enrollment under existing program guidelines</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated change in eligibility/enrollment for existing program</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Non-mandated program change in service levels or areas</td></tr> <tr><td><input type="checkbox"/></td><td>Proposed establishment of a new program or initiative</td></tr> <tr><td><input checked="" 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>IT Technology/Security related</td></tr> <tr><td><input type="checkbox"/></td><td>Consulted DTO during development</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Related to a Non-Recurring request – If so, Priority # <u>7</u></td></tr> </table>	<input type="checkbox"/>	Change in cost of providing current services to existing program audience	<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program	<input checked="" type="checkbox"/>	Non-mandated program change in service levels or areas	<input type="checkbox"/>	Proposed establishment of a new program or initiative	<input checked="" 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"/>	IT Technology/Security related	<input type="checkbox"/>	Consulted DTO during development	<input checked="" type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # <u>7</u>
<input type="checkbox"/>	Change in cost of providing current services to existing program audience																				
<input type="checkbox"/>	Change in case load/enrollment under existing program guidelines																				
<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program																				
<input checked="" type="checkbox"/>	Non-mandated program change in service levels or areas																				
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<input type="checkbox"/>	Exhaustion of fund balances previously used to support program																				
<input type="checkbox"/>	IT Technology/Security related																				
<input type="checkbox"/>	Consulted DTO during development																				
<input checked="" type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # <u>7</u>																				

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective: <table border="1" style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Education, Training, and Human Development</td></tr> <tr><td><input type="checkbox"/></td><td>Healthy and Safe Families</td></tr> <tr><td><input type="checkbox"/></td><td>Maintaining Safety, Integrity, and Security</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Public Infrastructure and Economic Development</td></tr> <tr><td><input type="checkbox"/></td><td>Government and Citizens</td></tr> </table>	<input type="checkbox"/>	Education, Training, and Human Development	<input type="checkbox"/>	Healthy and Safe Families	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development	<input type="checkbox"/>	Government and Citizens
<input type="checkbox"/>	Education, Training, and Human Development										
<input type="checkbox"/>	Healthy and Safe Families										
<input type="checkbox"/>	Maintaining Safety, Integrity, and Security										
<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development										
<input type="checkbox"/>	Government and Citizens										

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

ACCOUNTABILITY OF FUNDS	<p>2.4.1 – Review permit applications and issue permits for water-related activities including wastewater discharges from industrial and domestic sources, stormwater, drinking water, water quantity, and wetlands.</p> <p>These funds will be used to sustain the implementation described in this objective for groundwater quantity. Funding and two additional FTEs will relieve the strain placed on current staff from an increase in manufacturing industries and agricultural operations statewide. The use of these funds would be evaluated by the additional efficiency of the program and decreased permit review time as well as the ability to work closer with our customers.</p>
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>All funding will be utilized by the Agency. Funds will be used for 2 new FTEs in the groundwater quantity permitting program. These funds will be budgeted into personnel and drawn down on a bimonthly monthly basis through payroll.</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?

JUSTIFICATION OF REQUEST	<p>To help ensure the sustainability of groundwater resources, capacity use areas have been established where agricultural, industrial and municipal facilities are permitted to withdraw groundwater for their use. The permitting process allows limits to be set on the amount of groundwater to protect groundwater supplies.</p> <p>Currently, South Carolina has 339 permitted facilities, such as water suppliers, industry, and agriculture (1142 wells) in four existing capacity use areas. Two capacity use permitting staff cover all of these permitted facilities. Staff overseeing this number of facilities do not have adequate time to assist with increasingly complex water quantity planning issues, assess data, perform compliance audits, or participate in in-depth stakeholder processes. Additional resources are needed to properly manage the complexities of current groundwater quantity planning and permitting.</p> <p>In order to meet the demand of future challenges for groundwater resource sustainability, it is requested that funding be provided for 2 new FTEs (2 Hydrologist IIs). These two critical positions would be involved in the technical evaluation of groundwater permitting and planning (implementing new models, analyzing historical data, identifying data gaps and associated field work with the monitoring network). In addition, both would be heavily involved with the stakeholder processes and cultivating the on-going relationship with all entities involved.</p> <p>These new positions would also reduce the number of permitted facilities assigned to each staff member to approximately 85 each. This would allow more field presence by DHEC staff to accommodate needs in the 15 counties that are currently in capacity use areas, as well as allowing for future growth across the state. Additional staff will allow more data to be collected, permits reviewed more carefully and quickly, and reporting established to allow the agency to become more proactive as opposed to reactive in regards to water quantity planning.</p>
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AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

Inadequate staff levels severely limit the Agency's ability to properly monitor and permit water quantity in the state. If left unfunded, given SC's current growth rate and increased water demand, there is a high potential for future water shortages, which impacts major components of SC's economy.

Costs were calculated using the midpoint salary for each band on all position classifications, as well as the Agency average fringe and assessment rates. Operating costs include a standard per employee cost (\$1500) which includes general supplies, software licenses, telephones, rent, insurance, etc. Computers, vehicles and other items are included at the current state contract pricing.

Additional state FTEs are needed because all available FTEs have been assigned to existing programs.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	8 – Form #13297
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Protection of Groundwater from Petroleum Contamination
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$250,000 Federal: \$0 Other: \$0 Total: \$250,000
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	None
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Please provide the total number of new positions needed for this request.

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"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input checked="" 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"/>	IT Technology/Security related
	<input checked="" type="checkbox"/>	Consulted DTO during development
	<input checked="" type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # <u>9</u>

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

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

ACCOUNTABILITY OF FUNDS	<p>This request is associated with the following Agency objective:</p> <p>2.3.2 - Oversee the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, underground storage tanks, and brownfield sites.</p> <p>This request will provide funding for the cleanup and/or closure of orphaned unregulated petroleum sites. Success will be measured by the cumulative total number of orphaned unregulated petroleum site cleanups/closures.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>These funds would be managed by the UST Management Division and would be directed to contractors using a competitive bid process and rate schedules established for specific site rehabilitation services.</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?

JUSTIFICATION OF REQUEST	<p>Petroleum releases from unregulated petroleum sources (primarily) from above-ground storage tank systems (ASTs) are a significant potential source of drinking water and soil contamination, particularly in rural areas. Both federal cleanup funds and funds from the State Underground Petroleum Environmental Response Bank (SUPERB) are <u>specifically prohibited</u> from being directed towards these items, leaving DHEC with no available funding source to assess or clean up this source of pollution. A dedicated funding stream is needed to address these issues.</p> <p>Over the years, DHEC has determined that the average cost of cleanup for petroleum releases is \$119,524 per site. Recurring funding at the rate of \$250,000 per year will allow DHEC, using private contractors, to make measurable assessment and cleanup progress at these sites. Funding would make possible the assessment and cleanup of petroleum releases from ASTs or other unregulated sources where the responsible party is unwilling or unable to do so. These efforts would minimize or eliminate threats to drinking water sources, groundwater, surface water bodies, and the environment.</p> <p>Without the ability to perform this work, groundwater resources used for drinking water are in jeopardy from orphaned UST systems and AST systems that are unregulated by the state but that provide a source of contamination that can impact residents in vulnerable rural counties.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J04	SECTION:	34

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	10 – Form #13299 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Rural Water Partnerships to Improve Wastewater Infrastructure <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	General: \$484,154 Federal: \$0 Other: \$ 0 Total: \$484,154 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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NEW POSITIONS	Six State FTEs 6 JB40 – Environmental/Health Manager I <i>Please provide the total number of new positions needed for this request.</i>
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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"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/>	Non-mandated program change in service levels or areas
	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative
	<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"/>	IT Technology/Security related
	<input checked="" type="checkbox"/>	Consulted DTO during development
<input checked="" type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # <u>11</u>	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J04	SECTION:	34

ACCOUNTABILITY OF FUNDS	<p>This funding request supports agency Objective 2.4.2, “Implement and enforce strategies to protect and promote water quality” by “conduct(ing) compliance assistance and assurance through routine monitoring and inspections and enforcement for water programs.”</p> <p>Aging infrastructure at wastewater treatment plants and satellite sewer collection systems is a national issue. These infrastructure issues can lead to upsets – exceptional conditions or disruptions – that increase public health risks in local communities and deter economic development. DHEC will conduct infrastructure evaluations and its Office of Rural Water will be the lead partner with systems to resolve issues. Funds will be evaluated by the performance measures, tracking on an annual basis:</p> <ol style="list-style-type: none"> 1. percent of collection systems evaluated on an annual basis; 2. percent of operation and maintenance evaluations at wastewater treatment plants; 3. percent of issues brought forward resolved; and 4. percent of facilities awarded/loaned from SRF or other funds to assist in fixing infrastructure issues.
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>All funds would be utilized by the agency. Funds would be used to support six Environmental Health Manager positions at DHEC. These funds would cover personnel costs, field and office equipment (ipads, vehicle, fuel, phones). Computers, iPads, phones and vehicles will be purchased through vendors using the competitive process or existing state contracts (computers or supplies).</p>
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:

SC Department of Health and Environmental Control

AGENCY CODE:

J04

SECTION:

34

**JUSTIFICATION OF
REQUEST**

Nearly 166 billion gallons of treated water are discharged annually from wastewater treatment plants. Significant portions of SC's sewer systems are approaching 40-50 years old or more. Many of these systems are in poor condition due to improper operation and maintenance and infrastructure that is used past its life expectancy. As the population increases, expanded sewer networks add to the already aging centralized treatment and conveyance systems. Additionally, inadequate sewer system capacity and inflow/infiltration of groundwater into sewer systems due to damaged infrastructure leads to upsets and polluted discharges resulting in exposure to unsanitary conditions and, as a result, negative public health issues.

Rural communities can be especially impacted. Inadequate infrastructure may deter industries from locating in South Carolina. Such facilities may decide to move to a location with better infrastructure or shift to constructing their own wastewater treatment system, resulting in the cost of production for industrial facilities increasing.

This funding would support the implementation of an initiative to respond to those wastewater infrastructure issues by evaluating all wastewater treatment systems annually and 25 percent of all collection systems annually. DHEC's Office of Rural Water will partner with systems to:

- create plans to resolve issues with short- and long-term goals,
- educate facilities on grants and loans available to assist in the development of reliable infrastructure and build capacity for economic growth, and
- use established partnerships with the SC Rural Water Association, SC Department of Commerce and SC Rural Infrastructure Authority to offer technical and financial assistance when available.

Should this request not be funded, resulting impacts could include:

- System failures could go undetected for a longer period of time, exposing people in nearby communities to unsanitary conditions that can lead to water-borne disease and other adverse health effects.
- Industry location/relocation: Rural areas with poor infrastructure may not be able to support industry or new development.
- Collection facilities will continue to be inspected based on complaints only.
- Compliance issues with aging systems. Longer, more complex enforcement process and delayed opportunities to partner with stakeholders.
- Increased constituent complaints.

Method of calculation:

The need for six FTEs was based on the number of evaluations and the average amount of time to conduct an evaluation and provide compliance assistance at wastewater treatment plants and collection systems. Actual costs were calculated using the mid-point salary for each band on all position classifications, as well as the agency average fringe and assessment rates. Operating costs include a standard per employee cost (\$1,500), which includes general supplies, software licenses, telephones, rent, insurance, etc. Cost for additional supplies, travel, etc. are based on industry standards, current contract pricing and/or federal GSA rates.

Additional state FTEs are needed because all available FTEs have been assigned to existing programs.

AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J04	SECTION:	34

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	12 – Form #13301
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Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Earned Authorization Increase: Ryan White ADAP Pharmaceutical Rebate
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Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$0 Other: \$20,000,000 (Authorization increase only) Total: \$20,000,000
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What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0
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Please provide the total number of new positions needed for this request.

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 checked="" type="checkbox"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<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"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # _____	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

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

ACCOUNTABILITY OF FUNDS	<p>Objective 1.3.2: Conduct STD and HIV testing, treatment, and partner services.</p> <p>The additional authorization would allow the Agency to readily expend existing funds specified for HIV testing, treatment and partner services. These efforts are tracked through existing Agency public health reporting.</p>
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>The Agency must utilize these funds in support of HIV-related health care services. Funds will be spent with contractors and vendors following existing state contracts or those procured under state procurement code.</p> <p>Note that this request is for additional authorization ONLY and is not a request for funding from the state.</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?

JUSTIFICATION OF REQUEST	<p>The Ryan White AIDS Drug Assistance Program (ADAP) requires that states ensure that any drug rebates received on drugs purchased from federal funds provided pursuant to Title XXVA-HIV Health Care Services Program 1,2 Part A – Emergency Relief for Areas with Substantial Needs for Services Section 2616 [300ff-26]. Provision of Treatments is applied to activities supported under this subpart, with priority given to activities described under this section.</p> <p>In FY 15, the annual level of funding was \$23M and the annual level of rebates was \$18M. In March 2016, clear guidance was given on the appropriate use of pharmaceutical rebates. Federal grantors directed the Agency to expend rebate funds prior to utilizing federal funds. The Agency was also given the ultimate deadline of 2019 for spending the accumulated prior rebate balance of \$19M. This is in addition to the annual rebate amount that the Agency receives and spends.</p> <p>These rebates must be budgeted and expended against the Agency's earmarked authorization levels. The Agency has not increased its earmarked authorization levels for several years. However, with the growth of the Ryan White ADAP –Drug Rebate Program, it is becoming more difficult to manage agency expenses within the current limits. An increase in spending authorization will enable to agency to process the receipt and expenditure of these rebates more quickly. If the Agency is unable to spend the rebate funding in the time allocated, we may run the risk of losing Ryan White federal funds totaling \$23M annually.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

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

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	7 – Form #13296 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Groundwater Quantity Permitting and Planning <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$106,354 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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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"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input checked="" 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"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	<input checked="" type="checkbox"/>	Request for Non-Recurring Appropriations
<input type="checkbox"/>	Request for Federal/Other Authorization to spend existing funding	
<input checked="" type="checkbox"/>	Related to a Recurring request – If so, Priority # <u>6</u>	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	2.4.1 – Review permit applications and issue permits for water-related activities including wastewater discharges from industrial and domestic sources, stormwater, drinking water, water quantity, and wetlands.
	These funds will be used to sustain the implementation described in this objective for groundwater quantity. Funding would be used to cover operational cost of two new FTEs, furniture, IT equipment, supplies and a vehicle. The use of these funds would be evaluated by the additional efficiency of the program and decreased permit review time as well as the ability to work closer with our customers. <i>What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?</i>

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

RECIPIENTS OF FUNDS	<p>All funds will be utilized by the agency to cover the operational costs of adding two positions. This includes the purchase of furniture, IT equipment and a vehicle utilizing state contract vendors.</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?

JUSTIFICATION OF REQUEST	<p>To help ensure the sustainability of groundwater resources, capacity use areas have been established where agricultural, industrial and municipal facilities are permitted to withdraw groundwater. The permitting process allows limits to be set on withdrawals to protect groundwater supplies.</p> <p>Currently, South Carolina has 339 permitted facilities, such as water suppliers, industry, and agriculture (1,142 wells) in four existing capacity use areas. Two capacity use permitting staff cover all of these facilities. Staff overseeing this number of facilities do not have adequate time to assist with increasingly complex water quantity planning issues, assess data, perform compliance audits, or participate in in-depth stakeholder processes. Additional resources are needed to properly manage the complexities of current groundwater quantity planning and permitting.</p> <p>In order to meet the demand of future challenges for groundwater resource sustainability, it is requested that funding be provided for two new FTEs (2 Hydrologist IIs). There are no additional vacancies within the Bureau of Water that could be used to fulfill this request.</p> <p>These two critical positions would be involved in the technical evaluation of groundwater permitting and planning (implementing new models, analyzing historical data, identifying data gaps and associated field work with the monitoring network). In addition, both would be heavily involved with the stakeholder processes and cultivating the on-going relationship with all entities involved.</p> <p>These new positions would also reduce the number of permitted facilities assigned to each staff member to approximately 85 each. This would allow more field presence by DHEC staff to accommodate needs in the 15 counties that are currently in capacity use areas, as well as allow for future growth across the state. Additional staff will allow more data to be collected, permits to be reviewed more carefully and quickly, and reporting to be established so the agency can become more proactive as opposed to reactive in regards to water quantity planning.</p> <p>Inadequate staff levels severely limit the agency’s ability to properly monitor and permit water quantity in the state. If left unfunded, given SC’s current growth rate and increased water demand, there is a high potential for future water shortages, which impacts major components of SC’s economy.</p> <p>Computers, vehicles and other operating costs are included at the current state contract pricing.</p>
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AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. Does this non-recurring appropriation request create an annualization or need for recurring funds?

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

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	9 – Form #13298 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Preventing Petroleum Contamination <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$291,000 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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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"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input type="checkbox"/>	Non-mandated program change in service levels or areas
	<input type="checkbox"/>	Proposed establishment of a new program or initiative
	<input checked="" 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"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	<input checked="" type="checkbox"/>	Request for Non-Recurring Appropriations
<input type="checkbox"/>	Request for Federal/Other Authorization to spend existing funding	
<input checked="" type="checkbox"/>	Related to a Recurring request – If so, Priority # <u>8</u>	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>Objective 2.3.4 – Oversee the investigation, remediation, and clean-up of contamination from Superfund, dry-cleaning, above-ground storage tanks, underground storage tanks, and brownfield sites.</p> <p>South Carolina Underground Storage Tank Regulations require owners of operating underground storage tank systems (USTs) to either upgrade equipment to meet certain design criteria or to permanently close USTs before December 23, 1998. Most facilities complied with the requirements before the deadline; however, there is a small population of tank owners who did not comply. The UST Management Division continues to pursue closure of many of these facilities through the enforcement and legal process but, efforts have proven unsuccessful for some facilities due to non-viable or deceased tank or property owners. These tanks are considered abandoned or</p>
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AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

“orphaned” and many contain fuel/water mixtures that continue to pose a threat to human health and the environment. Some of these USTs have already caused a petroleum release to the environment and may adversely affect rural drinking water wells.

This funding will allow DHEC to remove or properly abandon (filling them in-place with an inert material) 32 out of compliance orphan USTs at 9 separate facilities and thus eliminate the potential for their continued (or future) release to the environment.

The cumulative number of orphan tanks removed will be a measure of success.

What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

Agency staff would utilize UST program certified contractors to perform the closure activities to ensure that costs are reduced and activities are closely monitored.

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?

JUSTIFICATION OF REQUEST

Petroleum releases from abandoned, or “orphaned,” underground storage tanks (USTs) are a significant potential source of drinking water and soil contamination, particularly in rural areas. Both federal cleanup funds and funds from the State Underground Petroleum Environmental Response Bank (SUPERB) are specifically prohibited from being directed toward removal of USTs, leaving DHEC with no available funding source to assess or clean up this pollution source.

A dedicated funding stream is needed to remove orphaned USTs. This funding will allow the program to address orphaned USTs where tank or land owners are non-viable or deceased. The Agency will permanently close 32 USTs at 9 separate facilities by removing them from the ground or by filling them in-place with an inert material. Agency staff would utilize UST program certified contractors to perform the closure activities to ensure that costs are reduced and activities are closely monitored.

Without the ability to perform this work, groundwater resources used for drinking water are in jeopardy from orphaned UST systems. Petroleum contamination can adversely impact drinking water and residents in vulnerable rural counties.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. Does this non-recurring appropriation request create an annualization or need for recurring funds?

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

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	11 – Form #13300 <i>Provide the Agency Priority Ranking from the Executive Summary.</i>
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TITLE	Rural Water Partnerships to Improve Wastewater Infrastructure <i>Provide a brief, descriptive title for this request.</i>
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AMOUNT	\$194,202 <i>What is the net change in requested appropriations for FY 2018-19? This amount should correspond to the total for all funding sources on the Executive Summary.</i>
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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"/>	Change in case load/enrollment under existing program guidelines
	<input type="checkbox"/>	Non-mandated change in eligibility/enrollment for existing program
	<input checked="" type="checkbox"/>	Non-mandated program change in service levels or areas
	<input checked="" type="checkbox"/>	Proposed establishment of a new program or initiative
	<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"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
<input checked="" type="checkbox"/>	Request for Non-Recurring Appropriations	
<input type="checkbox"/>	Request for Federal/Other Authorization to spend existing funding	
<input checked="" type="checkbox"/>	Related to a Recurring request – If so, Priority # <u>10</u>	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input type="checkbox"/>	Healthy and Safe Families
	<input checked="" type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input checked="" type="checkbox"/>	Public Infrastructure and Economic Development
<input type="checkbox"/>	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>This funding request supports Agency Objective 2.4.2, “Implement and enforce strategies to protect and promote water quality” by “conduct(ing) compliance assistance and assurance through routine monitoring and inspections and enforcement for water programs.”</p> <p>Aging infrastructure at wastewater treatment plants and satellite sewer collection systems is a national issue. These infrastructure issues can lead to upsets that increase public health risks in local communities and deter economic development. DHEC will conduct infrastructure evaluations and their Office of Rural Water will be the lead partner with systems to resolve issues. Evaluation will be based on the following performance measures and tracked on an annual basis:</p> <ol style="list-style-type: none"> percentage of collection systems evaluated;
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AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

	<ol style="list-style-type: none"> 2. percentage of operation and maintenance evaluations at wastewater treatment plants; 3. percentage of issues brought forward and resolved; and 4. percentage of facilities awarded/loaned from SRF or other funds to assist in fixing infrastructure issues.
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>All funds would be utilized by the Agency. Funds would be used to support six Environmental Health Manager positions at DHEC. These funds would cover field and office equipment (iPads, vehicle, fuel, phones). Computers, iPads, phones and vehicle will be purchased through vendors using the competitive process or existing state contracts (computers or supplies).</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?

JUSTIFICATION OF REQUEST	<p>Nearly 166 billion gallons of treated water is discharged annually from wastewater treatment plants. Significant portions of S.C.'s sewer systems are approaching 40-50 years old or greater. Many of these systems are in poor condition due to improper operation and maintenance, and use of infrastructure past its life expectancy. As the population increases, expanded sewer networks add to the already aging centralized treatment and conveyance systems. Additionally, damaged infrastructure can contribute to inadequate sewer system capacity and inflow/infiltration of groundwater into sewer systems. This leads to upsets and polluted discharges resulting in exposure to unsanitary conditions and negative public health issues.</p> <p>Rural communities can be especially impacted. Inadequate infrastructure may deter industries from locating in South Carolina. Such facilities may decide to move to a location with better infrastructure or shift to constructing their own wastewater treatment system, causing an increase in the cost of production for industrial facilities. This funding request is to implement an initiative to respond to those wastewater infrastructure issues by evaluating, on an annual basis, all wastewater treatment systems and 25% of collection systems. DHEC's Office of Rural Water will partner with systems to:</p> <ul style="list-style-type: none"> • create plans to resolve issues with short- and long-term goals, • educate facilities on grants and loans available to assist in the development of reliable infrastructure and build capacity for economic growth, and • educate facilities on grants and loans available to assist in the development of reliable infrastructure and build capacity for economic growth, use established partnerships with the SC Rural Water Association, SC Department of Commerce and SC Rural Infrastructure Authority to offer technical and financial assistance when available. <p>Impacts if not funded:</p> <ul style="list-style-type: none"> • System failures go undetected for a longer period of time, exposing people in nearby communities to unsanitary conditions that can lead to waterborne disease and other adverse health effects.
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AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

	<ul style="list-style-type: none"> • Industry location/relocation: rural areas with poor infrastructure may not be able to support industry or new development. • Collection facilities will continue to be inspected based on complaints only. • Compliance issues with aging systems. Longer, more complex enforcement process and delayed opportunities to partner with stakeholders. • Increased constituent complaints. <p>Method of calculation: The need for six FTEs was based on the number of evaluations and the average amount of time to conduct an evaluation and provide compliance assistance at wastewater treatment plants and collection systems. Costs for specific supplies (furniture, computers, iPads, vehicles, etc) are based on industry standard and current contract pricing.</p>
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Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. Does this non-recurring appropriation request create an annualization or need for recurring funds?

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

FORM D – PROVISO REVISION REQUEST

NUMBER	34.42
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Cite the proviso according to the renumbered list for FY 2018-19 (or mark "NEW").

TITLE	DHEC: Tuberculosis Outbreak
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Provide the title from the FY 2017-18 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	II. E. Family Health 1. Infectious Disease Prevention
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Identify the associated budget program(s) by name and budget section.

RELATED BUDGET REQUEST	None
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Is this request associated with a budget request you have submitted for FY 2018-19? 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 & EXPLANATION	<p>Proviso 34.42 DHEC Tuberculosis Outbreak subsection A establishes that DHEC may use any available funds to support tuberculosis (TB) outbreak investigations, management and containment. Subsection B delineates the requirement for community notification of TB outbreaks using the South Carolina Health Alert Network when three specific criteria indicative of active TB disease are present. Subsections C and D describe the required communications with school and daycare leadership when a suspect or confirmed TB case is identified.</p> <p>The Program requests an amendment to subsection B only. This subsection requires the use of the SC Health Alert Network (SC HAN) to notify a community of a TB outbreak investigation. The SC HAN is an electronic system that emails or faxes public health notifications to health care providers who voluntarily sign up for alerts. It is not capable of notifying other community groups. Additionally, an alert to all healthcare providers who are registered in the system is not recommended for every tuberculosis case identified. If over-used, SC HAN alerts become too numerous and non-applicable, decreasing their effectiveness to help in the mitigation of the spread of disease. In 2016, DHEC identified 102 TB cases in the state. This would have resulted in up to 102 SC HAN notifications being sent to health care providers, many of whom do not provide primary care or treat patients with tuberculosis.</p> <p>DHEC's current process for notifications to health care providers and other affected groups during an outbreak includes a variety of means, including in-person meetings; phone calls; notifications through medical associations, community meetings, media</p>
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AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

releases; and others. Using targeted approaches based on the situation allows for the establishment of partnerships, including provision of practice-specific guidance and an opportunity to field questions and concerns. This is consistent with best practices in the field. The SC HAN system will continue to be used when appropriate.

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. 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	None.
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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.

PROPOSED PROVISO TEXT	<p>34.42 (DHEC: Tuberculosis Outbreak) (A) Upon discovery of a tuberculosis outbreak, the Department of Health and Environmental Control may expend any funds available to the agency, for the purpose of surveillance, investigation, containment, and treatment activities related thereto.</p> <p>(B) During an investigation of an index tuberculosis patient, the Department of Health and Environmental Control, through the South Carolina Health Alert Network, must notify the patient's community that a tuberculosis contact investigation is being conducted into the possible exposure to tuberculosis. This subsection only applies if the investigation of the patient has met all of the following criteria:</p> <p>(1) abnormal chest x-rays;</p> <p>(2) positive Acid-Fast Bacilli (AFB) sputum results of individuals testing positive outside of the index patient's family. Upon identification of a tuberculosis outbreak, the Department of Health and Environmental Control will conduct a comprehensive contact investigation and implement control measures consistent with guidance from the Centers for Disease Control and Prevention. As part of the investigation and control of the outbreak, DHEC will alert the appropriate health care providers and community members using the most effective means available.</p> <p>(C) Upon being informed of or having reason to suspect a case of tuberculosis that is capable of transmitting tubercle bacilli at a school or child care center involving a student, teacher, employee, volunteer, or an individual working at the school or child care center for an employer providing services to the school or child care center, the department immediately shall notify:</p> <p>(1) if the case is at a school, the principal, and the Superintendent of the school district if the school is a public school; and</p> <p>(2) if the case is at a child care center, the director of the child care center; and</p> <p>(D) When informing the principal of a school or the director of a child care center about a known or suspected case of tuberculosis that is capable of transmitting tubercle bacilli as provided for in subsection (C), the department</p>
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AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

shall provide:

- (1) an update addressing the:
 - (a) status of the investigation, including the steps the department is taking to identify the source and extent of the exposure and the risks of additional exposure; and
 - (b) steps the school or child care center must take to assist the department in controlling the spread of the tuberculosis infection; and
- (2) information and other resources to distribute to parents and guardians that discuss how to assist the department in identifying and managing the tuberculosis infection.

Paste FY 2017-18 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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

**FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION
CONTINGENCY PLAN**

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
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AMOUNT	\$3,962,116 <i>What is the General Fund 3% reduction amount (minimum based on the FY 2017-18 recurring appropriations)? This amount should correspond to the reduction spreadsheet prepared by EBO.</i>
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ASSOCIATED FTE REDUCTIONS	N/A <i>How many FTEs would be reduced in association with this General Fund reduction?</i>
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PROGRAM/ACTIVITY IMPACT	<p>Administration: <i>Freedom of Information Office:</i> Reduction of \$60,000 (Salary \$43,795 plus Fringe \$16,205). This would eliminate one state funded position. Fee revenue would be used to fund the position in order to continue to provide required services.</p> <p>Health Regulation: <i>Health Licensing and Construction:</i> Operating costs would be shifted to fee income in the amount of \$855,500. This would require a 100% increase in the inspection fees for the facilities served by the program. The program’s total budget is \$4,777,491, of which state funds comprise \$2,142,494. This equates to a 40% reduction to the program’s state funding.</p> <p>Environmental Affairs: <i>Mining Reclamation:</i> Program costs of \$358,528 would be shifted to fees earned by the program. The Mining Regulations would need to be amended to increase mining fees in order to maintain the same level of services currently provided to mine owners and operators. Currently, mining fees average \$124,300 per year. Without increased fees, the program would only be able to permit large or significant mining operations and would have limited ability to respond to citizen inquiries and concerns.</p> <p><i>Water and Sewer Construction Permitting:</i> Program costs of \$141,464 would be shifted to fee income, which would require a fee increase for the entities served by the program. The total program budget is \$408,937 and a reduction of \$141,464 reflects a 100% cut to the state-funded portion. Without a fee increase, permit review times would be extended, delaying infrastructure improvement and economic development across the state.</p> <p><i>Stormwater Permitting:</i> Program costs for stormwater construction, MS4 and industrial stormwater permitting would be shifted to fee income in the amount of \$326,113. This would require a fee increase for the entities served by the program. The program’s total budget is \$1,221,982, of which state funds comprise \$326,113. This equates to a 100%</p>
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AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

reduction to the program's state funding. Without increased fees, the program would experience extended permit review times, which would delay economic development across the state.

Environmental Health Services- Rabies Control: Program costs would be reduced by \$1,114,265 (8%) of the program's total state budget of \$13,546,516. This reduction would eliminate the rabies services provided by the agency and would require counties to pick up the costs of rabies control.

Public Health:

Immunizations: State funds make up \$4,177,002 of the \$10,024,439 total budget. State funds in the amount of \$480,000 (11%) would be reduced. This would eliminate School Located TDaP Vaccine Clinics and reduce the number of locations where select adult vaccines are provided.

Genetics Operating costs of \$104,496 or 100% of the budget will no longer be distributed to the Genetic Centers throughout the state. These centers would need to find other resources to cover uncompensated care.

Newborn Hearing Screenings reduction of \$421,750 (100%) of their state funds. This would eliminate approximately \$171,750 in payments to birthing hospitals for uncompensated care. Current staff would be transferred to other resources within the agency.

Sickle Cell Professional Education will be eliminated \$100,000 (100%). This funding is provided to the Sickle Cell foundations throughout the state to provide professional education to hospital/non-specialty providers in the management and care of individuals with Sickle Cell. Without this funding, the foundations will need to seek other community resources to provide the needed education for the providers.

What programs or activities are supported by the General Funds identified?

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

SUMMARY	<p>All Agency programs were analyzed to determine how to reduce the budget in a way that would minimize the impact to mission critical services. The analysis included whether or not DHEC is the most appropriate entity to conduct the activities. Opportunities for alternative funding mechanisms for critical services were identified wherever possible to reduce reliance on taxpayer resources.</p> <p>The following program reductions would reduce general funds and require that entities that benefit from the services pay directly for those services: Freedom of Information (\$60,000), Health Licensing and Construction (\$855,500), Mining Reclamation (\$358,528), Water and Sewer Line Construction Permitting (\$141,464) and Stormwater Permitting (\$326,113).</p> <p>The following program reductions would reduce state support to other organizations and require those organizations to seek non-taxpayer third party funding sources to continue their activities: Genetics (\$104,496), Sickle Cell Professional Education (\$100,000) and Newborn Hearing Screenings (\$171,750).</p> <p>The following programs would be reduced and DHEC activities reduced proportionately: Newborn Hearing Screening (additional \$250,000), Immunization program (\$380,000) and Environmental Health Rabies (\$1,114,265).</p>
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Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.

AGENCY COST SAVINGS PLANS	<p>DHEC is transitioning our end-user printing system to a managed print service utilizing ManagedPrint. This will give users an improved printing experience while allowing DHEC to understand and manage our costs. By incorporating toner and maintenance costs into a single per page printing charge, the Agency will have greater transparency and control over printing costs, extend equipment life through proper maintenance and reduce administrative burden. The service reduces printing costs by allowing confidential printing and managing color printing accessibility. Further savings are realized by reducing IT support required by DHEC staff and by the ability to eliminate Agency print servers.</p> <p>While it may require several fiscal years to complete the transition and fully realize the total cost savings, other organizations who have undergone such a transition have estimated savings as much as 40-50% in overall printing costs. As an initial estimate, DHEC is anticipating a 20% decrease in printing costs. For SFY17, DHEC spent \$843,000 on end-user printing, resulting in a potential 20% cost savings of \$168,600.</p> <p>Most of DHEC's printing costs are funded by a large number of federal grants and specific program income funds. The savings generated by this change will allow those funds to be redirected to other direct services in each of those programs.</p>
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What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?

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

FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

TITLE	Streamline Permit Processes and Improve Citizen Information Access
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Provide a brief, descriptive title for this request.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS	Reduction in amount of time required to process permit applications; online access to public documents; ability to provide public notice comments electronically
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What is the expected savings to South Carolina’s businesses and citizens that is generated by this proposal? The savings could be related to time or money.

FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark “X” for all that apply:</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Repeal or revision of regulations.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Reduction of agency fees or fines to businesses or citizens.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Greater efficiency in agency services or reduction in compliance burden.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other</td> </tr> </table>	<input type="checkbox"/>	Repeal or revision of regulations.	<input type="checkbox"/>	Reduction of agency fees or fines to businesses or citizens.	<input checked="" type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.	<input type="checkbox"/>	Other
<input type="checkbox"/>	Repeal or revision of regulations.								
<input type="checkbox"/>	Reduction of agency fees or fines to businesses or citizens.								
<input checked="" type="checkbox"/>	Greater efficiency in agency services or reduction in compliance burden.								
<input type="checkbox"/>	Other								

METHOD OF CALCULATION	<p>DHEC has been actively working to streamline processes and reduce permit approval timeframes to benefit our stakeholders. One of our current efforts is the replacement of our Environmental Facility Information System (EFIS) with a new e-Permitting system. This system will allow businesses to submit online permit applications and securely access real-time information. The project is scheduled to be completed within the next five years.</p> <p>The Darla Moore School of Business at the University of South Carolina recently conducted a study to assess the economic impact of reduced permit approval times in South Carolina. The preliminary report indicates a significant impact from such a time reduction:</p> <p><i>“The total economic impact arising from the 40 percent reduction in DHEC permit approval times since 2007 is estimated to be between \$72.9 and \$103.9 million annually. This dollar value reflects the net increase in statewide economic activity that can be attributed (either directly or indirectly) to increases in business operations that occurred as a result of these decreases in DHEC permit approval times.”</i></p>
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Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.

REDUCTION OF FEES OR FINES	The Agency will continue to evaluate current fee and fine structures for enhancements, improvements and benefits to SC taxpayers.
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Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?

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

REDUCTION OF REGULATION	The Agency will continue to review all regulations as part of its five-year regulatory review process.
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Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

SUMMARY	<p>Our current system (EFIS) was custom developed in-house for the agency by two different suppliers in 1997 and support for the system was eventually transitioned to DHEC in 2009. After a thorough security assessment, it was determined that the system had several vulnerabilities and all external web pages were removed from service. Other disadvantages include aged infrastructure and the lack of external web access, online payments, reporting capability, and flexibility.</p> <p>To improve services, we have opted to replace the system. The goal of this replacement is to implement an electronic business (e-Permitting) solution to support DHEC’s permit, license, certification, registration, inspection, compliance management, enforcement, complaints, and response activities. Furthermore, the functionality and data design of the system will also be configured to include the other various attributes such as entities, permitting, incidents, inspections, compliance/enforcement, billing/fee payments, and system data quality.</p> <p>When fully implemented, DHEC’s new e-Permitting system will have many enhancements that will further streamline the permitting process. The system will provide automation of the agency business functions and processes, including electronic application submittals and other online correspondence, which should reduce the overall permit timeline.</p> <p>Applicants will be able to manage the permitting process online: complete electronic applications, submit supporting documentation, revise and/or renew existing permits, make necessary payments, and submit required compliance reports and materials. The agency will also see cost savings from reductions in currently required data entry as well as eliminating the need to mail applications and other documents to and from the Agency. This should also reduce the amount of time necessary to process a permit, since online forms ensure required data is supplied and valid before submission. Reductions in permitting time equate to cost savings for our regulated entities.</p> <p>In addition, the system will provide public accessibility to information via external web applications for use on tablets and phones in the field. Information from e-Permitting will be available for mapping and analysis. This will include a self-service portal for the public and permittees. The public and other interested parties will be able to query the online system for requested documents, potentially reducing the number of FOIA requests received. The system will also allow a search for public notices and online submission of comments. These factors will provide costs savings for both the public and the Agency.</p> <p>Beyond the e-Permitting system, DHEC has also worked to improve access to information for SC citizens. Providing direct access to information online not only saves time for our citizens, but also allows staff resources to be directed to programmatic activities. Some of these online tools include:</p> <ul style="list-style-type: none"> • SC Food Grades app provides both inspection scores and inspection documentation for the past three years for all facilities permitted under SC
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AGENCY NAME:	SC Department of Health and Environmental Control		
AGENCY CODE:	J040	SECTION:	34

	<p>Regulation 61-25 (restaurants, delis, school cafeterias, grocery stores, retail meat markets, bakeries, seafood markets and convenience stores);</p> <ul style="list-style-type: none">• SC Watershed Atlas displays watershed information including water quality assessments, trends, use support, monitoring and permits; and• Nursing Home inspection documentation, when deployed by October 2018, will maintain the most recent three federal fiscal years of Nursing Home Health, Life Safety Code and Complaint survey findings online for all facilities that participate in federal Medicare or Medicaid programs.
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Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?