

**From:** Catherine McNicoll <CatherineMcNicoll@scstatehouse.gov>  
**To:** 'Broome, Darryl'dbroome@aging.sc.gov  
'Dickinson, Gerry'gdickinson@aging.sc.gov  
**CC:** Danny VaratDannyVarat@scstatehouse.gov  
**Date:** 2/9/2018 9:51:26 AM  
**Subject:** RE: Douglas Palliative Care Language.

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Proposed response to Rep. Douglas:

"Good Afternoon Representative Douglas,

Thank you for including the Lieutenant Governor's Office and the Lieutenant Governor's Office on Aging (LGOA) in preparing this language. We have reviewed the language and generally support the proposal. However, we have a few concerns with the specific language. Primarily, we are concerned with the makeup of the task force and with the extra work put on the agency.

With regard to the makeup of the taskforce, the requirement of the agency representatives for both DHHS and the LGOA to have palliative care experience may be difficult to fulfill given that most of the role of the LGOA is in providing services not directly providing medical information. That being said the LGOA fully supports this as a component of truly serving our seniors in this state. We do have members of staff that have experience with social work and advocacy but they may not be able to serve since we are a small agency. We feel this language locks us in and that really any member of our staff could be valuable on the taskforce. We would prefer more freedom in who is assigned. We feel that DHHS (though they likely have more employees with specific experience) should likewise be given the freedom to support the taskforce but also do what is best for their agency.

As to the extra work, there is not necessarily a member of the staff that has sufficient medical expertise to fully support this taskforce. The agency would be capable of providing administrative support, but we would need to further strategize on how to provide research support to the taskforce. Further, the nature of this task force falls outside of our directives from the Older Americans Act and therefore the functions could not be funded with the administrative funds from the Older Americans Act. We do not think that this task force would be expensive but we do not want to jeopardize the provision of services to seniors for the task force.

We are happy to discuss some changes that would make this a better fit. Additionally, if this taskforce is based off something being done in another state, I would love to review how that state has organized themselves. Thank you again."

Thoughts? My hope would be that from here we (me, Gerry, Darryl, and the Reps) could discuss the necessary changes and possible need for a small amount of admin funds. I honestly can't imagine this would cost very much but like I implied in the draft, we don't really have a bucket to pull from that isn't already tasked.

*Best Regards,  
Catherine McNicoll  
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803-734-5292 (phone)*

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**From:** Broome, Darryl [mailto:dbroome@aging.sc.gov]  
**Sent:** Thursday, February 08, 2018 2:42 PM  
**To:** Catherine McNicoll  
**Subject:** FW: Douglas Palliative Care Language.

My only concern is the section we discussed. I think several issues could be resolved through proper appointments of

members. I think we should support the issue.

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From: Dickinson, Gerry  
Sent: Thursday, February 08, 2018 2:33 PM  
To: 'Catherine McNicoll'  
Cc: Broome, Darryl  
Subject: RE: Douglas Palliative Care Language.

My major concern is that the LGOA is tasked to run a committee it only has one representative. Do you think this committee could be folded into the Joint Legislative Committee on Aging – as the JLCA is tasked with studying services, facilities, programs, etc.

Also, we do not have any programs that truly provide real personal skill medical care – yes we have personal care with our home care but even that is limited. Would our agency as the host agency be required to hire someone with a medical background to address these issues and if so, where would the funding come from? And the AAAs don't have staff who do anything medical related. This is outside the scope of the federal SUA role so ACL money could not be used towards this?

I think it is a good proposal but not sure we have the staff expertise or resources to staff, research, and host the function? I can meet any time to discuss at length.

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From: Catherine McNicoll [<mailto:CatherineMcNicoll@scstatehouse.gov>]  
Sent: Thursday, February 8, 2018 1:45 PM  
To: Dickinson, Gerry <[gdickinson@aging.sc.gov](mailto:gdickinson@aging.sc.gov)>  
Subject: Douglas Palliative Care Language.

Gerry, Please let me know what you think of the language. My only notes were:

- The "With Palliative care experience" requirement for the representative of the division on aging is likely unnecessary and may limit the agency.
- We may want to be careful about not searching staff too thin with too many meetings of these types of advisory boards, etc.

Once we have a solid position, I will speak with Rep. Douglas.

*Best Regards,*  
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