**South Carolina General Assembly**

123rd Session, 2019-2020

**H. 4748**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Moore, Clyburn, Hosey, Henegan and Trantham

Document Path: l:\council\bills\jn\3147ph20.docx

Introduced in the House on January 14, 2020

Currently residing in the House Committee on **Medical, Military, Public and Municipal Affairs**

Summary: SC Veterans Bill of Rights

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

11/20/2019 House Prefiled

11/20/2019 House Referred to Committee on **Medical, Military, Public and Municipal Affairs**

1/14/2020 House Introduced and read first time ([House Journal‑page 88](file:///h:\hj\20200114.docx))

1/14/2020 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 88](file:///h:\hj\20200114.docx))

1/16/2020 House Member(s) request name added as sponsor: Trantham

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**VERSIONS OF THIS BILL**

[11/20/2019](file:///p:\pprever\2019-20\4748_20191120.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, TO ENACT THE “SOUTH CAROLINA VETERANS BILL OF RIGHTS” BY ADDING ARTICLE 7 TO CHAPTER 11, TITLE 25 SO AS TO ENUMERATE SERVICES THE SOUTH CAROLINA DEPARTMENT OF VETERANS’ AFFAIRS SHALL FURNISH TO IMPROVE VETERAN ACCESS TO JOBS, HIGHER EDUCATION, HEALTH CARE, AND HOUSING.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. This act is known and may be cited as the “South Carolina Veterans Bill of Rights”.

SECTION 2. Chapter 11, Title 25 of the 1976 Code is amended by adding:

“Article 7

South Carolina Veterans Bill of Rights

Section 25‑11‑700. It is the intent of this article to help veterans access jobs, higher education, health care, and housing.

Section 25‑11‑710. (A) The South Carolina Department of Veterans’ Affairs (department) must produce monthly electronic reports of workforce need projections by industry, job type, geography, and required credentials. The report must highlight in‑demand industries, job types, and required credentials by geographic area.

(B) The department must provide the monthly reports to appropriate military placement offices, education centers, and nonprofit programs working to connect veterans with jobs. The department must publish the monthly reports on its website.

Section 25‑11‑720. (A) The department must increase the number of veterans participating in the Federal Motor Carrier Safety Administration’s Military Skills Test Waiver Program by:

(1) publishing information about the program on the department’s website;

(2) coordinating with military placement and training programs; and

(3) disseminating information on the program to veterans with relevant experience who have recently relocated to South Carolina.

(B) The department must coordinate with the South Carolina Department of Labor, Licensing and Regulation to review all state licensing practices for which military members may have relevant training or experience and produce a report recommending steps that can be taken to increase recognition of military training and experience toward in‑state licensing within one year after the effective date of this article. The department’s review shall include, but is not limited to, EMTs, paramedics, physician’s assistants, and nurses.

Section 25‑11‑730. (A) Every institution within the state university, community college, and technical college systems must, upon application of a student in good standing, grant academic credits, without limitation, towards his or her degree for completion of courses that were part of such veteran’s military training or service if the completed courses meet the standards of the American Council on Education or its equivalent for the awarding of academic credits.

(1) No fee, tuition, or other charge may be assessed against a veteran who qualifies for such credit pursuant to this section.

(2) The department must adopt such procedures as are necessary to fully implement the provisions of this section.

(B) At institutions within the state university, community college, and technical college systems:

(1) An institution that offers an early course registration period for any segment of the student population, must have a process in place to offer early course registration to students who are veterans of the Armed Services of the United States or members of the National Guard.

(2) A student who is called to active duty in the Armed Forces of the United States after regularly attending thirteen or more weeks of class or completing eighty‑five percent of the term’s work through acceleration shall receive full credit for each course in which he or she has a grade of C or better.

(3) A student called to active duty who does not meet attendance requirements sufficient to earn a grade is entitled to a one hundred percent refund of tuition and fees.

(4) A veteran without previous college experience is permitted to file an application for admittance up to the end of registration, and is allowed to begin classes pending completion of the application.

(5) Upon return from active duty, a veteran may register for courses without late fees or other penalties following the close of the institution’s normal registration period.

Section 25‑11‑740. (A) The department must develop and operate veteran health navigator services to increase access to health care coverage and services. Veteran health navigator services shall:

(1) help identify all federal and other health benefits, coverages, and services available to veterans and their families; and

(2) coordinate with relevant departments, health care providers, and health insurance programs to assist veterans and their beneficiaries in applying for coverage under such programs, including helping veterans overcome barriers within the health care system to ensure enrollment in health plans and effective delivery and coordination of health services. This includes mental health services.

(B) Using the veteran health navigators and programs described in subsection (A) as a source of information about the unique needs and coverage and treatment gaps faced by veterans and their families, the department must examine all existing programs designed to increase access to affordable, quality health care, to evaluate whether the needs of veterans and their families are met by those programs, or whether further coordination with the veteran health navigators, or other steps, would better meet the needs of veterans and their families.

Section 25‑11‑750. (A) In coordination with local, state, and federal governmental agencies, nonprofit service providers, including Veterans Affairs Medical Centers, and the United States Department of Veterans Affairs, the department must develop and implement a strategy to reduce barriers to access to mental health services and treatment for veterans and their families by:

(1) identifying structural and logistical barriers to accessing treatment, including perceived stigma, long travel distances to receive care, and any other barriers, and making an annual report on such barriers available to the General Assembly, Governor, and on its website;

(2) resolving all barriers identified in item (1) that can be resolved without legislative or budgetary action, including through increased coordination between departments, nonprofit service providers, and the federal government, and the application for and use of private and federal grants; and

(3) reporting annually to the General Assembly, Governor, and on the department’s website of additional legislative or budgetary steps that would resolve barriers identified in item (1) that have not been resolved by the steps taken in item (2).

(B) In coordination with local, state, and federal governmental agencies, and nonprofit service providers including Veterans Affairs Medical Centers, and the United States Department of Veterans Affairs, the department must enhance and strengthen suicide prevention programs in keeping with proven best practices and research by:

(1) identifying and applying for federal and private grants focused on veteran suicide prevention;

(2) coordinating local, state, federal, and nonprofit programs that include community‑based approaches for at‑risk veterans and veterans at large;

(3) providing technical assistance to communities to develop strategic plans to reduce veteran suicide, including coordination and participation by local leaders, faith communities, schools, workplaces, and other stakeholders; and

(4) evaluating community strategic plans within South Carolina and disseminating information and best practices to optimize the impact of efforts by all partners and stakeholders.

Section 25‑11‑760. (A) The department must create a centralized provider database identifying mental health providers with expertise and ability to assist veterans and their families by region highlighting providers with training or experience in the prevention and treatment of veteran suicide.

(B) Using existing resources, and incorporating best practices and research from the United States Department of Veterans Affairs, and nonprofit service providers in South Carolina, the department must develop a continuing education course for mental health providers in South Carolina to obtain expertise in veteran suicide assessment, prevention, treatment, and risk management and make that program available at no cost to providers in regions of the State identified in subsection (A) as lacking sufficiently trained providers.

(C) From existing or appropriated resources, the department must identify evidence‑based best practices to increase awareness of any veteran suicide prevention hotline in South Carolina or nationally and other crisis resources with proven effectiveness to reduce veteran suicide.

Section 25‑11‑770. (A) The department must set and achieve a goal of ending veteran homelessness three years from the date of this act.

(1) ‘Ending veteran homelessness’ is defined in accordance with the criteria most recently released by the United States Interagency Council on Homelessness.

(B) In coordination with local, state, and federal governmental agencies and nonprofit service providers, and in consultation with states and cities that ended veteran homelessness, the department must develop and implement a strategy to meet that goal within three years of this act by:

(1) coordinating community outreach and creating a common assessment tool;

(2) creating a community‑wide, comprehensive list of the names of all veterans experiencing homelessness, prioritized based on vulnerability;

(3) sharing data among all relevant providers, state governmental agencies, and Veterans Affairs Medical Centers;

(4) streamlining processes for appropriate housing placement for homeless veterans;

(5) connecting veterans experiencing homelessness to health, mental health, employment, and training resources through the services described in this act; and

(6) identifying and applying for funding, as needed, from private, foundation, and other partners.”

SECTION 3. This act takes effect upon approval by the Governor.

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