

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23



Fiscal Year FY 2025-2026
Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS (FORM B1)	For FY 2025-2026, 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 2025-2026, 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 2025-2026, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting funding for Capital Projects.
	<input type="checkbox"/>	Not requesting any changes.
PROVISOS (FORM D)	For FY 2025-2026, my agency is (mark "X"):	
	<input 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 checked="" type="checkbox"/>	Not requesting any proviso changes.

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

PRIMARY CONTACT: SECONDARY CONTACT:	<u>Name</u>	<u>Phone</u>	<u>Email</u>
	Chrisitne Brown Susie Edwards	(843) 792-2864 (843) 792-2853	smallsch@musc.edu edwardss@musc.edu

I have reviewed and approved the enclosed FY 2025-2026 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

SIGN/DATE: TYPE/PRINT NAME:	<u>Agency Director</u>	<u>Board or Commission Chair</u>

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

Agency Name:	Medical University Of South Carolina
Agency Code:	H510
Section:	23

[illegible]

14	B1 - Recurring	Federal Fund Changes: Request in Spending Authority	0	21,500,000	0	0	21,500,000	0.00	0.00	0.00	0.00	0.00
15	B1 - Recurring	Other Fund Changes: Request in Spending Authority	0	0	11,000,000	0	11,000,000	0.00	0.00	0.00	0.00	0.00
TOTALS			237,234,781	21,500,000	11,000,000	0	269,734,781	4.00	0.00	285.00	0.00	289.00

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1
-----------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Tuition Mitigation and Mandated Costs
-------	---------------------------------------

Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$17,058,538</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$17,058,538</p>
--------	---

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
---------------	------

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

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	X	Change in cost of providing current services to existing program audience
		Change in case load/enrollment under existing program guidelines
		Non-mandated change in eligibility/enrollment for existing program
		Non-mandated program change in service levels or areas
		Proposed establishment of a new program or initiative
		Loss of federal or other external financial support for existing program
		Exhaustion of fund balances previously used to support program
		IT Technology/Security related
		HR/Personnel Related
		Consulted DTO during development
		Related to a Non-Recurring request – If so, Priority #

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	X	Education, Training, and Human Development
		Healthy and Safe Families
		Maintaining Safety, Integrity, and Security
		Public Infrastructure and Economic Development
		Government and Citizens

ACCOUNTABILITY OF FUNDS	<p>This funding request supports Goal 1 in the Accountability Report - "Preserve and optimize human life in South Carolina and beyond by effectively educating health care professionals and biomedical scientists." Being able to fund instructional program costs without increasing in-state tuition and mandatory fees directly benefits students and families of South Carolinians. Reducing students' financial obligations will enhance their ability to focus on their class requirements. Funds would be a part of the colleges operating budget evaluated through the monthly budget to actual monitoring process. Funding for mandated costs will allow the University to focus on meeting the education and research goals of the enterprise and position the institution to better serve the needs of the citizens of South Carolina. Funds would be a part of the departments and colleges operating budget evaluated through the monthly budget to actual monitoring process.</p>
-------------------------	--

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>Beneficiaries are the University's six colleges, employees, and retirees. The students and families of South Carolina will benefit as these dollars will be used to offset any tuition increases. MUSC’s plan, if fully funded, is to have no in-state tuition increase across all six colleges.</p>
---------------------	---

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?

	<p>Requesting \$12,695,292 to provide quality instructional programs at the most affordable rate to in-state students and their families is important to the University. Receiving state appropriated funds that directly incentivizes not increasing in-state tuition and mandated fees, lowers financial obligation for students and their families. The funds can ultimately result in less need to borrow money and positively impact student debt. Being afforded the ability to not increase in-state rates can also enhance access for other South Carolinians to attend the University. In addition to benefiting the citizens, the positive impact on the University pricing can help to ensure its success. Requesting funds for retiree pension and health costs, and for unfunded cost of living increases. An anticipated 1% COLA for FY26 computes to an</p>
--	--

**JUSTIFICATION OF
REQUEST**

estimated total cost of \$2.9 million for MUSC. The Estimated portion the State would cover is \$972 thousand (32%). MUSC would need to cover with its other funds a total of 2 million (68%). Anticipate an additional \$4,264,708 in pension and retiree health costs. The 11-12 year impact to MUSC from the State shoring up the Pension and Retiree Health Benefits has included moving the rate charged on total salary from 15.15% to 24.81%. That projected cost has more than doubled over the 12-13 year period.

Obtaining funds for these mandated costs will allow the University to focus on meeting the education and research goals of the enterprise and position the institution to better serve the needs of 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:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	4
-----------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Comprehensive Cancer Center Designation
-------	---

Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$5,000,000</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$5,000,000</p>
--------	---

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
---------------	------

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 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"/>	HR/Personnel 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

ACCOUNTABILITY OF FUNDS	MUSC is one of 72 National Cancer Institute-designated (NCI) cancer centers in the nation, and the only one in South Carolina. Our goal is to become a Comprehensive Cancer Center, which is the next level designated by the National Institutes of Health.
-------------------------	--

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	Beneficiaries are the Hollings Cancer Center. In addition, the residents of South Carolina will benefit as these dollars will be used to conduct clinical trials statewide.
---------------------	---

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?

	This is a continuation of a previous request for Comprehensive Cancer Center designation support, which the General Assembly graciously funded at \$10,000,000 in FY 2023. The National Institute of Health requires its National Cancer Institute-designated (NCI) cancer centers to demonstrate substantial state financial support. MUSC’s statewide presence, particularly in rural areas, gives us the ability to conduct clinical trials, screening, and prevention beyond the Charleston peninsula. Providing services in this manner necessitates investments in infrastructure. Our goal is to achieve NCI-designated Comprehensive Cancer Center designation by 2028, with focus on access and quality statewide to make citizens healthier.
--	--

**JUSTIFICATION OF
REQUEST**

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:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	6
-----------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Palmetto Recovery and Renewal Center
-------	--------------------------------------

Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$5,000,000</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$5,000,000</p>
--------	---

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
---------------	------

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 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"/>	HR/Personnel Related
	<input type="checkbox"/>	Consulted DTO during development
	<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # 99

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>This request supports the mission of MUSC of preserving and optimizing human life in South Carolina and beyond and is aligned with statewide strategies around behavioral health treatment and access to care. This request will advance that strategy by providing patients a facility in-state, closer to family, where recovery can take place.</p>
-------------------------	---

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>Beneficiaries are the patients and families participating in the recovery program.</p>
---------------------	---

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?

	<p>South Carolina does not have a residential treatment facility for alcohol and substance abuse that South Carolinians can utilize. This results in patients having to travel out of state for help. Seeking treatment out of state creates a burden on the patients and their families, who are often required to attend meetings at the facility. Creating a first-in-state facility of this kind will enable South Carolinians to seek help close to home, transforming their lives and livelihoods for the better. Typical treatment protocols involve detoxification, if necessary, daily psychiatric sessions, individual therapy with a doctoral-level clinician, group therapy, breakout classes targeted to specific needs, and wellness-centered activities. A program of this magnitude will require a minimum stay of 30 days. Housing of</p>
--	--

**JUSTIFICATION OF
REQUEST**

participants will start at 30 individuals with the ability to expand in the future. The funds associated with this request will allow us to decrease the cost of services, making this program accessible to all regardless of ability to pay.

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:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	8
--------------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Dental Tuition Reduction
-------	--------------------------

Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$4,874,243</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$4,874,243</p>
--------	---

What is the net change in requested appropriations for FY FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
---------------	------

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

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	X	Change in cost of providing current services to existing program audience
		Change in case load/enrollment under existing program guidelines
		Non-mandated change in eligibility/enrollment for existing program
		Non-mandated program change in service levels or areas
		Proposed establishment of a new program or initiative
		Loss of federal or other external financial support for existing program
		Exhaustion of fund balances previously used to support program
		IT Technology/Security related
		HR/Personnel Related
		Consulted DTO during development
	Related to a Non-Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	X	Education, Training, and Human Development
		Healthy and Safe Families
		Maintaining Safety, Integrity, and Security
		Public Infrastructure and Economic Development
	Government and Citizens	

ACCOUNTABILITY OF FUNDS	<p>This funding request supports Goal 1 in the Accountability Report - "Preserve and optimize human life in South Carolina and beyond by effectively educating health care professionals and biomedical scientists." Being able to fund instructional program costs without increasing in-state tuition and mandatory fees directly benefits students and families of South Carolinians. Reducing students' financial obligations will enhance their ability to focus on their class requirements. Funds would be a part of the colleges operating budget evaluated through the monthly budget to actual monitoring process.</p>
----------------------------	--

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	<p>Beneficiaries are the College of Dental Medicine students and families. The students and families of South Carolina will benefit as these dollars will be used to offset current tuition and fees.</p>
---------------	---

FUNDS	
--------------	--

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>MUSC’s College of Dental Medicine’s cost of attendance is one of the most expensive in the country. We recognize the barrier to access this creates for many qualified prospective in-state students to attend the only dental college in South Carolina. Additionally, the high student debt that graduates possess results in new dentists being unable to afford to practice in rural areas. With state support, MUSC’s College of Dental Medicine can provide a more accessible education and reduce the debt burden on graduates, resulting in more dentists willing and able to practice in all areas of the state. To reduce the cost of tuition and fees for all 4-year doctoral students by 30%, an investment of \$4,874,243 is requested from the state. Below is the investment needed from the state for other scenarios.</p> <table> <tr> <th>Reduction</th><th>State Investment</th></tr> <tr> <td>25%</td><td>\$4,052,589</td></tr> <tr> <td>20%</td><td>\$3,238,683</td></tr> <tr> <td>10%</td><td>\$1,613,935</td></tr> </table>	Reduction	State Investment	25%	\$4,052,589	20%	\$3,238,683	10%	\$1,613,935
Reduction	State Investment								
25%	\$4,052,589								
20%	\$3,238,683								
10%	\$1,613,935								

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:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	9
-----------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Next Generation Cancer Therapeutics
-------	-------------------------------------

Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$1,000,000</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$1,000,000</p>
--------	---

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	4.00
---------------	------

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 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"/>	HR/Personnel 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 checked="" type="checkbox"/>	Education, Training, and Human Development
	<input 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>This request supports Goal 2 in MUSC’s Accountability Report – “Preserve and optimize human life in South Carolina and beyond by conducting research in the health sciences.” This clinical trial will advance brain cancer research and will be evaluated by the success of the trial.</p>
-------------------------	--

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>Beneficiaries are adults and children diagnosed with aggressive brain cancer who may be able to benefit from participating in trials. Funds will be allocated based on participants approval through clinical trials process.</p>
---------------------	--

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?

	<p>MUSC has the transformative opportunity to partner with the University of Florida Health System (UF Health) to leverage their Artificial Intelligence blueprint in a way that would alter the treatment of aggressive brain cancer. To kick start this partnership, we are requesting funding for two Research Coordinator positions and one Regulatory Coordinator to oversee both pediatric and adult clinical trials in coordination with UF Health.</p> <p>The initial clinical trial that will be opened is immunotherapy for relapsed Neuroblastoma and for newly diagnosed Diffuse Intrinsic Pontine Glioma (DIPG), the most uniformly fatal brain tumor. This trial is</p>
--	---

JUSTIFICATION OF
REQUEST

cutting-edge because it utilizes targeted immunotherapy for high-risk diseases that currently have no curative options. The pediatric trial comes through the Beat Childhood Cancer Research Consortium, which is highly selective with their trials, and we have been granted permission from them to move forward.

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:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	13
-----------------	----

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Additional Positions
-------	----------------------

Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$0</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$0</p>
--------	---

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	285.00
---------------	--------

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 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"/>	HR/Personnel 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 checked="" type="checkbox"/>	Education, Training, and Human Development
	<input 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>This request supports the mission of MUSC of preserving and optimizing human life in South Carolina and beyond and is aligned with statewide strategies around healthy families and enhancing public well-being, and with providing learning and education for our students in health-related programs</p>
-------------------------	---

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>Internal beneficiaries are the University’s colleges, programs, departments and development/fundraising strategic efforts. External beneficiaries are communities and patients in the Charleston area, State of South Carolina, and region.</p>
---------------------	--

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?

	<p>A total of 285 new positions, of which are 224 faculty and 61 are classified, are needed based on projected hiring needs to support new and/or expanding clinical programs and research initiatives, such as those outlined below:</p>	
	College of Medicine	Administrative, fiscal, accounting, grant administration and programmatic support for an increased number of faculty and

**JUSTIFICATION
OF REQUEST**

		growth and expansion of research and clinical enterprise programs.
College of Medicine		Clinical Providers and clinical instructors (faculty) to support growth of medical and surgical services across the clinical enterprise for new outreach facilities, increased demand for telehealth activities, expansion of MUSC Health, and implementation of new clinical services.
College of Medicine		Faculty (clinical providers and researchers) to support growth of services and research programs across the college and institution in areas including cancer, cardio metabolic health, digestive diseases and disorders, neurosciences, and precision medicine.
Hollings Cancer Center (HCC)		Clinicians, research program coordinators, fiscal and accounting analysts, grant administrators and quality assurance auditors to support expansion of clinical research within HCC programs, including solid tumor, hematology, immunotherapy, such as CAR-T, pediatric oncology, and cancer prevention. As HCC expands throughout the state through the regional network, additional staff are needed to support patient clinical trial access, and the goal of NCI comprehensive designation.

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:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	14
-----------------	----

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Federal Fund Changes: Request in Spending Authority
-------	---

Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$0</p> <p>Federal: \$21,500,000</p> <p>Other: \$0</p> <p>Total: \$21,500,000</p>
--------	---

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
---------------	------

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 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"/>	HR/Personnel 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 checked="" type="checkbox"/>	Education, Training, and Human Development
	<input 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>This request supports Goal 2 in MUSC’s Accountability Report – "Preserve and optimize human life in South Carolina and beyond by conducting research in the health sciences." Receiving authority for this request will permit the colleges and departments to optimize their research dally processes and functions while enabling them to pursue advancements in research for the benefit of South Carolinians and beyond. Funds will be evaluated through the Grants and Contacts compliance process and the monthly budget to actual monitoring process</p>
-------------------------	--

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>Beneficiaries are the University's Colleges, programs, departments, administrative support areas, and the State of South Carolina by meeting the needs of South Carolinians.</p>
---------------------	---

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?

	<p>This request to increase ‘Federal Funds’ spending authority by \$21,500,000 is due to expected moderate growth in federally funded research programs and the support for the sustainability of those programs.</p>
--	---

**JUSTIFICATION OF
REQUEST**

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:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	15
-----------------	----

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Other Fund Changes: Request in Spending Authority
-------	---

Provide a brief, descriptive title for this request.

AMOUNT	General: \$0 Federal: \$0 Other: \$11,000,000 Total: \$11,000,000
--------	--

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
---------------	------

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 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"/>	HR/Personnel 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 checked="" type="checkbox"/>	Education, Training, and Human Development
	<input 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	This request supports Goal 1 of the Accountability Report "Preserve and optimize human life in South Carolina and beyond by effectively educating health care professionals and biomedical scientists". Receiving authority for this request will permit the colleges and departments to perform dally operating processes needed to support educating health care professionals and biomedical scientists. Funds would be a part of the college operating budget evaluated through the monthly budget to actual monitoring process.
-------------------------	--

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	Beneficiaries are the University's colleges, programs, departments and administrative support areas.
---------------------	--

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?

	This request to increase 'Other Funds' spending authority by 11,000,000 is due to projected increases in clinical operations to support the growth of medical and surgical services resulting instructional, clinical and research program growth. The majority of the request is related to the healthcare operations of the MUSC. Enterprise and is funded by clinical contracts from the hospitals. There is also an increase in tuition due to new program in the College of Health Professions as well as adding new programs.
--	---

**JUSTIFICATION OF
REQUEST**

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:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	5
-----------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Southeastern Health AI Consortium
-------	-----------------------------------

Provide a brief, descriptive title for this request.

AMOUNT	\$10,000,000
--------	--------------

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

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 type="checkbox"/>	HR/Personnel Related
	<input type="checkbox"/>	Request for Non-Recurring Appropriations
	<input type="checkbox"/>	Request for Federal/Other Authorization to spend existing funding
	<input type="checkbox"/>	Related to a 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

ACCOUNTABILITY OF FUNDS	<p>This request supports Goal 2 of MUSC’s Accountability Report to “preserve and optimize human life in South Carolina and beyond by conducting research in the health sciences” and will advance it by bolstering our research capability tenfold. Funds would be a part of the college’s budget and would be evaluated through the monthly budget to actual monitoring process.</p>
-------------------------	---

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>Beneficiaries of these funds are researchers, who will be able to expand their research opportunities, and residents of South Carolina who will gain better healthcare delivery as a result.</p>
---------------------	---

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>MUSC and the University of Florida Health System (UF Health) have been working together to establish a partnership between South Carolina and Florida that will transform health outcomes not only within the two states, but regionally and nationwide. This partnership will take the extensive research expertise between the two schools and combine it with UF Health’s artificial intelligence supercomputer, HiPerGator, which is the most powerful supercomputer housed at an academic institution. MUSC’s existing delivery of next-level care means that we are the only institution in this state poised to create a public-private partnership with UF Health to build cutting edge clinical care network that is AI fueled.</p>
--------------------------	---

--	--

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:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	10
-----------------	----

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Neuromodulation Therapy – Behavioral Health Transformation
-------	--

Provide a brief, descriptive title for this request.

AMOUNT	\$1,500,000
--------	-------------

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

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 type="checkbox"/>	HR/Personnel Related
	<input type="checkbox"/>	Request for Non-Recurring Appropriations
	<input type="checkbox"/>	Request for Federal/Other Authorization to spend existing funding
	<input type="checkbox"/>	Related to a 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

ACCOUNTABILITY OF FUNDS	<p>This request supports the mission of MUSC of preserving and optimizing human life in South Carolina and beyond and is aligned with statewide strategies around behavioral health treatment and access to care. Funds would be evaluated through the institution’s monthly budget to actual monitoring process.</p>
-------------------------	---

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>Beneficiaries of funds are South Carolinians who would gain access to revolutionary treatment for depression who otherwise would not be able to travel to get treatment in Charleston.</p>
---------------------	---

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>MUSC is proud to be the pioneer of a treatment that transforms the lives of individuals living with Major Depressive Disorder (MDD). The treatment, called SAINT TMS, combines advanced brain imaging, individualized targeting software, and magnetic stimulation to deliver precisely targeted, accelerated intermittent theta-burst stimulation (iTBS) that helps people get better, faster. This technology allows us to see a patient’s unique depression, targeting treatment and increasing remission rates to 90%. We see MDD as the starting line, but the road map of the platform is to be a brain platform that has the eventual ability to treat Post-Traumatic Stress Disorder (PTSD), Post-Partum Depression, anxiety disorders, and other brain disorders prevalent in society.</p> <p>We envision being able to take this treatment mobile and are requesting funds that would be used to equip mobile units with the technology required to complete this treatment so that more South Carolinians can return to a life free from depression. This is an area of treatment that MUSC defined, and that organizations such as NASA are interested in partnering with us to bring to space.</p>
--------------------------	--

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:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM C – CAPITAL REQUEST

AGENCY PRIORITY	2
-----------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	College of Medicine Academic Building
-------	---------------------------------------

Provide a brief, descriptive title for this request.

AMOUNT	\$85,000,000
--------	--------------

How much is requested for this project in FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

CPIP PRIORITY	#7 of 23 for Plan Year 2023 CPIP
---------------	----------------------------------

Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.

OTHER APPROVALS	This project was approved by the MUSC Board of Trustees in December 2021 and received Phase II approval from CHE, JBRC, and SFAA in June 2023.
-----------------	--

What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)

LONG-TERM PLANNING AND SUSTAINABILITY	This project provides for the expansion of the College of Medicine Academic programs to support the ability of MUSC to Increase graduates to serve and treat the residents of South Carolina throughout the state. The building will be the first dedicated campus structure for the College of Medicine and will be built to meet all South Carolina sustainability and energy green globe requirements.
---------------------------------------	---

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?

TEST TABLE	<p>This project will construct a new seven (7) story building at the corner of President and Bee Streets for the College of Medicine. The building will contain approximately 187,000 gross square feet of space. More than 50% of the building is medical student teaching space including the majority of the first three stories. Floors 4 - 6 are faculty offices and support spaces to support students. Approximately 50% of the 7th floor contains mechanical/electrical rooms with offices in the other half. The new building will address concerns raised by the recently completed LCME accreditation.</p> <p>The project will expand the existing Basic Science Building mechanical room (MRE) and install additional chill water capacity to supply the new College of Medicine Building needs.</p>
------------	--

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?

	<p>This project will construct a new seven (7) story building at the corner of President and Bee Streets for the College of Medicine. The building will contain approximately 187,000 gross square feet of space. More than 50% of the building is medical student teaching space including the majority of the first three stories. Floors 4 - 6 are faculty offices and support spaces to support students. Approximately 50% of the 7th floor contains mechanical/electrical rooms with offices in the other half. The new building will address concerns raised by the recently completed LCME accreditation.</p> <p>The project will expand the existing Basic Science Building mechanical room (MRE) and install additional chill water capacity to supply the new College of Medicine Building needs.</p>
--	--

SUMMARY

Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM C – CAPITAL REQUEST

AGENCY PRIORITY	3
-----------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Campus Resiliency
-------	-------------------

Provide a brief, descriptive title for this request.

AMOUNT	\$20,000,000
--------	--------------

How much is requested for this project in FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

CPIP PRIORITY	2 of 15 for Plan Year 2025 CPIP submittal
---------------	---

Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.

OTHER APPROVALS	MUSC Board of Trustees approved this project; Phase1 approval was secured in September 2022 by CHE and in October/November of 2022 by JBRC and SFAA.
-----------------	--

What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)

LONG-TERM PLANNING AND SUSTAINABILITY	This project will construct two elevated pedestrian bridges. One bridge will connect the Ashley River Tower to the Bioengineering Building. The second bridge will connect the Clinical Sciences Building to the College of Nursing and Public Safety Buildings.
---------------------------------------	--

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?

TEST TABLE	This project will construct two elevated pedestrian bridges. One bridge will connect the Ashley River Tower to the Bioengineering Building. The second bridge will connect the Clinical Sciences Building to the College of Nursing & Public Safety Buildings. The bridges will provide ease of access to MUSC facilities during flooding, avoid duplicate staffing during severe weather events, provide a safer option for pedestrian traffic, and improve overall safety for our patients, students, and staff.
------------	--

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?

	This project will construct two elevated pedestrian bridges. One bridge will connect the Ashley River Tower to the Bioengineering Building. The second bridge will connect the Clinical Sciences Building to the College of Nursing & Public Safety Buildings. The bridges will provide ease of access to MUSC facilities during flooding, avoid duplicate staffing during severe weather events, provide a safer option for pedestrian traffic, and improve overall safety for our patients, students, and staff.
--	--

SUMMARY

Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM C – CAPITAL REQUEST

AGENCY PRIORITY	7
-----------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Palmetto Recovery and Renewal Center
-------	--------------------------------------

Provide a brief, descriptive title for this request.

AMOUNT	\$50,000,000
--------	--------------

How much is requested for this project in FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

CPIP PRIORITY	This project is new and is not included on the CPIP.
---------------	--

Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.

OTHER APPROVALS	Currently, no approval has been obtained. MUSC Board, JBRC, and SFAA approval will be needed.
-----------------	---

What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)

LONG-TERM PLANNING AND SUSTAINABILITY	<p>This request will provide patients a facility in-state, closer to family, where recovery can take place. It will benefit to South Carolinians participating in the recovery program and their families. Funds would be allocated using existing formulas.</p> <div></div>
---------------------------------------	--

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?

TEST TABLE	<p>South Carolina does not have a residential treatment facility for alcohol and substance abuse that South Carolinians can utilize. This results in patients having to travel out of state for help. Seeking treatment out of state creates a burden on the patients and their families, who are often required to attend meetings at the facility. Creating a first-in-state facility of this kind will enable South Carolinians to seek help close to home, changing their lives and livelihoods for the better. Typical treatment protocols involve detoxification, if necessary, daily psychiatric sessions, individual therapy with a doctoral-level clinician, group therapy, breakout classes targeted to specific needs, and wellness-centered activities. A program of this magnitude will require a minimum stay of 30 days. Housing of participants will start at 30 individuals with the ability to expand in the future. The costs associated with this request will provide the contingency needed for land acquisition and construction costs.</p>
------------	--

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?

	<p>South Carolina does not have a residential treatment facility for alcohol and substance abuse that South Carolinians can utilize. This results in patients having to travel out of state for help. Seeking treatment out of state creates a burden on the patients and their families, who are often required to attend meetings at the facility. Creating a first-in-state facility of this kind will enable South Carolinians to seek help close to home, changing their lives and livelihoods for the better. Typical treatment protocols involve detoxification, if necessary, daily psychiatric sessions, individual therapy with a doctoral-level clinician, group therapy, breakout classes targeted to specific needs, and wellness-centered activities. A program of this magnitude will require a minimum stay of 30 days. Housing of participants will start at 30 individuals with the ability to expand in the future. The costs associated with this request will provide the contingency needed for land acquisition and construction costs.</p>
--	--

SUMMARY

Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM C – CAPITAL REQUEST

AGENCY PRIORITY	11
-----------------	----

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Lancaster Medical Center Graduate Medical Education (GME) Program
-------	---

Provide a brief, descriptive title for this request.

AMOUNT	\$5,802,000
--------	-------------

How much is requested for this project in FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

CPIP PRIORITY	These items are not currently on Plan Year 2025 CPIP due to recent accreditation approval received September 6, 2024.
---------------	---

Identify the project’s CPIP plan year and priority number, along with the first year in which the project was included in the agency’s CPIP. If not included in the agency’s CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency’s contingency plan in the event that state funding is not made available in the amount requested.

OTHER APPROVALS	This project is anticipated to be approved by the MUSC Board of Trustees prior to the first cohort of Lancaster GME residents in July 2025.
-----------------	---

What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)

LONG-TERM PLANNING AND SUSTAINABILITY	<p>Both programs have space requirements, including clinic spaces for seeing patients and program support spaces for resident quarters, resident wellness and learning space for didactic as well as interactive learning. Formation for the programs has been underway for some time beginning with hiring of a program director for internal medicine during the fall of 2023. Operational expense associated with formation of the program prior to launch and subsidization of the program during its initial two years are covered by Lancaster Medical Center. Following year two of the program, federal dollars are available to the program’s subsidy.</p> <p><u>Capital expenses associated with the program include the following:</u></p> <ul style="list-style-type: none">Internal Medicine clinic space - \$371,000 (renovation to existing clinic)Resident quarters and learning space - \$1,700,000 (renovation to space within the hospital)Family Medicine clinic space - \$3,200,000 (redevelopment of a deconditioned building on campus)Relocation of existing functions to support IM/FM needs - \$531,000 (renovation, repurposing existing space)
---------------------------------------	---

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency’s expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?

TEST TABLE	MUSC Health is in the process of establishing a Graduate Medical Education program at Lancaster Medical Center. The program received notice of its initial accreditation from the Accreditation Council for Graduate Medical Education (ACGME) for Internal Medicine on 9/6/2024 with anticipation of its first cohort of residents starting in July 2025. It is anticipated Family Medicine will start one year later. The establishment of a GME program in Lancaster will positively address the provider shortage in South Carolina.
------------	--

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency’s expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?

	MUSC Health is in the process of establishing a Graduate Medical Education program at Lancaster Medical Center. The program received notice of its initial accreditation from the Accreditation Council for Graduate Medical Education (ACGME) for Internal Medicine on 9/6/2024 with anticipation of its first cohort of residents starting in July 2025. It is anticipated Family Medicine will start one year later. The establishment of a GME program in Lancaster will positively address the provider shortage in South Carolina.
--	--

SUMMARY

Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM C – CAPITAL REQUEST

AGENCY PRIORITY	12
-----------------	----

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Campus Renewal Projects Related to MEP Infrastructure and Exterior Envelope Repair
-------	--

Provide a brief, descriptive title for this request.

AMOUNT	\$32,000,000
--------	--------------

How much is requested for this project in FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

CPIP PRIORITY	These items are not currently on Plan Year 2025 CPIP due to project unit pricing.
---------------	---

Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.

OTHER APPROVALS	Currently no approval has been obtained. MUSC Board, JBRC, and SFAA approval will be needed.
-----------------	--

What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)

LONG-TERM PLANNING AND SUSTAINABILITY	<p>The project will reduce water infiltration during major weather events in multiple critical University buildings reducing mitigation expense and disruption to the education process. By repairing and improving the resilience of our buildings we will be able to extend the life of the buildings and reduce major replacement of exterior facing.</p> <p>Update to facility infrastructure will provide improved controls and energy efficiency of the campus.</p>
---------------------------------------	---

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?

TEST TABLE	<p>Projects include replacement of fire pumps, mechanical room louvers, exterior envelope work (windows, sealing, tuck and point brick, roofing replacement and repairs), air handlers, cast iron piping, and various electrical automatic transfer switches that are no longer supported.</p>
------------	--

What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?

	<p>Projects include replacement of fire pumps, mechanical room louvers, exterior envelope work (windows, sealing, tuck and point brick, roofing replacement and repairs), air handlers, cast iron piping, and various electrical automatic transfer switches that are no longer supported.</p>
--	--

SUMMARY

Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.

Agency Name:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

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

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
--------------	---

AMOUNT	\$4,426,300
---------------	-------------

What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.

ASSOCIATED FTE REDUCTIONS	No anticipated FTE reductions
----------------------------------	-------------------------------

How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM / ACTIVITY IMPACT	None of the programs or activities supported by the General Fund has been identified. MUSC commits its General Funds to salaries and related employee benefits, and special items. The plan attempts to absorb reduction while protecting existing staff employment and does not impact any special items.
----------------------------------	--

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

SUMMARY	<p>MUSC will make every effort to protect existing employees by reducing spending from administrative and support costs across all units, including:</p> <ul style="list-style-type: none">Control the replacement of nonessential vacant positions.Reduce the hiring of temporary staff.
----------------	--

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.

	<p>MUSC cannot predict the amount of cost savings, but two items to be attempted will be:</p> <ul style="list-style-type: none">Continue to pursue energy management and utility provider initiatives, and reduce leased space footprint.
--	---

AGENCY COST
SAVINGS PLANS

- Review structure and leverage certain shared services across the entire MUSC enterprise.

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:	Medical University Of South Carolina		
Agency Code:	H510	Section:	23

FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

TITLE	Savings and Efficiency Improvements through Joint Procurements at MUSC		
	Provide a brief, descriptive title for this request.		
EXPECTED SAVINGS TO BUSINESSES AND CITIZENS	<p>The Medical University of South Carolina (MUSC) and the Medical University Hospital Authority (MUHA), through their Strategic Plan, "Imagine MUSC 2020," have identified opportunities to streamline operations and save taxpayer dollars.</p> <p>We have found that using an Enterprise strategy to reorganize across organizational boundaries can eliminate silos, develop consistent processes, provide better services, and create significant savings. Current examples are Information Technology, Risk Management, and Engineering and Facilities. In these areas alone, we have identified services and procurements that are common to both organizations, such that the separate procurement of them does not make financial or operational sense. So, while good financial and operational decisions are important, our status as a healthcare organization makes it critical that we remain flexible so that opportunities are not missed.</p> <p>Therefore, MUSC and MUHA would like request legislation that would provide an exemption from the State's Procurement Code for Enterprise-wide procurements of goods or services related to these areas.</p>		
	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	Mark "X" for all that apply:		
	X	Repeal or revision of regulations.	
		Reduction of agency fees or fines to businesses or citizens.	
	X	Greater efficiency in agency services or reduction in compliance burden.	
		Other	
METHOD OF CALCULATION	MUSC could leverage procurements and reduce per-transaction costs by procuring goods and services that are used jointly across the enterprise.		
	Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.		
REDUCTION OF FEES OR FINES	No fees or fines are associated with this request.		
	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?		
REDUCTION OF REGULATION	This sort of procurement is not available for the University due to the current restrictions inherent in the State's Procurement Code. It would require either an exemption to the Procurement Code or a legislative change.		
	Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?		
SUMMARY	<p>MUSC's Strategic Plan emphasizes the reduction of barriers across campus in order to improve efficiencies and reduce costs. The ultimate benefit will be to the patients of MUSC and the taxpayers of South Carolina. MUSC's Enterprise is comprised of the University, Medical Center (MUHA) and the Physician's Practice Plan (UMA). There is significant redundancy in operations across the enterprise that drives costs up. Our objective is to reduce these inefficiencies in order to streamline operations and reduce costs.</p>		

Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?