

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31



**Fiscal Year FY 2025-2026**

**Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

<b>OPERATING REQUESTS</b> <i>(FORM B1)</i>	<b>For FY 2025-2026, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input checked="" type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

<b>NON-RECURRING REQUESTS</b> <i>(FORM B2)</i>	<b>For FY 2025-2026, my agency is (mark "X"):</b>	
	<input checked="" type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.

<b>CAPITAL REQUESTS</b> <i>(FORM C)</i>	<b>For FY 2025-2026, my agency is (mark "X"):</b>	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.
	<input type="checkbox"/>	

<b>PROVISOS</b> <i>(FORM D)</i>	<b>For FY 2025-2026, my agency is (mark "X"):</b>	
	<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>
<b>PRIMARY CONTACT:</b>	Darbi MacPhail	(803) 898-3331	macphadc@dph.sc.gov
<b>SECONDARY CONTACT:</b>	Meredith Murphy	(803) 898-4222	murphymb@dph.sc.gov

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

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

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

Agency Name:	Department of Public Health
Agency Code:	J060
Section:	31

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Ensuring Healthcare Facility Safety	4,642,592	0	0	0	4,642,592	22.00	0.00	0.00	0.00	22.00
2	B1 - Recurring	Healthy Moms, Healthy Babies	1,250,000	0	0	0	1,250,000	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Frontline Staffing for Critical Public Health Services	4,296,035	0	0	0	4,296,035	21.00	0.00	0.00	0.00	21.00
4	B2 - Non-Recurring	Modernizing IT Infrastructure Support Systems	16,135,000	0	0	0	16,135,000	0.00	0.00	0.00	0.00	0.00
5	B2 - Non-Recurring	"Hear Her" Campaign	1,600,000	0	0	0	1,600,000	0.00	0.00	0.00	0.00	0.00
6	B1 - Recurring	Additional Federal Authorization to Support WIC Food Spending	0	12,000,000	0	0	12,000,000	0.00	0.00	0.00	0.00	0.00
TOTALS			27,923,627	12,000,000	0	0	39,923,627	43.00	0.00	0.00	0.00	43.00

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>1</b>
------------------------	----------

*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Ensuring Healthcare Facility Safety</b>
--------------	--

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$4,642,592</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$4,642,592</b>
---------------	--

*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.*

<b>NEW POSITIONS</b>	<b>22.00</b>
----------------------	--------------

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

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<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 checked="" 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 #	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<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

<b>ACCOUNTABILITY OF FUNDS</b>	<p><b>Priority area: Health Services and Care</b></p> <p><i>Improving population health outcomes by minimizing disparities, and providing, facilitating and promoting access to high quality healthcare services that meet our communities' needs.</i></p> <p>This request seeks to ensure that all South Carolinian's have access to high quality healthcare services in safe facilities. The resolution of the current backlog of inspections and investigations would be the most exigent goal and the first method of evaluating this request. Additionally, reduction of time between receipt of complaints and conducting investigations is a measurable goal. Evaluation of complaint volume is another metric of this request; more timely investigations and violation resolutions should yield fewer complaints, indicating better regulatory compliance and increased preservation of health and safety measures. With fewer complaints requiring reactive inspections and resolution, Healthcare Quality employees could devote more time to proactive endeavors like compliance assistance through increased training and education for facilities.</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

Funds awarded would support the work of 22 new and 8 unfunded DPH FTEs to ensure regulatory compliance of various types of facilities across the state. They would also cover acquisition of new vehicles for field inspectors to visit facilities.

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 DPH's FY25 request for Healthcare Facility Safety. DPH received 25 of 47 FTEs and \$2M of \$6.5M requested but needs the balance to fully address the need and fund staff.**

### Problem:

DPH is statutorily required to inspect healthcare facilities to ensure safety of all residents and clients in South Carolina. These inspections are handled by our Healthcare Quality team. The bulk of inspections are of nursing homes and hospitals, but we provide service to many more facilities. The gamut of life-long care from birthing centers to hospice facilities, essential services such as renal dialysis and addiction treatment facilities, and even elective services offered in tattoo and piercing facilities are supported by DPH's Healthcare Quality inspectors.

Currently, DPH faces significant challenges in performing timely and thorough inspections of healthcare facilities, primarily due to understaffing. This staffing shortage has been worsened by intense competition with the private sector and other state agencies. As a result, the department now has a backlog of investigations, and complaints have risen by 35% from 2020 to 2023 (increasing from approximately 3,000 to 4,000). To manage the workload, staff are conducting "focused" inspections, which are faster but less comprehensive than standard inspections. However, these abbreviated inspections may overlook infractions, potentially leading to further complaints and, ultimately, adverse effects on patient health. Additionally, team size affects the quality of inspections. For instance, at large facilities, having teams of only two limits our ability to conduct thorough inspections. Ideally, inspection teams should consist of 4-5 staff members to ensure comprehensive coverage and assessment.

Year	Average # of State Accidents / Incidents Received	Average # of Complaints Received
2024	7,824	n/a
2023	12,209	4,029
2022	15,050	2,996
2021	13,802	3,207
2020	13,987	2,992

**The goal for complaint resolution is 30 days from receipt. As of 10/25/24, the average complaint resolution timeframes are:**

49.5 days for:

- Residential Treatment Facilities
- Nursing Homes
- Hospitals
- Renal Dialysis Clinics
- Ambulatory Surgical Facilities

59.5 days for:

- Community Residential Care Facilities (CRCFs)
- Intermediate Care Facilities for Intellectual Disabilities

76.5 days for:

- Adult Daycare
- In-Home Care Providers

<ul style="list-style-type: none"> <li>• Adult Daycares</li> <li>• Body Piercing Facilities</li> <li>• Hearing Aid Specialists</li> <li>• Home Health Agencies</li> <li>• Hospice Facilities</li> </ul>	<ul style="list-style-type: none"> <li>• In-Home Care Providers</li> <li>• Licensed Midwives</li> <li>• Tattoo Facilities</li> <li>• Chemically Dependent Person Inpatient/Outpatient Facilities</li> </ul>
---	---

Long hours and low pay have compounded staffing obstacles. We continue to address our recruitment and retention issues and have further increased staff salaries significantly using existing funding during FY24. Once the current vacancies within Healthcare Quality are filled, the area will be able to address the current backlog of complaints but will not have enough staff to keep up with inspections.

**Solution:**

Adding 47 full-time Healthcare Quality inspection staff over FY25 and FY26 will strengthen DPH’s ability to conduct timely and thorough healthcare facility inspections, ultimately improving regulatory compliance, reducing care-related complaints, and protecting the health of South Carolina residents. Adequate staffing will also support manageable workloads, enhancing employee retention.

The additional staff will enable larger inspection teams, including two dedicated to hospitals and CRCFs, allowing complaints to be resolved within two days. Currently, staff are unable to perform thorough inspections due to staff and time limitations.

Once the current backlog is cleared, these new positions will support expanded collaboration teams, which will work proactively with facilities to identify and resolve compliance issues, provide enhanced training for facility staff, and offer courtesy evaluations. With increased staffing, DPH will also be able to conduct night and weekend inspections, further reducing delays and improving overall inspection efficiency.

HQ staff are organized into sections by the types of facilities they inspect. The chart below outlines those facilities and their associated workloads. We have developed a case for additional staff based on the time required for each type of inspection and projected completion rate for current facilities and rate of complaints.

Facility Type (how many in SC)	Staff Needed	Duration of Inspections (Not including Travel)	Current Staff	Current Completion Rate	Goal	Needed to Meet Goal
Nursing Homes (191)	<ul style="list-style-type: none"> <li>• 5 Program Coordinator I</li> <li>• 2 Nurse Supervisor, Non-Institutional</li> </ul>	<ul style="list-style-type: none"> <li>• State: 5 hours (biennially)</li> <li>• Federal: 3 days (annually)</li> <li>• Revisits: 3-5 hours</li> <li>• Complaint investigations: 4 hours (30-40 complaints received per week)</li> </ul>	20 filled, 2 vacant	2-3 per month	20 inspections per month	need 5 teams of 6 to meet goal (5 teams = 5 inspections per week = 20 inspections per month)
Community Residential Care Facilities (aka Assisted Living) (457)	<ul style="list-style-type: none"> <li>• 1 Program Coordinator II</li> <li>• 8 Program Coordinator I</li> </ul>	State: 4-5 hours (annually)	6 filled, 3 vacant	1-2 per week	6 per week	need 4 teams of 4 and 1 team of 5 to meet goal (5 teams = 20 inspections per week = 80 per month)
Complaints Management Section (Currently 216 federal complaints and 723 state complaints on the backlog lists)	• 2 Program Coordinator I	Complaint investigations: 3-4 hours	7 staff, 3 vacant	Currently resolving complaints within 60-150 days	Resolution of complaint investigations within 14 days	
Hospitals (109), In-Home Care Providers (1,126), Body Piercing (49), Tattoo (179)	• 4 Program Coordinator I	<ul style="list-style-type: none"> <li>• Hospitals: 3 days</li> <li>• Body Piercing/Tattoo: 1/2 day</li> <li>• (Hospitals, In Homes, Body Piercing, Tattoo facilities Inspected biennially)</li> </ul>	8 filled, 0 vacant	<ul style="list-style-type: none"> <li>• 1 hospital inspection every other week (2 per month)</li> <li>• 5 in-home inspections per week (20 per month)</li> </ul>	<ul style="list-style-type: none"> <li>• 2 hospital inspections per week (8 per month)</li> <li>• 10 in-home inspections per week (40 per month)</li> </ul>	Need team of 14 to meet goal
Abortion clinics (3), birthing centers (5)		1 day each (annually)				
EMS (313 agencies, 3,300 vehicles)	None requested currently (though inspections are below target)	<ul style="list-style-type: none"> <li>• Routine vehicle inspections: 30 min - 1 hour</li> <li>• Complaint investigations: 3-4 hours (approximately 150 complaints annually)</li> </ul>	3 filled, 2 vacant	<ul style="list-style-type: none"> <li>• 2 complaint investigations per week</li> <li>• 12 vehicle inspections per week (48 per month)</li> </ul>	<ul style="list-style-type: none"> <li>• 5 complaint investigations per week</li> <li>• 20 vehicle inspections per week (80 per month)</li> </ul>	

**Impact of not receiving funds:**

Keeping Healthcare Quality understaffed puts South Carolina residents at risk by allowing healthcare facilities to operate without timely, thorough inspections. Without adequate oversight, facilities may fall out of regulatory compliance, leading to increased care-related issues and complaints, which in turn worsen inspection backlogs. Furthermore, by maintaining excessive workloads exacerbated by understaffing, current Healthcare Quality inspection staff are often overworked, risking a negative impact not only on their personal well-being but their quality of work, our state’s healthcare facilities, and potential harm to their patients.

Privatization of inspections is a significantly costlier option than hiring FTEs and only provides federal nursing home inspections, leaving state inspection requirements unmet. Healthcare Quality has temporarily augmented its inspection staff with contractors, but this solution is unsustainable due to cost, unmet state requirements, and unsatisfactory levels of performance.

**JUSTIFICATION OF REQUEST**

**Method of calculation:**

Personnel Costs:

- 19 AH35 Program Coordinator I
- 1 AH40 Program Coordinator II
- 2 EA24 Nurse Supervisor

- Balance of cost for 25 positions received in FY25 (\$2,864,195 less \$2M received)

Costs were calculated using midpoint salaries and average fringe rates, plus routine operating expenses. These include \$1,500 per employee for supplies, software, phones, rent, and insurance. Additional costs cover vehicles, computers, and equipment based on state contract pricing or recent quotes. Travel expenses are estimated using state reimbursement 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:	Department of Public Health		
Agency Code:	J060	Section:	31

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	2
------------------------	---

*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Healthy Moms, Healthy Babies</b>
--------------	-------------------------------------

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$1,250,000</b></p> <p><b>Federal: \$0</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$1,250,000</b></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.*

<b>NEW POSITIONS</b>	0.00
----------------------	------

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

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<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 checked="" 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 checked="" type="checkbox"/>	Related to a Non-Recurring request – If so, Priority # 5	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<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

<b>ACCOUNTABILITY OF FUNDS</b>	<p><b>Priority Area: Health Services and Care</b>  <i>Improving population health outcomes by minimizing disparities, and providing, facilitating and promoting access to high quality healthcare services that meet our communities' needs.</i></p> <p>Aligning with the findings of the March of Dimes' "Where You Live Matters" report, many areas across South Carolina (SC) lack safe, effective, timely, efficient, and equitable access to perinatal care. Public health's role is not only to help reduce barriers to care but also to provide education and resources to communities to improve outcomes before, during, and after pregnancy. Public health activities carried out by a mobile maternity care unit will reduce barriers, providing an opportunity to meet women where they are and link them to care.</p> <p>Research shows that funding programs and services aimed at reducing adverse maternal and birth outcomes is expected to result in overall healthcare cost savings, estimated as a return of \$30 to \$36 for every \$1 invested.</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

Funding would be utilized by providing perinatal care to maternal care deserts via a mobile maternity van acquired with funding granted in FY25. This request is for operating funding only and all goods and services will be procured in accordance with the SC Procurement Code.

*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

**Problem:** In South Carolina, rural areas face severe health disparities affecting maternal and infant health. Women in these areas experience over 50% of the state's maternal deaths, and infant mortality rates are 33% higher in rural counties compared to urban ones. Many rural counties lack adequate obstetric care, with 14 having no OBGYN and 5 having only one. This limited access results in missed early warning signs and poor health outcomes. Women living in these rural areas must travel long distances to seek care during and after pregnancy, resulting in a greater risk of maternal morbidity and adverse birth outcomes, such as stillbirth and NICU admission.

**Solution:** For FY25, DPH proposed a program to address increasing maternal and infant mortality rates in OB care deserts in SC. Funding was received to procure a **mobile maternity care van** and hire one FTE to oversee the program, but DPH still lacks recurring funds to operate the van. The funding requested for FY26 would allow a successful program launch and sustainment, providing services to women in rural areas who may be unable to seek critical care without it.

This mobile clinic will provide DPH the opportunity to facilitate health care access to women before, during, and after pregnancy. Mobile clinic operations will also promote local wellness and educational resources for women that address critical social determinants of health such as transportation, food insecurity, and poverty. Additionally, DPH can leverage partnerships with clinical stakeholders across SC to serve underinsured and uninsured women in communities where access to healthcare is limited. In partnership with clinical providers, the maternity care unit can provide targeted services across a woman's life course including well-woman, pregnancy and postpartum interventions, newborn interventions, chronic condition management, and primary care (where appropriate).

**Impact of Not Receiving Funds:** Without operational funding, the mobile maternity care van program cannot be operated. In South Carolina, 39.1% of women live in counties that experience higher adverse birth outcomes, and those living in maternity care deserts will continue to travel at least 2.1 times farther, if they can, to receive care than women in high-access areas. The lack of educational resources will also prevent early detection and management of pregnancy complications, leading to continued poor outcomes in underserved areas.

Funding these initiatives will improve maternal and infant health outcomes, ensuring better care and reducing disparities in SC communities.

**Method of Calculation:** Costs are calculated based on state contract pricing, recent quotes and recommendations from existing mobile health unit operators.

*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:	Department of Public Health		
Agency Code:	J060	Section:	31

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>3</b>
------------------------	----------

*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Frontline Staffing for Critical Public Health Services</b>
--------------	---

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<b>General: \$4,296,035</b> <b>Federal: \$0</b> <b>Other: \$0</b> <b>Total: \$4,296,035</b>
---------------	--

*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.*

<b>NEW POSITIONS</b>	<b>21.00</b>
----------------------	--------------

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

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<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 type="checkbox"/>	Loss of federal or other external financial support for existing program
	<input checked="" 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 #	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<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	

<b>ACCOUNTABILITY OF FUNDS</b>	<b>Priority Area: Health Services and Care</b> <i>Improving population health outcomes by minimizing disparities, and providing, facilitating and promoting access to high quality healthcare services that meet our communities' needs.</i>
	<p>The South Carolina Department of Public Health (DPH) is the state's leading authority for the identification and control of cases of sexually transmitted diseases (STDs), rabies, and Tuberculosis (TB). These infectious diseases have had rising incidence rates in recent years. To impact this increasing trend, DPH's programs need to be sufficiently staffed to prevent and control cases from further spread to the public.</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?*

	Funds will be used to support staffing and operational costs to address rising infectious disease cases:
--	--

## RECIPIENTS OF FUNDS

- **STD Program:** 4 new RNs and 8 new case workers for diagnostic services, treatment, and compliance.
- **Rabies Program:** 4 new investigators and funding for 4 existing investigators.
- **TB Program:** 5 new RNs and funding for 3 existing RNs for case management, plus 2 existing positions (Social Worker and Case Worker) to support treatment compliance.

*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?*

DPH provides a number of services to the state of South Carolina for which it is either the only provider or the expert provider of those services. We provide follow-up investigations and treatment of contacts which minimizes the spread of disease across the state. Further, DPH serves as the safety net provider for the state, making sure that uninsured and underinsured people receive the care they need. These are core public health functions, yet funding and staffing levels have not kept pace with their need throughout the state. We are seeking funding to address staffing deficits for three of these critical service needs: STDs, tuberculosis, and rabies.

### **STDs: (\$1,936,863)**

The rates of STDs are on the rise across our state. Recently, SC ranked 4<sup>th</sup> in cases of Chlamydia and 6<sup>th</sup> in cases of Gonorrhea. Richland County ranked 3<sup>rd</sup> for the highest STD rates per 100,000 residents of all 3,142 counties in the United States. In the last four years, syphilis rates have consistently increased across our state by an average of 17.6% per year. Further, the number of syphilis cases diagnosed in later stages has also increased. This indicates that more cases are being diagnosed and reported later in the infection, resulting in a longer period for potential transmission and more serious health effects.

Across all 46 counties, the agency conducts:

- STD testing and treatment
- Educational and counseling services
- Disease investigations

Without the thorough and timely performance of each of these services, the potential risk of exposure to others, and thus more costly and long-term complications, increases.

To respond to the increase in cases, and to investigate and notify those potentially exposed, more staff are needed. We are requesting funding for 12 additional full-time positions in our regional offices. The addition of 8 new case workers (2 per region), who perform exposure assessments and ensure patients receive full treatment, and 4 nurses (1 per region) would provide services to more people in need, lead to more prompt diagnosis and treatment of STDs, reduce the burden of those diseases, and increase adherence to care and outcomes among clients.

### **Rabies: (\$1,031,929)**

Rabies program staff provide on-call availability for response to high-risk animal exposures for the residents of South Carolina. The rabies team also works with veterinarians across the state to support access to vaccines for pets and education for the public and professionals alike. Rabies control activities involve securing animals that have potentially exposed people for rabies testing or quarantine. If a domesticated animal remains well through the quarantine period, or if an animal tests negative for rabies, unnecessary courses of the rabies vaccine series can be avoided, saving families the expense of ER visits and vaccines. The human vaccine alone costs around \$4,500 for the four-dose series and may or may not be covered by insurance. Full treatment costs often approach \$25,000-\$30,000, and rabies is fatal if left untreated.

As our population grows, we have more development in rural areas, leading to more people participating in outdoor activities and increased encounters with animals. The number of rabies incidents is up 18% since 2018, and as the state's public health authority, DPH's rabies program must meet the demand to control this disease by performing timely and thorough investigations. Due to staffing constraints, the rabies program has already had to scale back certain investigations (such as owners bitten by their pets) and quality assurance measures to meet the most critical needs. Some of these quality assurance measures include verifying an animal was observed to be in correct quarantine; contacting of bite victims; vaccination status of pets exposed to wild animals; and conveyance of information to a victim from a medical consultation. While agency protocol dictates a 24-hour response time to follow up on bite reports, there is currently a 9-14 day backlog in case investigation initiation.

The normal case load for each employee is 580 investigations per year (in addition to specimen collection and transport, phone calls, etc.). The current 16 filled and funded

## JUSTIFICATION OF REQUEST

positions can conduct 9,280 investigations annually. However, 13,812 investigations were needed in 2023, exceeding staff capacity by 4,532 investigations. With population growth trends sprawling into rural areas, the number of investigations are likely to continue to increase. At the 580 investigations per year per employee value, we need an additional 8 FTEs to meet this demand ( $4,532/580 = 7.8$ ).

DPH has four vacant FTE positions in the rabies program but does not have funding to fill them. Without the ability to fill these positions, the program will continue to fall behind in routine activities such as responding to bite reports in a timely manner and verifying the end of quarantine periods. We are seeking funding for these four FTEs as well as funding and FTEs for four additional positions to meet our state's current needs.

### **Tuberculosis: (\$1,327,243)**

Tuberculosis (TB) is the second leading infectious cause of death after COVID-19 but is preventable and curable with regimented, often lengthy treatment. Since 2020, SC has seen a 40% increase in active TB cases and a 54% increase in latent TB cases. People with latent TB are infected with TB bacteria but do not have the disease. However, latent infections can develop into disease if these bacteria become active and multiply. Treating latent TB infections in individuals substantially reduces the risk that they will progress to full-blown disease.

As part of DPH's TB program, each case is assigned a nurse case manager (NCM) who fulfills practice standards known to prevent TB in communities. Their responsibilities include:

- Evaluation and treatment for both active and latent TB cases:
  - Each dose of medication to treat TB is given as directly observed therapy (DOT) by the NCM, meaning the nurse physically observes the patient taking their medications
  - Treatment is given 5 days a week and usually lasts 6-9 months, or longer if there are complications, drug resistance, co-morbidities, or poor response to therapy. Treatment for latent TB can last 3-4 months.
  - For each patient on treatment, the NCM is tasked with closely monitoring patients, checking in on side effects, ensuring social and mental health needs are being met, providing education to the patient and family, and performing monthly nursing assessments to monitor response to therapy.
- Contact investigation activities related to each active TB case:
  - Average of 10-20 contacts per case
  - Contacts that need testing are tested twice over a 2-3-month period

Case workers and social workers are non-clinical staff who help patients with social needs remain compliant with the lengthy treatment courses. This aid reduces the burden on the NCMs so they can focus more on patients' medical needs.

Due to increased costs, TB staffing levels continue to fall; in 2021 there were 30 NCMs statewide. Currently we can only afford to fill 27 of them, increasing their average patient load from 23 to 34. Some of this capacity loss has been managed using Video Directly Observed Therapy (VDOT). VDOT reduces the travel time required for nurses to cover large geographic areas to meet patients in person to provide treatment. However, VDOT is not an option for all patients, such as those who lack access to technology, who are elderly, or who have complex treatment courses or social needs that make compliance a challenge.

Despite the use of VDOT, we are still unable to meet demand. We provide treatment for all active TB cases and their contacts, but with current staffing levels, we are prioritizing care for those who are uninsured, those at high risk for progressions to active disease, and those who are immunocompromised. Recent TB outbreaks, including one in a nursing home, have exacerbated the need for services.

We believe 29 patients per NCM is an acceptable caseload with the use of VDOT; an additional 8 NCMs are needed to meet this level. DPH has three vacant, unfunded NCM positions. We are seeking funding for these positions, as well as funding and FTEs for five additional NCMs. TB care is highly specialized; it takes roughly 6 months of training before a nurse can manage a patient load with the guidance of a medical consultant. As the increased caseload also requires non-clinical staff, DPH is seeking funding to fill two existing vacant, unfunded positions: a caseworker and social worker.

### **Method of Calculation:**

STD Program:

- 8 New Case Worker III (GA16)
- 4 New RNs (EA18)

Rabies Program:

- 4 New Program Coordinator II (AH40)
- Funding for 4 Existing Program Coordinator II (AH40)

TB Program:

- 5 New RNs (EA18)
- Funding for 1 Existing Social Worker (GB75)
- Funding for 1 Existing Case Worker I (GA14)
- Funding for 3 Existing RNs (EA18)

Costs were calculated using the midpoint salary for each band, as well as the agency average fringe and assessment rates for the positions listed above. Additional costs include routine staff operating expenses (\$1,500) per employee which includes general supplies, software licenses, telephones, rent, insurance, etc. Vehicles, services, computers, and equipment for staff operation based on current state contracted quotes and/or recent quotes for similar needs. Travel costs are estimated using typical mileage traveled at the state reimbursement rate 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:	Department of Public Health		
Agency Code:	J060	Section:	31

## **FORM B1 – RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	<b>6</b>
------------------------	----------

*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	<b>Additional Federal Authorization to Support WIC Food Spending</b>
--------------	--

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	<p><b>General: \$0</b></p> <p><b>Federal: \$12,000,000</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$12,000,000</b></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.*

<b>NEW POSITIONS</b>	<b>0.00</b>
----------------------	-------------

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

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<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 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 #	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<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

<b>ACCOUNTABILITY OF FUNDS</b>	<p><b>Priority Area: Health Services and Care</b>  <i>Improving population health outcomes by minimizing disparities, and providing, facilitating and promoting access to high quality healthcare services that meet our communities' needs.</i></p> <p>Additional federal authorization will allow increased participation and spending in the Women, Infants and Children (WIC) nutrition program. Progress will be tracked with grant reporting and WIC programmatic tracking.</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?*

	DPH will use the increase federal authorization to provide monthly benefits to South
--	--

**RECIPIENTS OF FUNDS**

Carolina women, infants and children who qualify.

Note that this request is for additional authorization only and is not a request for funding from the state.

*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**

WIC is a nutrition program funded by the USDA that provides health education, healthy foods, breastfeeding support, and other services at no cost to South Carolina families who qualify. The largest expenditure in this program is for the monthly benefits for participants to purchase healthy foods and infant formula.

DPH continually works to increase participation rates in South Carolina. We have gained over 5,000 new participants in the last year alone. In addition, the federal allowable benefit amounts for fresh fruits and vegetables have increased. Higher participation and higher allowances mean that DPH is spending significantly more in federal funds and has depleted available federal authority.

Pre-pandemic WIC spending averaged \$50.5M annually. FY23 spending was just under \$51M. FY24 spending exceeded \$62M, a 22% increase over FY23 and \$11.5M increase from pre-pandemic levels. We are on track to exceed this expenditure again this year.

An increase of \$12 million in spending authorization is needed to ensure that DPH can continue receiving and spending these resources to support healthy mothers and children.

*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:	Department of Public Health		
Agency Code:	J060	Section:	31

## **FORM B2 – NON-RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	4
------------------------	---

*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	Modernizing IT Infrastructure Support Systems
--------------	---

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$16,135,000
---------------	--------------

*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.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark "X" for all that apply:</b>	
	<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 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 checked="" type="checkbox"/>	IT Technology/Security related
	<input checked="" type="checkbox"/>	Consulted DTO during development
	<input type="checkbox"/>	HR/Personnel Related
	<input checked="" 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 #	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<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	

<b>ACCOUNTABILITY OF FUNDS</b>	<b>Priority Area: Public Health Infrastructure</b>
	<i>Striving for operational excellence by building and sustaining a diverse and skilled public health workforce, and improving the coordination of systems, processes and policies with internal and external stakeholders.</i>
	The South Carolina Department of Public Health (DPH) seeks to modernize its IT infrastructure and allow for the automation of many agency functions. This budget request directly addresses those aims, seeking to update and modernize several agency systems.

Each of the public-health related performance measures relies heavily on IT operations. Without advancement of system processes, public health staff will be severely hindered in performing their duties to protect and promote the health of South Carolinians.

*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?*

<b>RECIPIENTS OF FUNDS</b>	DPH will continue to utilize Department of Administration's shared services, software licenses, technology and security contractors to maintain servers and databases housed at the State IT Data Center. Modernization costs include contractors and software licensing. All procurements will be made in accordance with state procurement code.
----------------------------	--

*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

**Problem:** DPH's IT systems play an integral part in every activity currently performed by the agency. The funding request for this vital utility is to prevent business interruptions by modernizing antiquated systems.

DPH has complex billing and federal reporting requirements that cannot be managed solely by SCEIS. Unfortunately, many of these critical IT systems are utilizing aging platforms and legacy systems that are prone to technical issues and require robust security measures. Some systems are over 50 years old and are still based in a mainframe. Currently, there is discontinuity and poor integration among the various systems, leading to inefficiencies in workflows.

Because of these antiquated platforms, we are already experiencing disruption to our business continuity. Examples include:

- Being nine months behind in billing for certain procedures and medications dispensed at our health departments.
- Having delays in our required federal financial reporting due to a breakdown of our primary personnel costing application. Compounding this issue, the system is over 50 years old.
- Both financial and IT staff are spending significant time troubleshooting and making manual data corrections or workarounds.
- Because data are not housed in a central source, staff are maintaining multiple versions of the same data, requiring unnecessary time and leading to potential errors.

Overall, these systems need to be updated and modernized to improve work efficiency and financial integration, preserve data, improve data quality, etc.

**Solution:** Secure funding to allow for significant modernization of key systems in greatest need of upgrades. This includes those that supplement SCEIS and feed critical financial data with other systems, including our electronic health records platform. These systems are needed for federal reporting as many DPH grantors have very specific and detailed reporting requirements. Additionally, security efforts must evolve and be proactively implemented. DPH has robust security measures already in place, however systems running on outdated platforms are inherently less secure than modern platforms.

To judiciously assess and prioritize IT upgrade needs across the agency, we will perform a gap analysis of the agency's current operations and develop a roadmap to aid in future system modernizations with the support of the Department of Administration. The use of these contractors will prevent service disruptions by allowing current IT staff to continue their daily operations, and it will provide focused expertise and support to upgrades, ensuring maximum efficiency of funds and resources.

We anticipate that these upgrades will result in a more streamlined and efficient business model. Any financial efficiencies gained will be used to further improve or expand our services or redirected to direct program services.

**Impact of Not Receiving Funds:** Without fulfillment of this request, we risk vulnerabilities and recurring service disruptions due to delayed regular system and infrastructure maintenance. Potential security threats may be more likely to affect aging systems without proper updated safeguards. Without evolving modernization, data and protected financial and health information may be at risk, and system failures are more likely. Workflow inefficiencies will worsen due to incompatible systems and technical failures.

Without funding to support upgrades, DPH's IT functionality will not allow its internal operations to continue effectively. If costs were redirected from direct program services to cover essential IT-related expenses, DPH's services to our citizens may be impacted.

**Method of Calculation:** In consultation with DTO, estimates of the highest-priority modernization needs have been calculated based on phases of each project over 5 years and the vendor support needed to coordinate and provide oversight to each phase.

*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:	Department of Public Health		
Agency Code:	J060	Section:	31

## **FORM B2 – NON-RECURRING OPERATING REQUEST**

<b>AGENCY PRIORITY</b>	5
------------------------	---

*Provide the Agency Priority Ranking from the Executive Summary.*

<b>TITLE</b>	“Hear Her” Campaign
--------------	---------------------

*Provide a brief, descriptive title for this request.*

<b>AMOUNT</b>	\$1,600,000
---------------	-------------

*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.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<b>Mark “X” for all that apply:</b>	
	<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 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 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 # Healthy Moms, Healthy Babies	

<b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b>	<b>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</b>	
	<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	

<b>ACCOUNTABILITY OF FUNDS</b>	<b>Priority area: Health Services and Care</b>
	<p><i>Improving population health outcomes by minimizing disparities, and providing, facilitating and promoting access to high quality healthcare services that meet our communities' needs.</i></p> <p>CDC’s “Hear Her” campaign is an initiative aimed at addressing maternal health disparities and improving health outcomes for pregnant and postpartum women. Statewide expansion of this campaign aligns with the Health Services and Care priority area, providing education and resources needed to support work toward closing the gap in <u>poor maternal and infant health outcomes</u>.</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?*

<b>RECIPIENTS OF FUNDS</b>	<p>Funding would be utilized to expand to all SC counties media and education for patients and providers in accordance with CDC’s “Hear Her” Campaign. This request is for operating funding only, and all goods and services will be procured in accordance with the SC Procurement Code.</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

**Problem:** South Carolina ranks 8th highest for maternal mortality in the country. The state's Pregnancy-Related Mortality Ratio for 2020 was 32.3 pregnancy-related deaths per 100,000 live births with the majority occurring in the post-partum period. In SC, the mortality rate while pregnant or postpartum for non-Hispanic Black women is nearly 4x the rate for non-Hispanic White women. More than 90% of pregnancy-related deaths could be prevented. Furthermore, many of our state's rural counties lack adequate obstetric care, resulting in missed early warning signs and poor health outcomes.

**Solution:** DPH seeks to expand CDC's "Hear Her" campaign to all 46 counties in SC. This campaign was launched nationally by the CDC in August 2020 and utilizes culturally relevant messaging to raise awareness, educating pregnant and postpartum women about the warning signs for pregnancy and postpartum complications. It promotes empowerment and advocacy for women to speak up to their support systems and to seek medical attention when something doesn't feel right. Furthermore, it seeks to encourage those support systems - partners, friends, family, coworkers, and healthcare providers - to listen and help them act quickly. The campaign offers broad impact potential by providing media and education for both the public and healthcare providers, increasing awareness of an array of pregnancy-related complications and their warning signs. The goal is to help pregnant women and new mothers seek help sooner when needed, when problems are often more manageable, improving health of both the woman and her child.

To best optimize a limited budget, the "Hear Her" campaign focused on digital media dissemination methods. In the first year of the national campaign, there were over 390,000 unique visitors to its website and 180 million impressions from digital and social media. The use of digital media enabled the campaign to reach priority audiences even amid competing health messages related to the COVID-19 pandemic in news and social media.

The "Hear Her" campaign was piloted in Florence County for 12 weeks in January through March 2024, alternating 2 weeks radio and 2 weeks television. Digital streaming and social media ran continuously. Online videos had a 48.88% completion rate and resulted in 469 site visits while streaming content saw a 98.89% completion rate. Social media content resulted in 1,281 clicks. During the 12-week pilot, 6,075 television ads and 1,660 radio ads were aired. Expansion of this campaign statewide across varying media sources will address the ongoing need to increase awareness during and after pregnancy for certain warning signs and what to do if they are experienced.

**Impact of Not Receiving Funds:** Lack of educational resources will prevent early detection and management of pregnancy complications, leading to continued poor maternal and infant outcomes.

**Method of Calculation:** Budget estimates for this program are based on the cost of the pilot extrapolated for statewide deployment.

*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:	Department of Public Health		
Agency Code:	J060	Section:	31

## **FORM D – PROVISO REVISION REQUEST**

<b>NUMBER</b>	31.5
---------------	------

*Cite the proviso according to the renumbered list (or mark "NEW").*

<b>TITLE</b>	31.5 (DPH: Cancer/Hemophilia)
--------------	-------------------------------

*Provide the title from the renumbered list or suggest a short title for any new request.*

<b>BUDGET PROGRAM</b>	II. Programs and Services, A. Family Health, 2. Maternal/Infant Health
-----------------------	--

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

<b>RELATED BUDGET REQUEST</b>	n/a
-------------------------------	-----

*Is this request associated with a budget request you have submitted for FY 2025-2026? If so, cite it here.*

<b>REQUESTED ACTION</b>	Amend
-------------------------	-------

*Choose from: Add, Delete, Amend, or Codify.*

<b>OTHER AGENCIES AFFECTED</b>	n/a
--------------------------------	-----

*Which other agencies would be affected by the recommended action? How?*

<b>SUMMARY &amp; EXPLANATION</b>	<p>The existing proviso directs \$1,186,928 to be spent toward DPH’s hemophilia assistance program. The intent of this directive is to ensure adequate funding was set aside for assistance with individuals diagnosed with hemophilia.</p> <p>DPH has consistently provided services to this population and this commitment remains unchanged. The program has evolved from solely providing blood clotting factor (now managed by DHHS and MCOs) to offering services like case management, insurance premium assistance, and copayment assistance. These services have always been available to uninjured clients but have recently expanded to support those who are underinsured.</p> <p>These service and population expansions make better use of funds and improves client outcomes without additional financial resources, while continuing to support hemophilia-specific services. In short, we can provide greater benefits to more clients at a lower cost to the state. The hemophilia program alone no longer costs \$1,186,928.</p> <p>Because of the restrictive language of the proviso, we are unable to direct remaining funding to blood disorders beyond hemophilia. Our programs seek to assist with all blood disorders including Hemophilia A and B, Von Willebrand Disease, rare factor deficiencies, and sickle cell disease, and would benefit from increased funding by a minor proviso revision. We request that every instance of the word "hemophilia" in this proviso be changed to "hemophilia and other blood disorders."</p> <p>No additional funding is being requested, nor will hemophilia-specific services be negatively impacted or changed. Furthermore, this request will in no way impact any other proviso, including Proviso 31.10 "Sickle Cell Programs."</p> <p>Fulfillment of this request will also realign terminology to reflect state and national trends. Organizations are changing language that restricts blood disorder services to hemophilia alone in favor of more inclusive terms; for example, the "Hemophilia Association of South Carolina" is now the "Bleeding Disorders Association of South Carolina."</p>
----------------------------------	--

*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**

The language change requested will allow more efficient use of funds. Services provided with existing funding can be maximized to extend to more clients and enable better outcomes. No additional funding is being requested.

*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**

31.5. (DPH: Cancer/Hemophilia **and Other Blood Disorders**)

Notwithstanding any other provisions of this act, the funds appropriated herein for prevention, detection and surveillance of cancer as well as providing for cancer treatment services, \$545,449 and the hemophilia **and other blood disorders** assistance program, \$1,186,928 shall not be transferred to other programs within the agency and when instructed by the Executive Budget Office or the General Assembly to reduce funds within the department by a certain percentage, the department may not act unilaterally to reduce the funds for any cancer treatment program and hemophilia **and other blood disorders** assistance program provided for herein greater than such stipulated percentage.

*Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.*

Agency Name:	Department of Public Health		
Agency Code:	J060	Section:	31

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

<b>TITLE</b>	Agency Cost Savings and General Fund Reduction Contingency Plan
--------------	---

<b>AMOUNT</b>	\$3,838,079
---------------	-------------

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

<b>ASSOCIATED FTE REDUCTIONS</b>	<p>Reductions will require that the agency reduce (state) FTEs. A 3% reduction will require that approximately 38 state positions be reduced from the agency. Not all the positions will be FTE slots, some will be hourly positions. All programs will be fully analyzed to determine how to reduce the budget in a way that will minimize the impact to both mission critical services and agency personnel. The actual positions removed from the budget will be determined by analyzing the need for vacancies created through attrition, change in source of funds and reassignment of programs or activities.</p>
----------------------------------	---

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

<b>PROGRAM / ACTIVITY IMPACT</b>	<p>All programs and services will be impacted by a 3% reduction as follows:</p> <ol style="list-style-type: none"> <li>1. Administration \$726,216</li> <li>2. Programs and services \$2,533,532</li> <li>3. State employer contributions \$578,331</li> </ol> <p>For a total of \$3,838,079</p> <p>These reductions will strain core public health programs where demand is already greater than available resources. Additional reductions in case services, other operating, and staffing will extend the turnaround time for services. These include the amount of time it takes to get an appointment at a health department, the timeline for inspections, and overall turnaround time for service delivery.</p>
--------------------------------------	--

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

<b>SUMMARY</b>	<p>A 3% reduction will result in the loss of \$3,838,079. This will result in less state funds to provide services to the citizens of South Carolina. However, the agency will work to minimize the negative impact on mission critical functions and personnel. The agency will lose approximately 38 state-funded positions, and these will be reduced after careful analysis of vacancies resulting from attrition. Where necessary, the agency will reassign positions and activities and change funding sources.</p>
----------------	---

*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**

DPH routinely seeks to reduce expenses by comparing costs to procure services with costs to perform the same services internally. As an example, in March 2024, DPH contracted with the University of South Carolina's Perinatal Awareness Successful Outcomes (PASOs) program for specialized outreach services to the Latino population in South Carolina to increase awareness and enrollment in the WIC Program. The cost to the agency to provide these services without this contract would be \$367,889 annually. Our annual contract cost to USC PASOs is \$260,193. This contract gives the agency estimated savings of \$107,696 annually. This is expected to be a multi-year contract, extending until 2028.

*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:	Department of Public Health		
Agency Code:	J060	Section:	31

## FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

<b>TITLE</b>	Online Immunization Record Access
--------------	-----------------------------------

*Provide a brief, descriptive title for this request.*

<b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b>	The Statewide Immunization Online Network (SIMON) public portal allows citizens to access immunization records online for themselves or their dependents. This public-facing registry is available 24 hours a day and reduces the time and effort once required to access immunization records through agency staff.
--	--

*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.*

<b>FACTORS ASSOCIATED WITH THE REQUEST</b>	<p><b>Mark "X" for all that apply:</b></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								

<b>METHOD OF CALCULATION</b>	<p>Prior to the launch of the public-facing SIMON registry portal in November 2022, members of the public would contact immunization staff via phone or email with records requests. Staff would process requests with the client on the phone or in person at a health department, taking anywhere from 15 minutes to an hour. Immunization records could not be emailed, either – the only options to transmit records were fax or mail.</p> <p>Now, users can immediately access the immunization registry on their own from any web browser. They provide basic information on the person whose record is needed (first and last name, gender, date of birth) along with a cell phone or email address that their provider has entered in SIMON. Results usually take 2-3 minutes at most, assuming the information entered is accurately linked to the SIMON system.</p>
------------------------------	---

*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

<b>REDUCTION OF FEES OR FINES</b>	Not applicable
-----------------------------------	----------------

*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?*

<b>REDUCTION OF REGULATION</b>	Not applicable
--------------------------------	----------------

*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

	<p>SIMON's on-demand record access saves significant time and costs for both clients and immunization staff. It eliminates the need for client transportation, postage, and reduces material use, as records are electronically transmitted.</p> <p>Parents of young children especially benefit from SIMON as they often need to access these frequently updated records for school and daycare. The ability to quickly reference a child's record ensures parents can verify children have received vaccines necessary for various activities and schedule those not yet received. The ease of use for providers allows for quick and accurate record updates and the ability to easily print immunization certificates as needed.</p> <p>Before the portal was launched, immunization staff would receive around 20 record requests per day depending on the time of year. Toward the start of each school year, requests would increase to over 50 per day. Between May 9, 2023, and April 9, 2024, a total of 122,250 constituents have searched the public portal, demonstrating improved access. The autonomy and transparency this service provides to citizens allows them to more easily determine which immunizations have been received and which might be needed.</p> <p>DPH plans to add the South Carolina Certificate of Immunization to the portal in the</p>
--	--

## SUMMARY

future, further cutting costs and easing the process for parents, school nurses, and health department staff.

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