



SOUTH CAROLINA ASSISTED LIVING ASSOCIATION SPRING CONFERENCE 2026 LEGISLATIVE AND BUDGET UPDATE

April 29, 2026

Legislative Session

The 2026 legislative will adjourn *Sine Die* on May 14th. Since this is the second year of the two-year regular session, any bills that have not been completed will die. While the House and Senate will adjourn, various committees and subcommittees may continue to meet to address issues.

State Budget

The General Assembly had approximately \$2.4B in new revenue to appropriate for next year's state budget that goes into effect on January 1, 2026.

- New recurring General Fund Revenue of \$733.9M
- Non-recurring revenue of \$1.71B
- The South Carolina Board of Economic Advisors has not changed its forecast for this year; however, they are scheduled to meet again on May 19th.

The budget process in South Carolina:

- Begins in the House (Ways and Means Committee).
- Goes to the Senate (Senate Finance) in March after the House adopts its version.
- Goes back to the House in April after the Senate adopts its version where it can be amended.
- Goes to a conference committee in May to resolve any differences between House and Senate version.
- Goes to the Governor who has line-item veto authority.
- Goes into effect July 1st.

The Senate's version of the budget has now gone back to the House. The House will be taking up the budget again this week to address any amendments.

The major priorities funded by both bodies include:

- Infrastructure (Roads and Bridges): \$500M
- Income Tax Relief: \$308M
- Teacher Pay Raises: Increased starting pay by \$2,500
- State Employee Pay Increase of 2%: \$67M
- State Employee Health Plan Cost: \$34M
- MUSC Cancer Hospital: \$175M (non-recurring)

Medicaid

Budget Request and Update

The SCDHHS requested \$203M in recurring funds for next year.

- \$103M for maintenance of effort

- \$53M for federally required premiums for dual eligibles
- \$47M for home and community-based services

The House initially appropriated \$176M for Medicaid while the Senate appropriated only \$142M. Hopefully the House will amend the budget this week to increase the amount appropriated to SCDHHS and the final amount will be determined by a conference committee.

Rural Health Transformation Program

SCDHHS received over \$200M in federal Rural Health Transformation Program funds for the first year. SCDHHS is seeking applications for rural health care initiatives to include modernizing health IT, chronic disease program expansion, expanding remote patient monitoring and assistive technology, mobile crisis response, expanding community care sites, facility enhancements, healthcare workforce, and masterclass training series. Grant applications are due June 1st. Information is available on the SCDHHS website under “grants.”

Work Requirements Waiver

SCDHHS submitted a work requirement waiver application, Palmetto *Pathways to Independence*, in June 2025 that is still pending at CMS. The proposed waiver population is no more than 11,400 individuals.

Managed Care Plan

SCDHHS plans developed a multi-year transition plan to move all beneficiaries into managed care. In January 2026, the following populations were transitioned: dual eligible members, HIV/AIDS Waiver members, Mechanical Ventilator Dependent Waiver members, and SC Community Choices Waiver members. Any individual residing in a nursing facility will be enrolled in a Medicaid managed care organization for coverage of Medicaid State Plan services. Waiver and nursing facility services will remain authorized and reimbursed through the fee-for-service delivery model.

Bills of Interest

- [S.146](#), Bill of Rights for Residents of Long-Term Care Facilities, was signed by the Governor on April 7th. This bill amended the existing bill or rights act to add a section to allow each resident or representative of a resident to designate up to three people who are permitted to visit the resident in the event that access to the facility is limited or prohibited due to a declared state of emergency arising from a disaster or public health emergency. Only one visitor per resident shall be allowed at any time during regular visiting hours. The resident or representative of a resident shall provide the facility each person's name, relationship to the resident, and contact information. The designated person must be allowed to regularly visit the resident during the time that access to the facility is limited or prohibited. A resident or representative of a resident may change the list of designated visitors twice during any calendar year or at such time as a designated visitor is permanently unable to continue to visit. Nothing in this subsection may be construed to require a resident, or the resident's representative, to authorize visitation by any particular

member of the clergy or any other individual acting in a religious or spiritual capacity if doing so would be inconsistent with that resident's or representative's religious beliefs.

- [H.3022](#) seeks to amend the statute related to the Long-Term Care Council to correct references to certain agencies as a result of restructuring. The bill also added language stating that the council shall work to establish and maintain a statewide access system for consumers to access long-term supports and services. This legislation was adopted by the House in February. The bill received a favorable report from Senate Medical Affairs this month and is now on the Senate calendar.

The following bills of interest will not pass this year so will die. If there is still interest in the issue, a sponsor or sponsors will have to introduce a new bill next year to start the legislative process over. SCALA has drafted one-page position papers in opposition to these bills should they be reintroduced next year.

- [S.81](#) was introduced in 2025 and referred to the Senate Medical Affairs Committee. This bill seeks to amend existing statute related specifically to nursing homes to authorize the Department of Public Health to reorganize and regulate separate standards for memory care facilities and assisted living facilities in nursing homes. SCALA opposes this legislation. The Department of Public Health completed a study related to memory care pursuant to a budget proviso adopted at the end of last year's session. The [Memory Care Study](#) which was finalized and submitted to the Senate Medical Affairs Committee and the House 3M Committee on January 1, 2026; however, no action has been taken on S.81 since the finalization of this report.
- [S.328](#) was introduced in February 2025 and referred to the Senate Medical Affairs Committee where it remains. The bill seeks to amend existing statute to add a requirement that prior to closure of a long-term care facility, residents must be provided with written notice of not less than 90 days.
- [S.819](#) was introduced this year to establish a procedure for tuberculosis testing of applicants and new employees at nursing homes and community residential care facilities. The bill is designed to help long term care facilities hire employees more efficiently by streamlining the TB testing process for new hires. The bill has been passed by the Senate and sent to the House 3M Committee. The bill is scheduled to be heard by the House 3M Committee on May 5th.
- [H.3634](#) would mandate that nursing homes and community residential care facilities install and use video cameras in each resident's room to provide legal guardians the ability to remotely monitor. This bill was introduced last year and referred to the House 3M Committee where it remains.

the South Carolina House are up for election in November 2026. Additionally, Lindsey Graham's US Senate seat, and all of the US House of Representative seats are up for election.

The 2026 primaries are scheduled for June 9th with any needed primary runoff elections to be held on June 23rd.

Call to Action

- Make sure you know your candidates and vote
- Know who is on your legislative delegation.
- Get to know your delegation members.
- Be prepared to engage members as needed on issues impacting assisted living facilities.

