



AGENDA
(REGULAR AND CONSENT)

HOSPITAL AUTHORITY BOARD OF TRUSTEES
AND
UNIVERSITY BOARD OF TRUSTEES

August 14, 2020

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA)
REGULAR AGENDA**

Board of Trustees Meeting
August 14, 2020
101 Colcock Hall/Via Teleconference

Members of the Board of Trustees

Mr. Charles W. Schulze, Chairman
Dr. James Lemon, Vice-Chairman
Ms. Terri R. Barnes
The Honorable James A. Battle, Jr.
Mr. William H. Bingham, Sr.
Dr. W. Melvin Brown III
Dr. Henry F. Butehorn III
Dr. C. Guy Castles III

Dr. Richard M. Christian, Jr.
Dr. Paul T. Davis
Dr. Donald R. Johnson II
Ms. Barbara Johnson-Williams
Dr. G. Murrell Smith, Sr.
Mr. Michael E. Stavrinakis
Thomas L. Stephenson, Esq.
Dr. Bartlett J. Witherspoon

Trustees Emeriti

Ms. Margaret M. Addison
Mr. Allan E. Stalvey

Dr. Charles B. Thomas, Jr.
Dr. James E. Wiseman, Jr.

- Item 1. Call to Order..... Charles Schulze
Chairman
- Item 2. Roll Call Jane Scutt
Assistant Board Secretary
- Item 3. Date of Next Meeting – October 9, 2020 Jane Scutt
Assistant Board Secretary
- Item 4. Approval of Meeting Minutes of May 15, 2020, and June 26, 2020 Charles Schulze
Chairman
- Item 5. Election of Chairman and Vice Chairman of the MUHA and MUSC Board of Trustees Charles Schulze
Chairman

In accordance with the MUHA and MUSC Board of Trustees Bylaws, Section III.B. and C., election of Chairman and Vice Chairman will take place.

Recommendations and Informational Report of the President: Dr. David Cole

- Item 6. General Informational Report of the President..... Dr. David Cole
President
- Item 7. Other Business Dr. David Cole
President

Authority Operations, Quality and Finance Committee: Dr. Murrell Smith, Chair

- Item 8. MUHA Status Report..... Dr. Patrick Cawley
Chief Executive Officer, MUSC Health

- Item 9. MUHA Financial Report Lisa Goodlett
Chief Financial Officer, MUSC Health
- Item 10. FY2021 MUHA Budget for Approval Lisa Goodlett
Chief Financial Officer, MUSC Health
- Item 11. Annual Quality and Safety Report Dr. Danielle Scheurer
Chief Quality Officer, MUSC Health
- Item 12. Legislative Update Mark Sweatman
Director, Government Relations
- Item 13. Other Committee Business Dr. Murrell Smith
Committee Chair

MUHA and MUSC Physical Facilities Committee: Mr. Bill Bingham, Chair

- Item 14. MUHA Facilities Procurements/Contracts for Approval Greg Weigle
Chief Facilities Officer, MUSC
- Item 15. MUSC Facilities Procurements/Contracts for Approval Greg Weigle
Chief Facilities Officer, MUSC
- Item 16. Other Committee Business Bill Bingham
Committee Chair

MUHA and MUSC Audit Committee: Mr. Tom Stephenson, Chair

- Item 17. Report of the Office of Internal Audit Susan Barnhart
Director, Internal Audit
- Item 18. Other Committee Business Tom Stephenson
Committee Chair

Other Business for the Board of Trustees: Mr. Charles Schulze, Chair

- Item 19. Approval of Consent Agenda Charles Schulze
Chairman
- Item 20. Executive Session Charles Schulze
Chairman

Upon proper motion and vote, the Board may convene a closed session pursuant to SC Code Ann. §30-4-70. Although the Board will not vote on any items discussed in closed session, the Board may return to public session to vote on items discussed.

- Item 21. New Business for the Board of Trustees Charles Schulze
Chairman
- Item 22. Report from the Chairman Charles Schulze
Chairman

MUSC Health (excluding MUSCP)

Interim Financial Statements

June 30, 2020

Medical University Hospital Authority (MUHA)

Statement of Revenues, Expenses and Changes in Net Assets

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MUSC Strategic Ventures (MSV and MHI, INC)

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Note:

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2) MUHA recognized CARES stimulus funding received in April 2020 as NonOperating revenue. This classification will be further reviewed based on expense utilization and future guidance from GASB at June 30, 2020.

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Medical University Hospital Authority - Consolidated
Statement of Revenues, Expenses and Change in Net Position
For the 12 Month Period Ending June 30, 2020
Modified FASB Basis

	Current Month				Fiscal Year To Date			
	Actual	Budget	\$ Variance	% Variance	Actual	Budget	\$ Variance	% Variance
Operating Revenues:								
Net Patient Service Revenues	\$ 158,864,980	\$ 152,331,779	\$ 6,533,201	4.29%	\$ 1,756,670,388	\$ 1,824,564,513	\$ (67,894,125)	-3.72%
Other Revenue - DSH Revenue	9,169,184	4,265,159	4,904,025	114.98%	56,956,716	51,349,450	5,607,266	10.92%
Retail Pharmacy Revenue	16,493,990	11,257,665	5,236,325	46.51%	186,469,964	133,924,095	52,545,869	39.24%
Other Revenues	3,964,453	6,124,556	(2,160,103)	-35.27%	69,415,550	72,920,581	(3,505,031)	-4.81%
COVID-19 Stimulus Funding	(58,272,007)	-	(58,272,007)	100.00%	4,032,309	-	4,032,309	100.00%
State Appropriations	27,886,216	2,375,284	25,510,932	1074.02%	57,930,076	28,403,408	29,526,668	103.95%
Total Operating Revenues	158,106,816	176,354,443	(18,247,628)	-10.35%	2,131,475,003	2,111,162,048	20,312,955	0.96%
Operating Expenses:								
Salaries Wages	41,576,651	52,312,765	(10,736,114)	-20.52%	592,815,136	625,464,693	(32,649,557)	-5.22%
Benefits	16,488,926	19,321,012	(2,832,086)	-14.66%	224,045,878	234,865,606	(10,819,728)	-4.61%
Pension Expense	2,920,000	2,927,473	(7,473)	-0.26%	32,478,096	35,129,676	(2,651,580)	-7.55%
Other Postemployment Benefits	1,280,775	1,250,000	30,775	2.46%	16,311,550	15,000,000	1,311,550	8.74%
Purchased Services	33,708,709	24,073,057	9,635,652	40.03%	320,217,777	291,945,855	28,271,922	9.68%
Physician Services	10,325,382	10,371,725	(46,343)	-0.45%	123,935,988	125,343,544	(1,407,557)	-1.12%
Pharmaceuticals	12,682,486	10,859,223	1,823,263	16.79%	147,133,656	128,962,305	18,171,351	14.09%
Retail Pharmaceuticals	7,488,965	5,076,561	2,412,404	47.52%	96,849,000	60,825,318	36,023,682	59.22%
Medical Supplies	38,703,014	19,329,508	19,373,505	100.23%	257,764,023	228,420,255	29,343,768	12.85%
Other Supplies	5,439,031	7,150,160	(1,711,129)	-23.93%	83,583,090	83,413,368	169,722	0.20%
Utilities	1,740,951	2,267,324	(526,373)	-23.22%	21,617,844	26,635,432	(5,017,588)	-18.84%
Insurance	604,842	488,258	116,584	23.88%	6,753,857	5,861,407	892,450	15.23%
Leases	3,178,508	2,709,321	469,188	17.32%	33,306,189	31,803,226	1,502,962	4.73%
Other	2,123,268	2,783,102	(659,834)	-23.71%	26,216,295	29,439,228	(3,222,933)	-10.95%
Physician Clinic Expense	2,418,027	1,732,396	685,631	39.58%	25,116,522	20,788,697	4,327,825	20.82%
Total Operating Expenses	180,679,536	162,651,885	18,027,651	11.08%	2,008,144,900	1,943,898,610	64,246,290	3.31%
EBIDA	(22,572,720)	13,702,559	(36,275,279)	-264.73%	123,330,103	167,263,437	(43,933,335)	-26.27%
Depreciation	9,641,407	7,618,950	2,022,457	26.55%	86,099,501	90,032,136	(3,932,635)	-4.37%
Interest	3,276,011	2,885,443	390,567	13.54%	31,574,375	34,843,439	(3,269,064)	-9.38%
Operating Income (Loss)	(35,490,138)	3,198,165	(38,688,303)	-1209.70%	5,656,227	42,387,863	(36,731,636)	-86.66%
Operating Margin	-22.45%	1.81%			0.27%	2.01%		
IT Infrastructure Costs	-	-	-	-	11,668,764	-	11,668,764	100.00%
Adjusted Operating Income (Loss)	(35,490,138)	3,198,165	(38,688,303)	-1209.70%	(6,012,537)	42,387,863	(48,400,400)	-114.18%
Adjusted Operating Margin	-22.45%	1.81%			-0.28%	2.01%		
NonOperating Revenues (Expenses):								
Gifts and Grants	5,784,491	441,667	5,342,824	1209.70%	14,617,144	5,300,000	9,317,144	175.80%
Investment Income	1,442,747	301,108	1,141,639	379.15%	9,364,711	3,613,296	5,751,414	159.17%
Loss on Disposal of Capital Assets	-	(67,249)	67,249	100.00%	(556,139)	(806,958)	250,819	31.08%
COVID-19 Stimulus Funding	42,271,993	-	42,271,993	100.00%	56,854,724	-	56,854,724	100.00%
Other NonOperating Expenses	(93)	(108,647)	108,554	99.91%	(1,013,850)	(1,303,758)	289,909	22.24%
Debt Issuance Costs	(122,647)	-	(122,647)	-100.00%	(1,592,236)	-	(1,592,236)	-100.00%
Total NonOperating Revenues (Expenses)	49,376,491	566,879	48,809,612	8610.23%	77,674,354	6,802,580	70,871,774	1041.84%
Income (Loss) Before NonOperating Payments to MUSC Entities	13,886,353	3,765,045	10,121,309	268.82%	71,661,817	49,190,443	22,471,374	45.68%
NonOperating Payments to MUSC Entities	(11,203,928)	(1,250,000)	(9,953,928)	-796.31%	(25,009,421)	(15,000,000)	(10,009,421)	-66.73%
Change in Net Position	\$ 2,682,425	\$ 2,515,045	\$ 167,381	6.66%	\$ 46,652,396	\$ 34,190,443	\$ 12,461,953	36.45%
Margin	1.70%	1.43%			2.19%	1.62%		
Adjusted Margin	1.70%	1.43%			2.74%	1.62%		

*The Edgewater Surgery Center in the Lancaster Market is excluded from this Consolidated Statement of Revenues, Expenses and Change in Net Position

Unaudited - For Management Use

Medical University Hospital Authority - Charleston Market

Statement of Revenues, Expenses and Change in Net Position

For the 12 Month Period Ending June 30, 2020 and 2019

Modified FASB Basis

	Current Month				Fiscal Year To Date				Comparative Period	
	Actual	Budget	\$ Variance	% Variance	Actual	Budget	\$ Variance	% Variance	Jul- Jun FY2019	Variance
Operating Revenues:										
Net Patient Service Revenues	\$ 131,318,479	\$ 125,922,717	\$ 5,395,762	4.28%	\$ 1,414,717,580	\$ 1,486,142,011	\$ (71,424,431)	-4.81%	\$ 1,383,605,685	2.25%
Prior Year Settlements	-	-	-	-	-	-	-	-	12,272,074	-100.00%
Other Revenue - DSH Revenue	8,932,736	3,327,496	5,605,240	168.45%	45,535,190	39,929,950	5,605,240	14.04%	41,496,248	9.73%
Retail Pharmacy Revenue	16,493,990	11,257,665	5,236,325	46.51%	186,469,964	133,924,095	52,545,869	39.24%	113,387,996	64.45%
Other Revenues	2,354,339	5,982,329	(3,627,990)	-60.65%	62,459,673	71,213,338	(8,753,665)	-12.29%	54,807,205	13.96%
COVID-19 Stimulus Funding	(45,243,036)	-	(45,243,036)	-100.00%	3,050,144	-	-	-	-	-
State Appropriations	22,921,564	2,375,284	20,546,280	865.00%	52,065,438	28,403,408	23,662,030	83.31%	28,377,800	83.47%
Total Operating Revenues	136,778,072	148,865,491	(12,087,419)	-8.12%	1,764,297,989	1,759,612,802	4,685,187	0.27%	1,633,947,008	7.98%
Operating Expenses:										
Salaries Wages	33,229,104	43,150,305	(9,921,201)	-22.99%	473,852,624	511,397,874	(37,545,250)	-7.34%	470,977,074	0.61%
Benefits	13,569,599	15,853,940	(2,284,341)	-14.41%	176,646,291	191,361,224	(14,714,933)	-7.69%	168,887,965	4.59%
Pension Expense	3,894,473	2,927,473	967,000	33.03%	40,931,676	35,129,676	5,802,000	16.52%	31,913,891	28.26%
Other Postemployment Benefits	4,595,631	1,250,000	3,345,631	267.65%	22,941,261	15,000,000	7,941,261	52.94%	14,483,004	58.40%
Purchased Services	29,744,961	20,001,195	9,743,766	48.72%	273,198,218	244,101,257	29,096,961	11.92%	260,690,276	4.80%
Physician Services	9,059,866	9,101,372	(41,506)	-0.46%	106,565,723	109,974,034	(3,408,311)	-3.10%	86,750,669	22.84%
Pharmaceuticals	10,939,060	9,549,398	1,389,662	14.55%	125,079,203	112,624,684	12,454,519	11.06%	109,097,910	14.65%
Retail Pharmaceuticals	7,488,965	5,076,561	2,412,404	47.52%	96,849,000	60,825,318	36,023,682	59.22%	55,153,110	75.60%
Medical Supplies	33,636,204	17,835,674	15,800,530	88.59%	227,542,072	209,480,834	18,061,238	8.62%	208,768,860	8.99%
Other Supplies	5,414,912	5,011,553	403,359	8.05%	62,314,491	56,651,926	5,662,565	10.00%	36,586,248	70.32%
Utilities	1,250,811	1,698,666	(447,855)	-26.37%	15,349,493	19,805,406	(4,455,913)	-22.50%	12,996,443	18.11%
Insurance	462,070	285,135	176,935	62.05%	5,188,432	3,421,620	1,766,812	51.64%	3,509,573	47.84%
Leases	2,823,129	2,348,703	474,426	20.20%	27,330,180	27,442,040	(111,860)	-0.41%	24,378,014	12.11%
Other	1,308,375	2,059,666	(751,291)	-36.48%	15,873,841	20,757,293	(4,883,452)	-23.53%	16,734,178	-5.14%
Total Operating Expenses	157,417,160	136,149,641	21,267,519	15.62%	1,669,662,505	1,617,973,186	51,689,319	3.19%	1,500,927,215	11.24%
EBIDA	(20,639,088)	12,715,850	(33,354,938)	-262.31%	94,635,484	141,639,616	(47,004,132)	-33.19%	133,019,793	-28.86%
Depreciation	7,087,659	6,890,816	196,843	2.86%	74,468,295	81,689,792	(7,221,497)	-8.84%	65,498,164	13.70%
Interest	2,771,683	2,440,873	330,810	13.55%	25,448,738	28,335,928	(2,887,190)	-10.19%	19,762,726	28.77%
Operating Income (Loss)	(30,498,430)	3,384,161	(33,882,591)	-1001.21%	(5,281,549)	31,613,896	(36,895,445)	-116.71%	47,758,903	-111.06%
Operating Margin	-22.30%	2.27%			-0.30%	1.80%			2.92%	
NonOperating Revenues (Expenses):										
Gifts and Grants	5,784,491	441,667	5,342,824	1209.70%	14,617,144	5,300,000	9,317,144	175.80%	11,913,565	22.69%
Investment Income	1,441,324	302,544	1,138,780	376.40%	8,687,727	3,630,529	5,057,198	139.30%	6,143,657	41.41%
Loss on Disposal of Capital Assets	-	(67,249)	67,249	100.00%	(556,139)	(806,958)	250,819	31.08%	(872,065)	36.23%
COVID-19 Stimulus Funding	22,107,674	-	22,107,674	100.00%	33,161,510	-	33,161,510	100.00%	-	100.00%
Other NonOperating Expenses	-	(95,471)	95,471	100.00%	(1,000,000)	(1,145,652)	145,652	12.71%	(1,361,344)	26.54%
Debt Issuance Costs	(122,647)	-	(122,647)	-100.00%	(292,005)	-	(292,005)	-100.00%	(512,708)	43.05%
Total NonOperating Revenues (Expenses)	29,210,842	581,491	28,629,351	4923.44%	54,618,237	6,977,919	47,640,318	682.73%	15,311,105	256.72%
Income (Loss) Before NonOperating Paymen	(1,287,588)	3,965,652	(5,253,240)	-132.47%	49,336,688	38,591,815	10,744,873	27.84%	63,070,008	-21.77%
NonOperating Payments to MUSC Entities	(11,203,928)	(1,250,000)	(9,953,928)	-796.31%	(25,009,421)	(15,000,000)	(10,009,421)	-66.73%	(13,732,546)	-82.12%
Change in Net Position	\$ (12,491,516)	\$ 2,715,652	\$ (15,207,168)	-559.98%	\$ 24,327,267	\$ 23,591,815	\$ 735,452	3.12%	\$ 49,337,462	-50.69%
Margin	-9.13%	1.82%			1.38%	1.34%			3.02%	

Unaudited - For Management Use

Medical University Hospital Authority - MUSC Shawn Jenkins Hospital and Pearl Tourville Women's Pavilion

Statement of Revenues, Expenses and Change in Net Position

For the 12 Month Period Ending June 30, 2020

Modified FASB Basis

	Current Month				Fiscal Year to Date			
	Actual	Budget	\$ Variance	% Variance	Actual	Budget	\$ Variance	% Variance
Operating Revenues:								
Net Patient Service Revenues	\$ 15,305,964	\$ 12,898,457	\$ 2,407,507	18.67%	\$ 59,310,663	\$ 61,558,264	\$ (2,247,602)	-3.65%
Other Revenue - DSH Revenue	-	-	-	0.00%	-	-	-	0.00%
Other Revenues	<u>121,724</u>	<u>45,746</u>	<u>75,979</u>	166.09%	<u>598,735</u>	<u>195,661</u>	<u>403,074</u>	206.01%
Total Operating Revenues	15,427,688	12,944,202	2,483,486	19.19%	59,909,398	61,753,926	(1,844,528)	-2.99%
Operating Expenses:								
Salaries Wages	5,889,130	6,153,498	(264,368)	-4.30%	27,834,739	30,313,455	(2,478,716)	-8.18%
Benefits	2,222,314	2,233,882	(11,568)	-0.52%	10,493,721	10,990,788	(497,067)	-4.52%
Pension Expense	-	-	-	-	-	-	-	-
Purchased Services	10,131,763	7,895,313	2,236,450	28.33%	37,182,686	38,537,427	(1,354,741)	-3.52%
Physician Services	488,721	597,682	(108,962)	-18.23%	2,060,533	2,556,974	(496,440)	-19.42%
Pharmaceuticals	1,620,804	663,757	957,046	144.19%	5,457,913	3,097,378	2,360,535	76.21%
Medical Supplies	2,533,581	1,285,089	1,248,492	97.15%	6,621,329	6,407,945	213,384	3.33%
Other Supplies	876,543	384,511	492,032	127.96%	6,521,569	1,905,872	4,615,697	242.18%
Utilities	93,772	14,795	78,977	533.79%	108,963	72,248	36,715	50.82%
Insurance	-	-	-	0.00%	-	-	-	0.00%
Leases	33,507	88,656	(55,149)	-62.21%	146,243	405,118	(258,875)	-63.90%
Other	<u>110,033</u>	<u>9,502</u>	<u>100,531</u>	1058.00%	<u>151,088</u>	<u>84,573</u>	<u>66,514</u>	78.65%
Total Operating Expenses	24,000,167	19,326,685	(4,673,482)	-24.18%	96,578,784	94,371,778	(2,207,005)	-2.34%
EBIDA	(8,572,479)	(6,382,482)	(2,189,997)	34.31%	(36,669,386)	(32,617,853)	(4,051,533)	12.42%
Depreciation	1,597,425	1,597,425	-	0.00%	7,987,125	7,987,125	-	0.00%
Interest	1,082,315	1,082,315	-	0.00%	5,118,743	5,118,743	-	0.00%
Operating Income (Loss)	(11,252,219)	(9,062,222)	(2,189,997)	24.17%	(49,775,254)	(45,723,721)	(4,051,533)	8.86%
Operating Margin	-72.94%	-70.01%			-83.08%	-74.04%		
NonOperating Revenues (Expenses):								
Gifts and Grants	-	-	-	-	-	-	-	-
Investment Income	-	-	-	-	-	-	-	-
Other NonOperating Expenses	-	-	-	-	-	-	-	-
Debt Issuance Costs	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total NonOperating Revenues (Expenses)	-	-	-	0.00%	-	-	-	0.00%
Change in Net Position	<u>\$ (11,252,219)</u>	<u>\$ (9,062,222)</u>	<u>\$ (2,189,997)</u>	24.17%	<u>\$ (49,775,254)</u>	<u>\$ (45,723,721)</u>	<u>\$ (4,051,533)</u>	8.86%
Margin	-72.94%	-70.01%			-83.08%	-74.04%		

Unaudited - For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Charleston Market

Notes to the Interim Financial Statements

Statement of Revenues, Expenses and Changes in Net Assets: YTD June 30, 2020 (Unaudited) and 2019 (Audited)

Actuals Compared to Budget

The Authority's June 2020 operating income was **below** budget by \$36,895,445 on a modified FASB basis. The roll-forward comparison below displays the major drivers of this unfavorable variance.

	Budget YTD June 2020		Actual YTD June 2020
Operating Income	\$ 31,613,896		\$ (5,281,549)
Revenue \$4.6 million total favorable variance			
Adjusted Discharges		Favorable (Unfavorable)	
Inpatient Surgeries		(7,875,538)	
Outpatient Surgeries		12,302,556	
Transplant Procedures		(9,294,635)	
Case Mix Index	2.04	21,007,226	2.06
Retail Pharmacy		14,279,755	
Other Revenue		52,545,869	
COVID19 Revenue Loss		17,958,509	
		(95,640,156)	
Expenses \$41.6 million total unfavorable variance			
	FTE/AOB CMI	(Favorable) Unfavorable	FTE/AOB CMI
FTE per AOB CMI Adjusted	2.96	7,552,254	3.03
Salaries and Benefits rate variance		(59,812,437)	
Unfunded Pension		5,802,000	
Unfunded OPEB		7,941,261	
Medical Supplies and Other Supplies (explained by volume)		(12,790,420)	
Medical Supplies and Other Supplies (not explained by volume)		36,514,223	
Pharmaceuticals (explained by volume)		(11,731,628)	
Pharmaceuticals (not explained by volume)		24,186,147	
Retail Pharmaceuticals		36,023,682	
Physician Services		(3,408,311)	
Purchased Services		29,096,961	
Depreciation		(7,221,497)	
Interest		(2,887,190)	
Utilities, Insurance, Leases		(7,684,413)	

Revenue Explanation: June year-to-date adjusted discharges were below budget by 7.8%. Inpatient surgeries, outpatient surgeries, transplant procedures, and Case Mix Index were over (under) budget by (15.2%), (23.6%), 17.9%, and 0.9%, respectively. Retail pharmacy revenues are favorable by \$52.5 million. Other Revenues are above budget mainly due to the \$25 million of State funding for at-risk lab testing. Charity care and bad debt expenses were \$12.2 million favorable to budget.

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Charleston Market
Notes to the Interim Financial Statements

Expense Explanation: FTE per Adjusted Occupied Bed – Case Mix Adjusted was unfavorable to budget by 2.5%, which equates to 86 FTEs or \$7.5 million. The salary rate variance is \$59.8 million driven largely by the delayed opening of Shawn Jenkins and the COVID19 recovery strategy.

Unfunded pension expense is over budget \$5.8 million and the unfunded OPEB expense is over budget \$7.9 million year-to-date. The recent actuarial studies from PEBA resulted in a \$5.8 million unfavorable pension variance and a \$7.9 million unfavorable OPEB variance. These amounts are recognized on a pro-rata basis through June 2020.

Medical Supplies and Other supplies, not explained by volume, were \$36.5 million over budget year-to-date, mainly due to purchases related to COVID-19.. The declining activity and declining length of stay would be expected to drive a decrease in supply consumption.

Pharmaceuticals are over budget for the month and year, mainly due to growth in retail pharmacy. Retail pharmacy revenues, net of expenses, exceeded budget by \$16.5 million on a year-to-date basis.

Physician Services were under budget for the month and year-to-date mainly due to the timing of expenses related to Telehealth, locums support for Mental Health, and the COVID19 recovery strategy.

Purchased Services were over budget for the month and over budget year-to-date primarily driven by operational efficiencies budgeted and not fully occurring and from the timing of Telehealth contracted expenses.

The delay in Shawn Jenkins is an economic loss in delayed revenue and patients being cared for by MUSC. From a budget perspective, the delay is currently creating favorable budget impacts for interest, depreciation, and utilities.

Utilities, Insurance, Leases, and Other were favorable mainly due to lower utilities and employee travel expense than anticipated.

Unusual and non-recurring items impacting current month earnings: A summary of COVID19 revenue losses through June 2020 are shown below:

Revenue Losses	
Medical Admissions	\$ 20,806,746
Surgical Admissions	29,861,551
Outpatient Surgeries	12,604,978
Outpatient Visists	32,633,881
	<hr/>
	\$ 95,907,156

Medical University Hospital Authority - Florence Market Consolidated

Statement of Revenues, Expenses and Change in Net Position

For the 12 Month Period Ending June 30, 2020

Modified FASB Basis

	Current Month				Fiscal Year to Date			
	Actual	Budget	\$ Variance	% Variance	Actual	Budget	\$ Variance	% Variance
Operating Revenues:								
Net Patient Service Revenues	\$ 21,658,982	\$ 17,235,649	\$ 4,423,333	25.66%	\$ 235,690,970	\$ 222,667,592	\$ 13,023,378	5.85%
Other Revenue - DSH Revenue	-	484,489	(484,489)	-100.00%	6,451,444	5,981,415	470,029	7.86%
Other Revenues	961,896	102,747	859,149	836.18%	3,873,817	1,233,483	2,640,334	214.06%
COVID-19 Stimulus Funding	(7,000,212)	-	(7,000,212)	100.00%	619,355	-	619,355	100.00%
State Appropriations	4,964,652	-	4,964,652	100.00%	4,964,652	-	4,964,652	100.00%
Total Operating Revenues	20,585,318	17,822,885	2,762,433	15.50%	251,600,238	229,882,490	21,717,748	9.45%
Operating Expenses:								
Salaries Wages	5,495,759	5,764,467	(268,708)	-4.66%	76,685,569	71,616,848	5,068,722	7.08%
Benefits	2,198,614	2,130,606	68,008	3.19%	30,628,319	26,537,116	4,091,202	15.42%
Pension Expense	(956,971)	-	(956,971)	100.00%	(5,741,824)	-	(5,741,824)	100.00%
Other Postemployment Benefits	(2,101,837)	-	(2,101,837)	100.00%	(4,203,674)	-	(4,203,674)	100.00%
Purchased Services	2,710,276	2,699,057	11,219	0.42%	31,249,771	31,494,239	(244,468)	-0.78%
Physician Services	579,939	619,753	(39,814)	-6.42%	8,939,857	7,437,312	1,502,544	20.20%
Pharmaceuticals	1,517,022	1,069,041	447,981	41.90%	19,414,915	13,441,130	5,973,786	44.44%
Medical Supplies	4,669,834	952,497	3,717,337	390.27%	19,241,358	12,062,638	7,178,720	59.51%
Other Supplies	(88,903)	1,733,229	(1,822,132)	-105.13%	17,453,877	21,695,785	(4,241,909)	-19.55%
Utilities	358,765	370,506	(11,741)	-3.17%	4,034,966	4,452,198	(417,232)	-9.37%
Insurance	94,852	178,957	(84,105)	-47.00%	1,063,830	2,149,789	(1,085,959)	-50.51%
Leases	239,117	177,866	61,251	34.44%	3,702,366	2,134,396	1,567,970	73.46%
Other	540,820	469,698	71,122	15.14%	6,770,730	5,637,082	1,133,648	20.11%
Physician Clinic Expense	2,239,987	1,301,445	938,542	72.12%	18,032,434	15,617,285	2,415,149	15.46%
Total Operating Expenses	17,497,273	17,467,122	30,151	0.17%	227,272,494	214,275,818	12,996,676	6.07%
EBIDA	3,088,045	355,763	2,732,282	768.01%	24,327,744	15,606,672	8,721,072	55.88%
Depreciation	1,939,221	421,808	1,517,413	359.74%	6,934,895	4,730,571	2,204,324	46.60%
Interest	396,617	284,244	112,373	39.53%	4,710,200	4,160,687	549,513	13.21%
Operating Income (Loss)	752,207	(350,289)	1,102,496	-314.74%	12,682,649	6,715,414	5,967,235	88.86%
Operating Margin	3.65%	-1.97%			5.04%	2.92%		
IT Infrastructure Costs	-	-	-	100.00%	8,405,012	-	8,405,012	100.00%
Adjusted Operating Income (Loss)	752,207	(350,289)	1,102,496	-314.74%	4,277,637	6,715,414	(2,437,777)	-36.30%
Adjusted Operating Margin	3.65%	-1.97%			1.70%	2.92%		
Gifts and Grants	-	-	-	-	-	-	-	-
Investment Income	1,025	-	1,025	100.00%	464,014	-	464,014	100.00%
COVID-19 Stimulus Funding	14,135,560	-	14,135,560	100.00%	16,533,983	-	16,533,983	100.00%
Other NonOperating Expenses	-	(4,691)	4,691	100.00%	(592)	(56,297)	55,705	98.95%
Debt Issuance Costs	-	-	-	-	(811,077)	-	(811,077)	-100.00%
Total NonOperating Revenues (Expenses)	14,136,585	(4,691)	14,141,276	301455.47%	16,186,328	(56,297)	16,242,625	28851.67%
Change in Net Position	\$ 14,888,792	\$ (354,980)	\$ 15,243,772	-4294.26%	\$ 20,463,965	\$ 6,659,117	\$ 13,804,848	207.31%
Margin	72.33%	-1.99%			8.13%	2.90%		

Unaudited - For Management Use

Medical University Hospital Authority - Florence Market

Notes to the Interim Financial Statements

Statement of Revenues, Expenses and Changes in Net Assets: YTD June 30, 2020 (Unaudited)

Actuals Compared to Budget

The Florence Division YTD June 2020 operating income was **below** budget by \$2,437,777 on a FASB basis. The rollforward comparison below displays the major drivers of this variance.

	Budget		Actual
	YTD June 2020		YTD June 2020
Adjusted Operating Income (Loss)	\$ 6,715,414		\$ 4,277,637
		↓	↑
		Favorable (Unfavorable)	
Revenue \$21.7 million total favorable variance			
Adjusted Discharges		13,157,547	
Inpatient Surgeries		13,220,502	
Outpatient Surgeries		(6,110,349)	
Case Mix Index	1.44	6,580,509	1.53
Deliveries		285,600	
Other Revenue		620,928	
COVID19 Stimulus Revenue		7,000,209	
COVID19 Revenue Loss		(13,037,198)	
		(Favorable) Unfavorable	
Expenses \$24.2 million total unfavorable variance			
	FTE/AOB CMI		FTE/AOB CMI
FTE per AOB CMI Adjusted	2.21		2.00
Salaries (explained by volume)		4,980,496	
Salaries (not explained by volume)		88,226	
Benefits (explained by volume)		1,866,836	
Benefits (not explained by volume)		(7,721,132)	
Pharmaceuticals (explained by volume)		337,062	
Pharmaceuticals (not explained by volume)		5,636,723	
Medical and Other Supplies (explained by volume)		302,494	
Medical and Other Supplies (not explained by volume)		2,062,004	
Physician Services (including MUSCP)		3,917,693	
Purchased Services		(244,468)	
Depreciation		2,204,324	
Utilities, Insurance, Leases, Other		1,747,940	
IT Infrastructure Costs		8,405,012	

* Expenses currently being reviewed to reallocate to COVID19 that were not clearly denoted.

Unaudited- For Management Use

Medical University Hospital Authority - Florence Market

Notes to the Interim Financial Statements continued

Revenue Explanation: June year-to-date net patient service revenue is favorable to budget by 5.85% driven by increased prior months' volumes in the market with Admissions favorable by 1,451, Inpatient Surgeries favorable by 500, and improved Case Mix Index. The Florence Market has recognized \$5.0M in state appropriations year to date, and other revenues are favorable to budget due to rental revenue for Florence and Upper Payment Limit Medicaid revenue for the Mullins Nursing Home.

Expense Explanation: FTE per AOB CMI adjusted was favorable. Florence and Marion, hospitals only, are 82 FTE's above budget for the twelve months period, due to the increased volume. There is a wage rate variance due to overtime and agency usage increasing the amount paid to be higher than expected.

Benefits are higher than expected and currently being evaluated for improvement opportunities. Pension and OPEB expenses are negative due to an allocation of the unfunded pension and OPEB costs YTD of \$9.9M for the market, based on the recent PEBA actuarial study.

For the month of June, Pharmaceuticals are \$448K unfavorable for the entire division. Pharmaceuticals are \$6.0M unfavorable year to date. Florence became 340B eligible in January 2020 with YTD savings of \$1.1M. Chemotherapy volume has increased significantly compared to prior year volumes.

Medical and Other supplies were \$2.9M unfavorable year to date as contract pricing improvements continue on a monthly basis.

Physician clinic expense from MUSCP is unfavorable to budget by \$2.4M.

Purchased Services is favorable to budget by \$244K, including \$6.4M from the Corporate allocation now being charged to appropriate cost centers and subaccounts.

Hospital based services is unfavorable to budget by \$1.5M, primarily driven by higher volumes in previous months coupled with a change in coverage for the Hospitalist contract of \$60K for the current month and \$642K year to date.

Leases are unfavorable by \$1.6M primarily at Florence due to volume related increase in rentals of patient beds, various biomed equipment, and the Omnicell conversion. Other expense is unfavorable by \$1.1M mainly due to the accrual of property taxes payable for 2019 on Medical Malls A, B, and C due to their ownership through a for-profit company REIT LLC.

Unusual and non-recurring items impacting current month earnings: A summary of COVID19 revenue loss impacts incurred through June 2020 are shown below:

Revenue Losses	
Medical Admissions	\$ 324,996
Surgical Admissions	11,146,532
Outpatient Surgeries	333,375
Outpatient Visits	1,232,296
	<hr/>
	\$ 13,037,198

Medical University Hospital Authority - Lancaster Market Consolidated (including Edgewater Surgery Center)

Statement of Revenues, Expenses and Change in Net Position

For the 12 Month Period Ending June 30, 2020

Modified FASB Basis

	Current Month				Fiscal Year to Date			
	Actual	Budget	\$ Variance	% Variance	Actual	Budget	\$ Variance	% Variance
Operating Revenues:								
Net Patient Service Revenues	\$ 5,887,520	\$ 9,173,413	\$ (3,285,893)	-35.82%	\$ 106,261,838	\$ 115,754,910	\$ (9,493,072)	-8.20%
Other Revenue - DSH Revenue	236,448	453,174	(216,725)	-47.82%	4,970,083	5,438,085	(468,002)	-8.61%
Other Revenues	1,510,680	70,905	1,439,774	2030.56%	4,684,854	436,294	4,248,560	973.78%
COVID-19 Stimulus Funding	(6,028,759)	-	(6,028,759)	100.00%	362,810	-	362,810	100.00%
State Appropriations	-	-	-	0.00%	899,986	-	899,986.00	0.00%
Total Operating Revenues	1,605,889	9,697,492	(8,091,604)	-83.44%	117,179,571	121,629,289	(4,449,718)	-3.66%
Operating Expenses:								
Salaries Wages	2,851,789	3,397,993	(546,205)	-16.07%	42,276,942	42,449,972	(173,030)	-0.41%
Benefits	720,713	1,336,466	(615,753)	-46.07%	16,771,268	16,967,265	(195,997)	-1.16%
Pension Expense	(17,502)	-	(17,502)	100.00%	(2,711,756)	-	(2,711,756)	100.00%
Other Postemployment Benefits	(1,213,019)	-	(1,213,019)	100.00%	(2,426,037)	-	(2,426,037)	100.00%
Purchased Services	1,253,471	1,372,805	(119,334)	-8.69%	15,769,788	16,350,360	(580,572)	-3.55%
Physician Services	685,576	650,600	34,977	5.38%	8,430,408	7,932,198	498,210	6.28%
Pharmaceuticals	226,404	240,784	(14,380)	-5.97%	2,639,538	2,896,491	(256,953)	-8.87%
Medical Supplies	396,976	541,337	(144,361)	-26.67%	10,980,593	6,876,783	4,103,810	59.68%
Other Supplies	113,022	405,378	(292,356)	-72.12%	3,814,723	5,065,657	(1,250,934)	-24.69%
Utilities	131,375	198,152	(66,777)	-33.70%	2,233,384	2,377,828	(144,444)	-6.07%
Insurance	47,920	24,166	23,754	98.29%	501,595	289,998	211,597	72.97%
Leases	116,262	182,751	(66,489)	-36.38%	2,273,642	2,226,791	46,851	2.10%
Other	274,073	253,738	20,336	8.01%	3,571,725	3,044,855	526,870	17.30%
Physician Clinic Expense	178,040	430,951	(252,911)	-58.69%	7,084,088	5,171,412	1,912,676	36.99%
Total Operating Expenses	5,765,103	9,035,122	(3,270,019)	-36.19%	111,209,901	111,649,610	(439,708)	-0.39%
EBIDA	(4,159,214)	662,370	(4,821,585)	-727.93%	5,969,669	9,979,679	(4,010,010)	-40.18%
Depreciation	614,527	306,326	308,201	100.61%	4,696,311	3,611,773	1,084,538	30.03%
Interest	107,711	160,327	(52,616)	-32.82%	1,415,438	2,346,824	(931,387)	-39.69%
Operating Income (Loss)	(4,881,452)	195,717	(5,077,170)	-2594.13%	(142,079)	4,021,082	(4,163,161)	-103.53%
Operating Margin	-303.97%	2.02%			-0.12%	3.31%		
IT Infrastructure Costs	-	-	-	-	3,263,752	-	3,263,752	100.00%
Adjusted Operating Income (Loss)	(4,881,452)	195,717	(5,077,170)	2594.13%	(3,405,831)	4,021,082	(7,426,913)	-184.70%
Adjusted Operating Margin	-303.97%	2.02%			-2.91%	3.31%		
NonOperating Revenues (Expenses):								
Investment Income	398	(1,436)	1,834	-127.72%	212,970	(17,233)	230,203	1335.85%
COVID-19 Stimulus Funding	6,028,759	-	6,028,759	100.0%	7,159,231	-	7,159,231	100.0%
Other NonOperating Expenses	(93)	(8,484)	8,391	98.91%	(13,258)	(52,735)	39,478	74.86%
Debt Issuance Costs	-	-	-	-	(489,153)	-	(489,153)	-100.00%
Total NonOperating Revenues (Expenses)	6,029,065	(9,920)	6,038,985	60875.76%	6,869,790	(69,968)	6,939,758	9918.50%
Change in Net Position	1,147,612	185,797	961,815	-517.67%	3,463,959	3,951,114	(487,154)	-12.33%
Margin	71.5%	1.9%	69.5%		3.0%	3.2%	-0.3%	

Unaudited - For Management Use

Medical University Hospital Authority – Lancaster Market (including Edgewater Surgery Center)
Notes to the Interim Financial Statements

Statement of Revenues, Expenses and Changes in Net Assets: YTD June 30, 2020 (Unaudited)
Actuals Compared to Budget

The Lancaster Division YTD June 2020 operating income was **below** budget by \$7,426,913 on a modified FASB basis. The rollforward comparison below displays the major drivers of this variance.

	<u>Budget</u> <u>YTD June 2020</u>		<u>Actual</u> <u>YTD June 2020</u>
Operating Income	\$ 4,021,082		\$ (3,405,831)
Revenue \$4.4 million total unfavorable variance		Favorable (Unfavorable)	
Adjusted Discharges		854,410	
Inpatient Surgeries		(847,603)	
Outpatient Surgeries		(2,964,750)	
Case Mix Index	1.25	1,801,410	1.30
Other Revenue		3,780,558	
COVID-19 Stimulus Funding		362,810	
COVID19 Revenue Loss		(7,436,554)	
Expenses \$3.0 million total unfavorable variance		(Favorable) Unfavorable	
	<u>FTE/AOB CMI</u>		<u>FTE/AOB CMI</u>
FTE per AOB CMI Adjusted	0.21	(4,289,228)	0.21
Salaries rate variance		4,116,198	
Benefits rate variance		(5,333,791)	
Pharmaceuticals (explained by volume)		(420,528)	
Pharmaceuticals (not explained by volume)		163,575	
Medical Supplies and Other Supplies (explained by volume)		(1,733,867)	
Medical Supplies and Other Supplies (not explained by volume)		4,586,743	
Physician Services		2,410,886	
Purchased Services		(580,572)	
Depreciation		1,084,538	
Utilities, Insurance, Leases, Other Expenses		(290,511)	
IT Infrastructure costs		3,263,752	

Revenue Explanation: June year-to-date net patient revenue is unfavorable by 8.2%. Adjusted discharges were unfavorable to budget by (14.5%). Inpatient surgeries and outpatient surgeries were unfavorable to budget by (10.6%) and (18.8%) respectively. Other Revenue is favorable \$3.1 million mainly due to Upper Payment Limit Medicaid amounts of \$1.6 million and revenues from the Ambulatory Surgery Center.

Medical University Hospital Authority - Lancaster Market

Notes to the Interim Financial Statements continued

Expense Explanation: FTE per AOB was favorable by \$4.3 million. There is a wage rate variance increasing the amount paid higher than expected.

Benefits are higher than expected and currently being evaluated for improvement opportunities. Pension expense is negative due to an allocation of the unfunded pension costs of \$2.7 million, based on the recent PEBA actuarial study. Other Postemployment Benefits expense is negative due to an allocation of unfunded post-employment benefit costs of \$2.4 million.

Pharmaceuticals are favorable by \$0.3 million and Medical and other supplies are unfavorable by \$2.9 million mainly due to improved surgery volume and acuity at Chester (orthopedic and vascular surgery) and a significant increase in wound care supply usage.

Physician Services are unfavorable by \$2.4 million mainly due to the unfavorable physician clinic expense variance of \$1.9 million. Utilities, Insurance, Leases and Other are favorable by \$0.3 million.

Unusual and non-recurring items impacting current month earnings: A summary of COVID19 impacts incurred through June 2020 are shown below:

Revenue Losses

Medical Admissions	\$ 743,655
Surgical Admissions	1,859,139
Outpatient Surgeries	2,602,794
Outpatient Visits	2,230,966
	<hr/>
	\$ 7,436,554

Statements of Net Position

Medical University Hospital Authority - Consolidated

Statements of Net Position

June 30, 2020 and June 30, 2019

Assets and Deferred Outflows	At 6/30/2020 (unaudited)	FYE 06/30/2019 (audited)
Current Assets:		
Cash and Cash Equivalents	\$ 355,475,509	\$ 420,133,751
Cash Restricted for Capital Projects and Major Programs	-	30,307,132
Cash Restricted for COVID-19 Stimulus Funding	10,470,416	-
Investments Unrestricted	59,624,988	-
Investments Restricted for Capital Projects and Major Programs	42,347,752	40,100,590
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of approximately \$171,500,000 and \$113,300,000	301,159,436	283,090,231
Due from Related Parties	4,543,512	-
Due from Third-Party Payors	2,732,329	16,611,442
Due from Joint Ventures and Partnerships	1,300,256	2,278,192
Due from Joint Ventures and Partnerships - Restricted	-	2,938,815
Other Current Assets	159,526,918	80,212,895
Total Current Assets	\$ 937,181,116	\$ 875,673,048
Investments Held by Trustees Under Indenture Agreements	\$ 58,342,530	\$ 56,822,214
Investments in Joint Ventures and Partnerships	1,356,791	1,356,791
Note Receivable	-	4,933,983
Other Non-Current Assets	6,121,667	7,030,205
Capital Assets, Net	977,468,837	958,201,972
Total Assets	\$ 1,980,470,941	\$ 1,904,018,213
Deferred Outflows	\$ 258,200,575	\$ 186,372,139
Total Assets and Deferred Outflows	\$ 2,238,671,516	\$ 2,090,390,352
 Liabilities, Deferred Inflows and Net Position		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 31,257,359	\$ 26,042,560
Current Installments of Capital Lease Obligations	6,610,404	5,706,396
Current Installments of Notes Payable	1,509,249	1,890,331
Short-Term Debt	120,000,000	120,000,000
Due to Related Parties	13,118,537	5,803,020
Accounts Payable	84,569,744	150,819,942
Accrued Payroll, Withholdings and Benefits	90,390,129	98,552,784
Other Accrued Expenses	17,085,684	20,334,212
Total Current Liabilities	\$ 364,541,106	\$ 429,149,245
Long-Term Debt	\$ 732,645,352	\$ 678,593,541
Capital Lease Obligations	68,756,707	69,488,434
Notes Payable	2,732,070	4,241,177
Net Pension Liability	824,346,378	794,610,858
Net OPEB Liability	744,302,324	676,557,370
Total Liabilities	\$ 2,737,323,937	\$ 2,652,640,625
Deferred Inflows	\$ 77,976,387	\$ 61,030,931
Total Liabilities and Deferred Inflows	\$ 2,815,300,324	\$ 2,713,671,556
 Net Position:		
Net Investment in Capital Assets	\$ 158,694,938	\$ 119,771,430
Restricted:		
Under Indenture Agreements	58,342,530	56,822,214
Expendable for:		
Capital Projects	9,239,695	13,292,166
Major Programs	29,974,897	29,285,639
COVID-19 Stimulus Funding	10,470,416	-
Unrestricted (deficit)	(843,351,284)	(842,452,653)
Total Net Position	\$ (576,628,808)	\$ (623,281,204)
Total Liabilities, Deferred Inflows and Net Position	\$ 2,238,671,516	\$ 2,090,390,352

Unaudited - For Management Use

Medical University Hospital Authority - Charleston Market

Statements of Net Position

June 30, 2020 and June 30, 2019

Assets and Deferred Outflows	At 6/30/2020 (unaudited)	At 6/30/2019 (audited)
Current Assets:		
Cash and Cash Equivalents	\$ 351,221,538	\$ 355,507,358
Cash Restricted for Capital Projects and Major Programs	-	30,307,132
Cash Restricted for COVID-19 Stimulus Funding	10,470,416	-
Investments Unrestricted	59,624,988	-
Investments Restricted for Capital Projects and Major Programs	42,347,752	40,100,590
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of approximately \$73,600,000 and \$63,800,000	232,410,567	224,393,311
Due from Third-Party Payors	1,435,391	16,621,844
Due from Joint Ventures and Partnerships	861,179	1,799,497
Due from Joint Ventures and Partnerships - Restricted	-	2,938,815
Start-up Investment in RHN	32,511,545	-
Other Current Assets	130,429,315	60,807,305
Total Current Assets	\$ 861,312,691	\$ 732,475,852
Investments Held by Trustees Under Indenture Agreements	\$ 58,342,530	\$ 56,822,214
Investments in Joint Ventures and Partnerships	1,356,791	1,356,791
Note Receivable	-	4,933,983
Other Non-Current Assets	6,121,667	7,030,205
Capital Assets, Net	848,936,560	809,285,673
Total Assets	\$ 1,776,070,239	\$ 1,611,904,718
Deferred Outflows	\$ 236,972,365	\$ 180,748,570
Total Assets and Deferred Outflows	\$ 2,013,042,604	\$ 1,792,653,288
 Liabilities, Deferred Inflows and Net Position		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 27,754,282	\$ 26,042,560
Current Installments of Capital Lease Obligations	6,017,359	5,575,746
Current Installments of Notes Payable	1,509,249	1,890,331
Short-Term Debt	65,000,000	-
Due to Related Parties	13,118,537	5,804,059
Accounts Payable	81,271,603	117,786,198
Accrued Payroll, Withholdings and Benefits	75,341,359	77,283,796
Other Accrued Expenses	14,920,192	18,531,208
Total Current Liabilities	\$ 284,932,581	\$ 252,913,898
Long-Term Debt	\$ 610,751,183	\$ 559,059,823
Capital Lease Obligations	59,119,594	59,684,411
Notes Payable	2,732,070	4,241,177
Net Pension Liability	824,346,378	794,610,858
Net OPEB Liability	744,302,324	676,557,370
Total Liabilities	\$ 2,526,184,130	\$ 2,347,067,537
Deferred Inflows	\$ 77,976,387	\$ 61,030,931
Total Liabilities and Deferred Inflows	\$ 2,604,160,517	\$ 2,408,098,468
Net Position:		
Net Investment in Capital Assets	\$ 158,694,938	\$ 116,486,540
Restricted		
Under Indenture Agreements	58,342,530	56,822,214
Expendable for:		
Capital Projects	9,239,695	13,292,166
Major Programs	29,974,897	29,285,639
COVID-19 Stimulus Funding	10,470,416	-
Unrestricted (deficit)	(857,840,389)	(831,331,739)
Total Net Position	\$ (591,117,913)	\$ (615,445,180)
Total Liabilities, Deferred Inflows and Net Position	\$ 2,013,042,604	\$ 1,792,653,288

Unaudited - For Management Use

MEDICAL UNIVERSITY HOSPITAL AUTHORITY – Charleston Market

Balance Sheet: As of 06/30/20 and 6/30/19

Cash and Cash Equivalents

Cash and Cash Equivalents increased by \$37.7 million from June 30, 2019. Significant FY20 events decreasing cash include \$32.5 million of RHN start-up expenses, a reallocation of \$33.0 million of cash collections to the RHN, investment in COVID Supply stockpile of \$62.6 million and a net outflow of \$9.5 million for West Campus construction. Significant FY20 events increasing cash include re-issuance of Wells Fargo Revenue Anticipation Notes B&C for \$65.0 million, receipt of \$33.1 million of federal stimulus money related to COVID-19, receipt of \$15.0 million more than projected to date related to the Medicare DSH/GME program, \$23.1 million of State Stimulus funds related to COVID testing, \$19.2 million receipt related to TeleHealth, \$6.0 million in CAPD DME funds, \$5.3 million of innovation funds, \$5.0 million related to debt restructure of Edgewater ASC, and \$4.5 million related to the cash transfer from our HUD MRF accounts to cover HUD debt. Of the \$23.1 million received related to COVID-19 stimulus money, approximately \$10.4 million is designated to restricted cash as funds remaining from the State of SC.

Net Accounts Receivable

Net patient accounts receivable increased \$8.0 million from June 30, 2019. Net accounts receivable days in June 2020 equated to the same number days (53) as June 2019.

Other Current Assets

Other current assets increased \$69.6 million from June 30, 2019, mainly due to increases related to prepaid license tax, inventories, and prepayments for COVID-19 supplies.

Accounts Payable

Accounts Payable decreased by \$36.5 million from June 30, 2019, mainly due to \$22.4 million in major moveable equipment and construction projects that were accrued at June 30.

Other Accrued Expenses

Other accrued expenses decreased by \$13.6 million from June 30, 2019, mainly due to retainages related to the completion of Shawn Jenkins Children's Hospital.

Long Term Debt

As of June 2020, Current Installments of Long-Term Debt relates to HUD debt for ART, SJCH and the Central Energy Plant. Current Installments of Notes Payable relate to the note payable for the Sabin St. energy plant. A table of outstanding balances by major issuance is listed below:

	06/30/2020
	Balance
CEP	\$ 33,789,761.00
ART	253,588,317
SJCH	309,108,945
Edgewater	6,485,135
Nexton and CSC	35,533,308
Sabin Street	4,241,319
Capital Leases	65,136,953
	<u>\$ 707,883,738.00</u>

Pension and Other Post Employment Benefit (OPEB) Liabilities

As of June 30, 2020, the net pension liability increased by \$29.7 million from June 30, 2019.

As of June 30, 2020, the net other post-employment benefit liability increased \$67.7 million from June 30, 2019.

Medical University Hospital Authority - RHN Consolidated

Statements of Net Position

June 30, 2020 and June 30, 2019

Assets and Deferred Outflows	At 6/30/2020 (unaudited)	At 6/30/2019 (audited)
Current Assets:		
Cash and Cash Equivalents	\$ 4,253,971	\$ 64,626,393
Patient Accounts Receivable, Net of Allowance for Uncollectible Accounts of approximately \$97,900,000	68,748,869	58,696,920
Due from Related Parties	4,543,512	-
Due from Third-Party Payors	1,296,938	(10,402)
Due from Joint Ventures and Partnerships	439,077	478,695
Other Current Assets	29,097,603	19,405,590
Total Current Assets	\$ 108,379,971	\$ 143,197,196
Capital Assets, Net	\$ 128,532,277	\$ 148,916,299
Total Assets	\$ 236,912,248	\$ 292,113,495
Deferred Outflows	\$ 21,228,210	\$ 5,623,569
Total Assets and Deferred Outflows	\$ 258,140,457	\$ 297,737,064
Liabilities, Deferred Inflows and Net Position		
Current Liabilities:		
Current Installments of Long-Term Debt	\$ 3,503,077	\$ -
Current Installments of Capital Lease Obligations	\$ 593,045	\$ 130,650
Short-Term Debt	55,000,000	120,000,000
Due to Related Parties	-	(1,039)
Accounts Payable	3,298,141	33,033,744
Accrued Payroll, Withholdings and Benefits	15,048,770	21,268,988
Start-up Investment in RHN	32,511,545	-
Other Accrued Expenses	2,165,492	1,803,004
Total Current Liabilities	\$ 112,120,070	\$ 176,235,347
Long-Term Debt	\$ 121,894,169	\$ 119,533,718
Capital Lease Obligations	9,637,113	9,804,023
Total Liabilities	\$ 243,651,352	\$ 305,573,088
Total Liabilities and Deferred Inflows	\$ 243,651,352	\$ 305,573,088
Net Position:		
Net Investment in Capital Assets Restricted	\$ -	\$ 3,284,890
Under Indenture Agreements	-	-
Expendable for:		
Capital Projects	-	-
Major Programs	-	-
Unrestricted (deficit)	14,489,105	(11,120,914)
Total Net Position	\$ 14,489,105	\$ (7,836,024)
Total Liabilities, Deferred Inflows and Net Position	\$ 258,140,457	\$ 297,737,064

Unaudited - For Management Use

Medical University Hospital Authority - Regional Health Network Consolidated

Balance Sheet: As of 06/30/2020 and 6/30/2019

Cash and Cash Equivalents

Cash and Cash Equivalents decreased by approximately \$60.4 million primarily due to the payoff of Revenue Anticipation Notes B and C for \$35.0 million and \$30.0 million, respectively.

Net Accounts Receivable

Net patient account receivable increased by \$10.1 million. On August 16, 2019, the regional hospitals converted to EPIC. The legacy accounts receivable was transferred to Parathon for collection and follow-up.

Due from Third-Party Payors

Due from third-party payors increased \$1.3 million, mainly due to the accrual for the Medicare cost report settlement in the current year.

Other Current Assets

Other current assets increased by \$10.1 million, mainly due to increase in receivable related to the CARES Act Relief Fund accrual, state appropriation funding for the Williamsburg Medical Center rebuild and decreases related to prepaid expenses and inventory adjustments.

Deferred Outflows

Deferred outflows increased by \$15.6 million, mainly due to pension and other post-employment benefit accruals related to the most recent actuarial study from PEBA.

Current Liabilities

Current liabilities decreased by \$64.1 million, mainly due to the payoff of \$65.0 million of Revenue Anticipation Notes noted in the cash section above.

Long-Term Debt

Long-term debt increased by \$2.4 million. On December 12, 2019, the bridge loan used for the acquisition of the four regional hospitals was refinanced through HUD. The total loan amount was \$133,385,200 bearing an interest rate of 3.0%, which is lower than the bridge loan's interest rate of 3.21%. The loan is fully amortized over a 25 year term.

MUHA FASB to GASB CONSOLIDATED

Medical University Hospital Authority - Consolidated
Statement of Revenues, Expenses and Change in Net Position
for the 12 Month Period Ending June 30, 2020
Modified FASB Basis

Crosswalk from FASB to GASB

	FASB				GASB		
	Fiscal Year To Date				Fiscal Year To Date		
	Actual	Budget	Variance		Actual	Budget	Variance
Operating Revenues:				Operating Revenues:			
Net Patient Service Revenues	\$ 1,756,670,388	\$ 1,824,564,513	-3.72%	Net Patient Service Revenues	\$ 1,756,670,388	\$ 1,824,564,513	-3.72%
Other Revenues - DHS Revenue	56,956,716	51,349,450	10.92%	Other Revenues - DSH Revenue	56,956,716	51,349,450	10.92%
Retail Pharmacy Revenue	186,469,964	133,924,095	39.24%	Retail Pharmacy Revenue	186,469,964	133,924,095	39.24%
Other Revenues	69,415,550	72,920,581	-4.81%	Other Revenues	69,415,550	72,920,581	-4.81%
COVID-19 Stimulus Funding	4,032,309	-	100.00%	COVID-19 Stimulus Funding	4,032,309	-	100.00%
State Appropriations	57,930,076	28,403,408	103.95%				
Total Operating Revenues	2,131,475,003	2,111,162,048	0.96%	Total Operating Revenues	2,073,544,927	2,082,758,639	-0.44%
Operating Expenses:				Operating Expenses:			
Salaries Wages	592,815,136	625,464,693	-5.22%	Salaries Wages	592,815,136	625,464,693	-5.22%
Benefits	224,045,878	234,865,606	-4.61%	Benefits	224,045,878	234,865,606	-4.61%
Pension Expense	32,478,096	35,129,676	-7.55%	Pension Expense	32,478,096	35,129,676	-7.55%
Other Postemployment Benefits	16,311,550	15,000,000	8.74%	Other Postemployment Benefits	16,311,550	15,000,000	8.74%
Purchased Services	320,217,777	291,945,855	9.68%	Purchased Services	320,217,777	291,945,855	9.68%
Physician Services	123,935,988	125,343,544	-1.12%	Physician Services	123,935,988	125,343,544	-1.12%
Pharmaceuticals	147,133,656	128,962,305	14.09%	Pharmaceuticals	147,133,656	128,962,305	14.09%
Retail Pharmaceuticals	96,849,000	60,825,318	59.22%	Retail Pharmaceuticals	96,849,000	60,825,318	59.22%
Medical Supplies	257,764,023	228,420,255	12.85%	Medical Supplies	257,764,023	228,420,255	12.85%
Other Supplies	83,583,090	83,413,368	0.20%	Other Supplies	83,583,090	83,413,368	0.20%
Utilities	21,617,844	26,635,432	-18.84%	Utilities	21,617,844	26,635,432	-18.84%
Insurance	6,753,857	5,861,407	15.23%	Insurance	6,753,857	5,861,407	15.23%
Leases	33,306,189	31,803,226	4.73%	Leases	33,306,189	31,803,226	4.73%
Other	26,216,295	29,439,228	-10.95%	Other	26,216,295	29,439,228	-10.95%
Physician Clinic Expense	25,116,522	20,788,697	20.82%	Physician Clinic Expense	25,116,522	20,788,697	20.82%
Total Operating Expenses	2,008,144,900	1,943,898,610	3.31%	Total Operating Expenses	2,008,144,900	1,943,898,610	3.31%
EBIDA	123,330,103	167,263,437	-26.27%	EBIDA	65,400,027	138,860,029	-52.90%
Depreciation	86,099,501	90,032,136	-4.37%	Depreciation	86,099,501	90,032,136	-4.37%
Interest Expense	31,574,375	34,843,439	-9.38%				
Operating Income (Loss)	5,656,227	42,387,863	-86.66%	Operating Income (Loss)	(20,699,474)	48,827,893	-142.39%
Operating Margin	0.27%	2.01%		Operating Margin	-1.00%	2.34%	
IT Infrastructure Costs	11,668,764	-	100.00%	IT Infrastructure Costs	11,668,764	-	100.00%
Adjusted Operating Income (Loss)	(6,012,537)	42,387,863	-114.18%	Adjusted Operating Income (Loss)	(32,368,238)	48,827,893	-166.29%
Adjusted Operating Margin	-0.28%	2.01%		Adjusted Operating Margin	-1.56%	2.34%	
NonOperating Revenues (Expenses):				NonOperating Revenues (Expenses):			
Gifts and Grants	14,617,144	5,300,000	175.80%	State Appropriations	57,930,076	28,403,408	103.95%
Investment Income	9,364,711	3,613,296	159.17%	Gifts and Grants	14,617,144	5,300,000	175.80%
Loss on Disposal of Capital Assets	(556,139)	(806,958)	31.08%	Investment Income	9,364,711	3,613,296	159.17%
COVID-19 Stimulus Funding	56,854,724	-	100.00%	Interest Expense	(31,574,375)	(34,843,439)	-9.38%
Other NonOperating Expenses	(1,013,850)	(1,303,758)	22.24%	Loss on Disposal of Capital Assets	(556,139)	(806,958)	31.08%
Debt Issuance Costs	(1,592,236)	-	-100.00%	COVID-19 Stimulus Funding	56,854,724	-	100.00%
				Other NonOperating Expenses	(1,013,850)	(1,303,758)	22.24%
				Debt Issuance Costs	(1,592,236)	-	-100.00%
Total NonOperating Revenues (Expenses)	77,674,354	6,802,580	1041.84%	Total NonOperating Revenues (Expenses)	104,030,055	362,549	28594.07%
Income (Loss) Before NonOperating Payments to MUSC Entities	71,661,817	49,190,443	45.68%	Income (Loss) Before NonOperating Payments to MUSC Entities	71,661,817	49,190,443	45.68%
NonOperating Payments to MUSC Entities	(25,009,421)	(15,000,000)	-66.73%	NonOperating Payments to MUSC Entities	\$ (25,009,421)	\$ (15,000,000)	-66.73%
Change in Net Position	46,652,396	34,190,443	36.45%	Change in Net Position	46,652,396	34,190,443	36.45%
Margin	2.19%	1.62%		Margin	2.25%	1.64%	

MUSC Strategic Ventures and MSV Health, Inc.

MUSC Strategic Ventures and MSV Health, Inc. - Consolidated

Statement of Revenues, Expenses and Changes in Net Position

For the Twelve-Month Period Ending June 30, 2020

Modified FASB Basis

	Current Month				Fiscal Year to Date			
	Actual	Budget	\$ Variance	% Variance	Actual	Budget	\$ Variance	% Variance
Revenues								
Net Clinical Service Revenue	\$ 2,848,320	\$ 734,384	\$ 2,113,936	287.9%	\$ 14,713,774	\$ 8,645,310	\$ 6,068,464	70.2%
Interest income	168,885	262,141	(93,256)	-35.6%	2,066,848	3,145,696	(1,078,848)	-34.3%
Investment income	60,878	122,739	(61,861)	-50.4%	623,165	1,472,868	(849,702)	-57.7%
Management income	179,481	131,706	47,775.25	36.3%	823,874	1,580,470	(756,596)	-47.9%
Reimbursement from East Cooper	-	18,388	(18,388)	-100.0%	-	220,176	(220,176)	-100.0%
COVID 19 Stimulus Funding	(106,695)	-	(106,695)	100.0%	-	-	-	100.0%
Other revenue	75,369	40	75,329	188323.5%	15,577	480	15,097	3145.2%
Total revenues	3,226,239	1,269,399	1,956,841	154.2%	18,243,239	15,065,000	3,178,238	21.1%
Expenses								
Salaries & Benefits	144,443	98,799	45,644	46.2%	1,028,139	1,185,592	(157,453)	-13.3%
Contractual Services	566,508	423,009	143,499	33.9%	4,935,059	5,030,695	(95,636)	-1.9%
Pharmaceutical	27,819	9,572	18,247	190.6%	218,026	111,983	106,043	94.7%
Medical Supplies	521,513	185,946	335,568	180.5%	4,391,036	2,180,704	2,210,332	101.4%
Other supplies	252,593	105,611	146,982	139.2%	860,595	1,235,704	(375,110)	-30.4%
Accounting & legal	171,599	19,583	152,015	776.2%	338,906	235,000	103,906	44.2%
Insurance	17,833	20,062	(2,229)	-11.1%	188,383	240,746	(52,363)	-21.8%
Property & Equipment Leases	31,309	19,035	12,275	64.5%	320,033	228,414	91,619	40.1%
Utilities	15,939	10,108	5,831	57.7%	135,568	121,296	14,272	11.8%
Depreciation	25,258	122,684	(97,426)	-79.4%	313,456	1,472,206	(1,158,750)	-78.7%
Other operating expenses	30,002	41,287	(11,285)	-27.3%	335,612	495,414	(159,802)	-32.3%
Total expenses	1,804,816	1,055,696	749,121	71.0%	13,064,812	12,537,754	527,058	4.2%
Operating Income (Loss)	1,421,423	213,703	1,207,720	565.1%	5,178,427	2,527,246	2,651,181	104.9%
Non-Operating Revenue (Expenses)								
COVID 19 Stimulus Funding	106,695	-	106,695	-	160,042	-	160,042	-
Interest expense	43,605	(126,598)	170,203	-134.4%	(1,332,609)	(1,519,170)	186,561	-12.3%
Other non-operating expenses	(113,491)	-	(113,491)	-	(113,491)	-	(113,491)	-
Minority Interest Representation	(673,010)	(5,246)	(667,763)	12728%	(1,517,468)	(111,993)	(1,405,475)	1255%
Income (loss)	785,222	81,859	703,363	859.2%	2,374,900	896,083	1,478,817	165.0%
(Gain to MUHA)/ Loss from MUHA	127,295	22,658	104,637	462%	178,124	271,898	(93,774)	-34%
Edgewater Interest transfer to MUHA	(768,963)	(1,499)	(767,464)	51209%	(1,581,127)	(37,466)	(1,543,661)	4120%
Change in Net Position	\$ 143,554	\$ 103,019	\$ 40,535	39.3%	\$ 971,897	\$ 1,130,515	\$ (158,618)	-14.0%

* Edgewater ASC is included in this view of the Statement of Revenues, Expenses, and Changes in Net Position. MSV's majority interest is reflected as a transfer to MUHA

Unaudited - for Management Use

MUSC Strategic Ventures and MSV Health, Inc. Consolidated

Notes to the Interim Financial Statements

Statement of Revenues, Expenses and Changes in Net Assets: YTD June 30, 2020 (Unaudited)

Actuals Compared to Budget

MSV's June 2020 operating income was **above** budget by \$2.7 million on a modified FASB basis. The roll-forward comparison below displays the major drivers of this favorable variance.

	<u>Budget</u> YTD June 2020	<u>Actual</u> YTD June 2020
Operating Income	\$ 2,527,246	\$ 5,178,427
Revenue \$3.2 million total favorable variance		
Clinical Services		6,838,281
Interest Income		(1,078,848)
Investment Income		(849,702)
Management Income		(756,596)
Reimbursement from East Cooper		(220,176)
COVID-19 Stimulus Funding		-
Other Revenue		15,097
COVID-19 Revenue Loss		(769,817)
Expenses \$527,058 total favorable variance		
Salaries and Benefits		(157,453)
Pharmaceuticals		106,043
Medical and other supplies		1,835,222
Insurance		(52,363)
Leases		91,619
Depreciation		(1,158,750)
Other expenses		(137,261)

Revenue Explanation: June year-to-date clinical revenue was above budget by 70%. Edgewater Ambulatory Surgery Center (ASC)'s year-to-date surgical volume is 846 surgeries above budget. Investment Income was below budget by 57.7% due to the Bayada Health at Home joint venture losses. Management income was below budget by 47.9% due to changes in employee leasing services effective December 31, 2019. MSV reclassified the CARES Stimulus Funding to non-operating revenue in June based on guidance from GASB. This classification will be further reviewed based on expense utilization and future guidance from GASB and the U.S. Department of Health and Human Services.

MUSC Strategic Ventures and MSV Health, Inc. Consolidated

Notes to the Interim Financial Statements

Expense Explanation: Salaries and benefits are under budget by 13.3%, mainly due to the changes in employee leasing as of December 31, 2019. Pharmaceuticals and medical supplies are over budget through May 31, 2020 due to the increased volume at the ASC. Leases are over budget \$91,619 due to the addition of the Summerville property lease for a Free Standing Emergency Department. Depreciation is under budget by 78.7% due to the Summey Medical Pavilion lease classification as a capital lease instead of an operating lease.

Unusual and non-recurring items impacting current month earnings: The COVID-19 pandemic began impacting MSV's joint venture operations in March. The Edgewater ASC stopped all surgeries on March 18, 2020 due to the Governor's order. Edgewater ASC re-opened on April 20, 2020 and began scheduling procedures. The Edgewater ASC's net revenue estimated losses are \$769,817 for the four weeks during closure. This is 12.9% of lost gross charges.

MUSC Strategic Ventures and MSV Health, Inc. - Consolidated

Statement of Net Position June 30, 2020 and June 30, 2019

	June 30, 2020 (unaudited)	June 30, 2019 (audited)
ASSETS		
Current assets:		
Operating cash	\$ 7,998,660	\$ 5,901,480
Cash - Strategic Reserves	3,133,876	4,279,367
Cash - Project Fund	1,699,367	7,848,981
Patient Receivables, Net	2,678,519	869,588
Prepays and other current assets	86,340	86,086
Inventory	363,752	524,517
Due from Related Parties	1,437,872	542,372
Accounts Receivable	-	48,821
	<u>17,398,386</u>	<u>20,101,212</u>
Total current assets		
Noncurrent assets:		
Land	871,642	871,642
Buildings, Net of Accum Depreciation	3,678,307	3,737,559
Equipment, Net of Accum Depreciation	410,485	554,185
Capitalized Leased Equipment	207,631	-
Construction in Progress	-	4,686,747
Investment in Capital Lease	45,479,994	46,802,355
Investment in Joint Ventures	3,794,511	2,629,346
Deferred outflow	663,628	695,229
Other non current assets	250	250
	<u>72,504,834</u>	<u>80,078,525</u>
Total assets		
LIABILITIES		
Current liabilities:		
Accounts Payable	1,152,629	7,138,585
Prepaid Rent	4,430,828	4,661,001
Due to Related Parties	2,058,973	5,128,622
Patient Refunds	(2,190)	-
Other current liabilities	4,791	56,409
Lease Obligation Payable	212,872	-
Current Portion of Bonds Payable	450,000	450,000
	<u>8,307,903</u>	<u>17,434,617</u>
Total current liabilities		
Noncurrent liabilities		
Long-term note payable to related party	782,046	5,716,966
Note payable	6,097,499	1,224,651
Bond payable	44,205,000	45,550,000
	<u>59,392,448</u>	<u>69,926,234</u>
Total liabilities		
NET POSITION		
Strategic Reserves	3,247,367	4,279,367
Non-controlling interest	1,865,161	347,693
Unrestricted	7,999,858	5,525,231
	<u>13,112,386</u>	<u>10,152,291</u>
Total net position		
Total Liabilities and Net Position	<u>\$ 72,504,834</u>	<u>\$ 80,078,525</u>

* Edgewater ASC is included in this view of the Statement of Net Position.

Unaudited - For Management Use

MUSC Strategic Ventures and MSV Health, Inc. Consolidated

Notes to the Interim Financial Statements

Statement of Net Position: As of 6/30/2020 and 6/30/2019

Current Assets

Cash and Cash Equivalents had a net increase of \$951,689 from June 30, 2019, mainly due to capital contributions to the Bayada Home Health and the South of Broad joint ventures, Edgewater reducing outstanding accounts payable balances, and payments received from MUHA for the Summey Medical Pavilion capital lease.

Project Fund cash decreased \$6.1 million due to funds being withdrawn to pay for the construction of the Summey Medical Pavilion.

Net patient receivables increased by \$1.8 million due to increased volume at the Edgewater ASC.

Noncurrent Assets

Construction in Progress decreased \$4.7 million from June 30, 2019 due to payments made to MUHA for equipment placed in the Summey Medical Pavilion.

Buildings and Equipment increased by \$4,679 due to a new capital equipment lease at the Edgewater ASC and depreciation.

Investments in Capital Lease Receivable decreased by \$1.3 million for the payments due from MUHA on the Summey Medical Pavilion.

Investments in Joint Ventures increased by \$1.2 million due to the capital contributions to Bayada Home Health and South of Broad joint ventures, and gains on the Cancer Care Network investment.

Current Liabilities

Accounts Payable decreased by \$5.9 million from June 30, 2019 mainly due to payments to MUHA for the Summey Medical Pavilion bond draws and equipment reimbursement.

Due to related parties decreased by \$3.1 million due to payments to MUHA for the Edgewater ASC management agreements covering payroll and AP expenses.

Long Term Debt

Long-term notes payable to related parties includes debt due to MUHA by MSV for the purchase of the Edgewater ASC (\$782,046).

Notes Payable of \$6.1 million is Edgewater ASC's new loan with South State Bank. The proceeds were used to pay off a mortgage note and long-term debt due to MUHA (\$4.9 million reported as Long-term note payable as of June 30, 2019.)

MSV has \$44.2 million in JEDA revenue bonds for the construction of the Summey Medical Pavilion. Principal payments are secured by the lease payments due from MUHA.

**FACILITIES
HOSPITAL AUTHORITY
NEW LEASE
FOR APPROVAL**

AUGUST 14, 2020

DESCRIPTION OF LEASE: This lease agreement is for 6,548 square feet of clinical space located at 1014 St. Andrews Blvd. in Charleston. The purpose of this lease is to provide space for the MUSC Neuro Rehabilitation Institute to include DPT, OTD and SLP programs, neuro-rehab research, wellness for adults with neurologic disabilities and general outpatient rehabilitation including physical, occupational, speech and neurological. The cost per rentable square foot is \$33.25. The monthly rental rate shall be \$18,143.42, resulting in an annual lease amount of \$217,721.00. The annual rent shall increase 3%.

MUHA intends to sublease annually approximately 1,841 square feet to MUSC under the same lease terms and conditions of the master lease agreement, approximately \$61,217.00 for the first year. Due to the occupancy intentions there may be additional sublease agreements among MUSC entities; MUSC, UMA and/or CFC. The square foot assignment may fluctuate over the term due to internal department moves resulting in sublease amendments to reflect space updates throughout the lease term.

NEW LEASE AGREEMENT X
RENEWAL LEASE AGREEMENT

LANDLORD: St. Andrews Office Building, LLC

LANDLORD CONTACT: Pete Harper, Lee & Associates

TENANT NAME AND CONTACT: Therapeutic Services, Dave Comeau

SOURCE OF FUNDS: General Operating Funds

LEASE TERMS:

TERM: Seven (7) years: Estimated Start Date 11/1/2020

AMOUNT PER SQUARE FOOT: \$33.25

TOTAL ANNUALIZED LEASE AMOUNT:

Year 1	\$217,721.00	Year 6	\$252,398.31
Year 2	\$224,252.63	Year 7	\$259,970.26
Year 3	\$230,980.21		
Year 4	\$237,909.62		
Year 5	\$245,046.90		

TOTAL AMOUNT OF LEASE TERM: \$1,668,278.93

EXTENDED TERM(S): To be negotiated

OPERATING COSTS:

FULL SERVICE X
NET

FACILITIES
ACADEMIC/RESEARCH
ESTABLISH PROJECT
FOR APPROVAL
DATE: August 14, 2020

PROJECT TITLE: Hollings Cancer Center Compounding Pharmacy Supplemental HVAC Installation

PROJECT NUMBER: 50103

TOTAL ESTIMATED BUDGET: \$275,000

SOURCE(S) OF FUNDS: Facilities Operating Budget

SCOPE OF WORK: The HCC Compounding Pharmacy has ongoing issues with heat and humidity during the summer months. The existing building HVAC system serving the pharmacy is not capable of maintaining the temperature & humidity requirements during the summer months. A supplemental HVAC unit installation is required maintain the temperature/humidity guidelines for producing chemotherapy drugs.

JUSTIFICATION: The HCC Compounding Pharmacy is critical to the treatment of cancer patients.

**FACILITIES
ACADEMIC
LEASE RENEWAL
FOR APPROVAL**

AUGUST 14, 2020

DESCRIPTION OF LEASE: This lease renewal will continue to provide 140 parking spaces located at the intersection of the southern boundary of Line Street and the western boundary of Hagood Avenue; commonly known as the Line/Hagood Parking Lot. The purpose of this lease is to continue to provide parking for MUSC students and employees. The cost per space, per month for this lease is \$118.00. The monthly rental rate will be \$16,520.00, resulting in an annual lease amount of \$198,240.00.

NEW LEASE AGREEMENT _____
RENEWAL LEASE AGREEMENT X

LANDLORD: Rushmark Properties

LANDLORD CONTACT: Neal Kumar, Vice President

TENANT NAME AND CONTACT: Parking Management, Michael Brennan

SOURCE OF FUNDS: Parking Revenue

LEASE TERMS:

TERM: One (1) year [11/1/2020 – 10/31/2021]
AMOUNT PER SPACE, PER MONTH: \$118.00
TOTAL AMOUNT OF LEASE TERM: \$198,240.00

EXTENDED TERM(S): To be negotiated

OPERATING COSTS:

FULL SERVICE _____
NET X

**FACILITIES
ACADEMIC
EASEMENT
FOR APPROVAL**

AUGUST 14, 2020

DESCRIPTION OF EASEMENT: City of Charleston Stormwater Drainage Project

REQUESTOR: City of Charleston

REQUESTOR CONTACT: Frank Newham, City of Charleston

LOCATION: TMS 460-11-04-027 91 President Street
TMS 460-15-01-017 100 Doughty Street
TMS 460-15-01-027 43 Bee Street

DESCRIPTION: The City of Charleston plans to install and maintain a Stormwater Collection and Conveyance System that connects a surface collection system to a deep tunnel conveyance system serving the Spring/Fishburne Basin within the Charleston Peninsula. The Stormwater System will serve as the main source for the conveyance of stormwater for a portion of the Charleston Peninsula requiring a rights-of-way and utility easement under and across property owned by the Medical University of South Carolina.

JUSTIFICATION: Support the City of Charleston's comprehensive master drainage plan to improve quality of life in the City of Charleston including the Charleston Medical District.

MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC)

REGULAR AGENDA

Board of Trustees Meeting

August 14, 2020

101 Colcock Hall/Via Teleconference

Members of the Board of Trustees

Mr. Charles W. Schulze, Chairman
Dr. James Lemon, Vice-Chairman
Ms. Terri R. Barnes
The Honorable James A. Battle, Jr.
Mr. William H. Bingham, Sr.
Dr. W. Melvin Brown III
Dr. Henry F. Butehorn III
Dr. C. Guy Castles III

Dr. Richard M. Christian, Jr.
Dr. Paul T. Davis
Dr. Donald R. Johnson II
Ms. Barbara Johnson-Williams
Dr. G. Murrell Smith, Sr.
Mr. Michael E. Stavrinakis
Thomas L. Stephenson, Esq.
Dr. Bartlett J. Witherspoon, Jr.

Trustees Emeriti

Mrs. Margaret M. Addison
Mr. Allan E. Stalvey

Dr. Charles B. Thomas, Jr.
Dr. James E. Wiseman, Jr.

- Item 1. Call to Order..... Charles Schulze
Chairman
- Item 2. Roll Call Jane Scutt
Assistant Board Secretary
- Item 3. Date of Next Meeting – October 9, 2020..... Jane Scutt
Assistant Board Secretary
- Item 4. Approval of Meeting Minutes of May 15, 2020 and June 26, 2020 Charles Schulze
Chairman
- Item 5. Election of Chairman and Vice Chairman of the MUHA and MUSC Board of Trustees Charles Schulze
Chairman

In accordance with the MUHA and MUSC Board of Trustees Bylaws, Section III.B. and C., election of Chairman and Vice Chairman will take place.

Recommendations and Informational Report of the President: Dr. David Cole

- Item 6. Other Business Dr. David Cole
President

Research and Institutional Advancement Committee: Ms. Terri Barnes, Chair

- Item 7. Institutional Advancement Report Kate Azizi
Vice President for Institutional Advancement

- Item 8. Office of Research UpdateDr. Patrick Flume
Associate Provost for Research
- Item 9. Other Committee BusinessTerri Barnes
Committee Chair

Education, Faculty and Student Affairs Committee: Ms. Barbara Johnson-Williams, Chair

- Item 10. Provost Report Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost
- Item 10.1 Change in 2021 MUSC Commencement Date Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

Approval to change the date of MUSC's 2021 Commencement from May 22, 2021 to May 15, 2021, will be requested.

- Item 11. Other Committee Business Barbara Johnson-Williams
Committee Chair

Finance and Administration Committee: Mr. Jim Battle, Chair

- Item 12. MUSC Financial Report Patrick Wamsley
Chief Financial Officer, MUSC
- Item 13. FY2021 MUSC and AHEC Budgets for Approval..... Patrick Wamsley
Chief Financial Officer, MUSC
- Item 14. MUSC Physicians Financial Report.....Eva Greenwood
Chief Financial Officer, MUSC Physicians
- Item 15. FY2021 MUSC Physicians Operating Budget for Information.....Eva Greenwood
Chief Financial Officer, MUSC Physicians
- Item 16. FY2021 MUSC Physicians Budget for Capital Asset Purchases > \$50,000 for ApprovalEva Greenwood
Chief Financial Officer, MUSC Physicians
- Item 17. Diversity and Inclusion Update Dr. Willette Burnham-Williams
MUSC Chief Diversity Officer
- Item 18. Other Committee Business Jim Battle
Committee Chair

Other Business for the Board of Trustees: Mr. Charles Schulze, Chair

- Item 19. Approval of Consent Agenda Charles Schulze
Chairman

Item 20. Executive Session Charles Schulze
Chairman

Upon proper motion and vote, the Board of Trustees may convene a closed session pursuant to SC Code Ann. §30-4-70. Although the Board will not vote on any items discussed in closed session, the Board may return to public session to vote on items discussed.

Item 21. New Business for the Board of Trustees..... Charles Schulze
Chairman

Item 22. Report from the Chairman..... Charles Schulze
Chairman

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
OFFICE OF DEVELOPMENT AND ALUMNI AFFAIRS
BOARD OF TRUSTEES MEETING
August 14, 2020**

On June 30, 2020, the Medical University of South Carolina closed the fiscal year with \$88,228,899 in new gifts and pledges, nearly 40% over its annual goal of \$63,143,000 and 79% over the amount raised last year (\$49,220,082). I am pleased to report new gifts, pledges, and activity since the last meeting.

MUSC SHAWN JENKINS CHILDREN'S HOSPITAL

- \$45,000 from Mr. and Mrs. Danny McBride who own Rough House Pictures d/b/a Night Blade 2 Holdings LLC.
- \$61,998 from our Children's Miracle Network sponsorships.
- \$80,000 from Jon and Mary Greenwell, a member of the Children's Hospital Fund Advisory Board.
- \$1,548,786 from Blue Cross Blue Shield Foundation for the Boeing Center for Children's Wellness.

MUSC DEPARTMENT OF SURGERY

- Transplant grateful patient Vinny Martucci and his wife, Arlene, supported the MUSC Living Donor Institute with a \$20,000 gift of stock.
- The Joukowsky Family Foundation supported the Elliott-Robison Endowed Chair in Vascular Surgery with \$100,000 gift.
- Blue Cross Blue Shield of SC continued its support of the Living Donor Institute with a \$5,000 contribution to the Second Chance Showcase.
- The Vandy Charitable Foundation made a \$10,000 gift to the Elliott-Robison Endowed Chair.
- The Duke Endowment made a \$100,000 pledge payment in support of "Reducing Disparities for access to Kidney Transplantation," part of a \$335,000 grant.
- Elizabeth Colbert Busch made a gift of \$10,000 to the Covid-19 Care Team Support Fund.

MUSC STORM EYE INSTITUTE

- \$500,000 from the Stanley & Theodora Feldberg Foundation. These funds are part of a \$2 million pledge made to Storm Eye Institute for the Stanley H. and Theodora L. Feldberg Fund for Excellence.
- \$70,000 from The Glades Foundation which is now primarily run by Mark Dalton. His mother, Jeannie Dalton, is a longtime friend of Storm Eye Institute, and these funds go towards the William J. and Jeanne F. Dalton Vitreoretinal Research Center.
- \$50,000 from Miracles in Sight toward its sponsorship of the Cornea Fellowship at Storm Eye Institute.
- \$20,000 from Karl Novak towards the purchase of an OTC machine for our new Nexton clinic. His gift was set forth as a match that was met.
- \$15,000 from Lance and Alice Wyatt for equipment for Storm Eye Institute, specifically, the OTC machine at our new Nexton Clinic.
- \$15,000 from Abbott Fund Matching, applied for by Lance Wyatt and applied toward to our OTC machine purchase.

MUSC HEALTH HEART & VASCULAR CENTER

- Mr. and Mrs. Paul B. Galvani made a \$10,000 IRA gift to the MUSC Health Heart & Vascular Center.
- The Sherman Family Charitable Trust contributed \$20,000 to the Davis Walker Heart Fund, in memory of the late Mr. Davis Walker.
- Dr. John B. Dunbar made a \$10,000 gift designated to the Heart & Vascular Center, Department of Medicine and Department of Surgery.
- The American Heart Association provided \$24,250 in grant funding to the Cardiology Research Activity Program.
- Dr. and Mrs. Dennis Feinberg made a \$5,000 IRA gift to the Heart & Vascular Center.
- Mr. and Mrs. Henry H. Greer made a \$4,000 gift to the Heart & Vascular Center and a \$1,000 gift for COVID-19 testing.
- Mr. and Mrs. Gordon Darby made a \$110,000 pledge payment to the Amyloid Program at the Heart & Vascular Center.

MUSC DEPARTMENT OF OTOLARYNGOLOGY

- Dr. Betsy Davis contributed \$12,000 to the Maxillofacial Prosthodontics Clinic.
- The Doris Duke Foundation provided \$36,700 for health care delivery research to the Head & Neck Division.

MUSC HOLLINGS CANCER CENTER

- Harvey and Audrey Glick made a gift of \$10,000 to support the Mobile Health Unit at the Gourmet & Grapes Gala.
- Wilson and Pat Lowry made a gift of \$25,000 for prostate cancer research.
- First Horizon Bank was our presenting sponsor for Gourmet & Grapes with a donation of \$50,000.
- Hollings Cancer Center was honored to receive \$100,000 from the estate of the late Senator Ernest F. Hollings.
- Dr. Hal B. Holmes, Jr., made a gift of \$10,000 toward an endowment he and his family established for cancer research in honor of his father, Dr. Harold B. Holmes, Sr.
- The Leon Levine Foundation made its first gift to MUSC of \$100,000 to support the Mobile Health Unit.
- The Susan R. and John W. Sullivan Foundation made a gift of \$10,000 to support melanoma research.
- Mr. LeRoy Sluder donated \$5,000 to the HCC Discovery and Innovation Fund.

MUSC DEPARTMENT OF NEUROSCIENCES

- Debbie McCravy, a recently retired employee of MUSC, made a \$50,000 gift to create the Larry McCravy ALS Research Fund in memory of her husband.
- A generous gift of \$10,000 was given to ZIAN (Zucker Institute of Applied Neurosciences) for COVID initiatives by Tom Flanagan, a member of the MUSC Foundation's board of directors.
- Andrew McKenna, a ZIAN board member, contributed \$20,000 to ZIAN and COVID initiatives.
- Grant Funding
 - American Heart Association - \$462,735
 - Brain and Behavior Research Foundation - \$45,057
 - National Multiple Sclerosis Society - \$55,000
 - Parkinson's Disease Foundation - \$24,900
 - Simons Foundation - \$150,000
 - Tiny Blue Dot Foundation - \$244,563

MUSC DEPARTMENT OF MEDICINE

- The Gessner Family Foundation gave \$10,000 to the Rheumatology & Immunology Research and Education Fund.
- Eliot & Annick Wadsworth made a \$10,000 gift to the General Internal Medicine & Geriatrics Research and Education Fund.

JAMES B. EDWARDS COLLEGE OF DENTAL MEDICINE

- The Henry Schein Cares Foundation has verbally committed to contributing nine Treos – three carts and pens with a total value of more than \$219,000. The systems include three digital impression solutions in one device: intraoral scanner, integrated intraoral camera, and automated shade measurement. The products will be used for the college's digital dentistry program under the leadership of Assistant Dean of Innovation and Digital Technology Dr. Wally Renne.
- Delta Dental provided a research grant of \$50,000 under the leadership of AHEC Director of Recruitment and Retention Programs Kristin Cochran to study the rural dentist loan repayment program, which was established by the South Carolina Legislature in July 2005. The funds for this program are appropriated to MUSC and are administered by the South Carolina Area Health Education Consortium.
- Dr. and Mrs. Anthony P. Johnson of Simpsonville donated \$10,000 to the college's COVID-19 Emergency Response Fund to help purchase personal protective equipment. The couple's son is a graduate of the college.

MUSC COLLEGE OF MEDICINE

- Dr. Layton McCurdy (COM '60), former COM dean, made an additional \$100,000 planned gift to benefit the Layton & Gwen McCurdy Endowed Scholarship established in 2006.
- Dr. Eric Eason (COM '98) made an undesignated bequest of \$60,000 to the college.

- Ms. Sabine Lang has contributed an additional \$30,000 to the Institute of Psychiatry's Hope Fund.
- The Fullerton Foundation has awarded two \$12,500 scholarships (total \$25,000) to medical students.
- The Duke Endowment has contributed \$330,000 to several funds for substance abuse screening, pain rehab, and tele-psychiatry projects.
- An anonymous medical alumnus made several planned gifts totaling nearly \$750,000 for scholarships and the Medical Alumni Loyalty Fund.

MUSC COLLEGE OF HEALTH PROFESSIONS

- Mr. Capers Poulnot increased his existing bequest by \$33,000 in support of the Catherine Michele Poulnot Endowed Scholarship.
- Mr. Barry Cranfill '94, an Anesthesia for Nurses (AFN) graduate, gave \$12,000 to the Anesthesia for Nurses Annual Fund as professional clinical support for students in the AFN program.
- Former Dean Dr. Danielle Ripich made a \$6,000 gift in support of the Danielle Newberry Ripich Scholarship.
- Dr. Alex Pappas gave \$19,010 as part of a three-year \$50,000 pledge to increase the annual award allocation of the Anne Pappas Endowed Scholarship for two students within any College of Health Professions program.
- Thanks to the generosity of 16 donors, the CHP raised \$5,495 for the MUSC College of Health Professions COVID-19 Emergency Response Fund. Qualified students received \$500 each to assist not only tuition and educational costs, but also basic living expenses. Students who demonstrated an immediate need were encouraged to apply, with 11 students from across different programs in the CHP receiving support.
- Dr. Catherine Vanderwerker, a research associate in the Department of Health Science and Research, received a \$150,000 pledge from the Craig H. Neilson Foundation as part of an MUSC research grant.

MUSC COLLEGE OF NURSING

- Spiro Vallis pledged \$12,000 to the Olympia "Bia" Vallis Scholarship.

MUSC COLLEGE OF PHARMACY

- The MUSC College of Pharmacy is launching the Pharmacist Alumni Action Network (PAAN) to create a resource to provide leadership and support in addressing racial injustice. The founding members of PAAN are all African-American MUSC pharmacy alumni who have been actively engaged as college advisors, mentors, and role models.
- The MUSC College of Pharmacy will announce over \$760,000 in financial support for students during a virtual recognition event on Friday, Aug. 21.

MUSC OFFICE OF ALUMNI AFFAIRS

- The Office of Alumni Affairs mailed more than 600 packets that included a welcome letter, membership card, alumni association lapel pin, car decal and a luggage tag to the 2020 graduates.
- On July 30, the alumni office held a webinar for all alumni. Provost Lisa Saladin shared her insights into the impact of COVID-19 on the Medical University of South Carolina and higher education.
- The Dental Alumni Association held a virtual meeting of the Dental Alumni Council on Aug 7.
- The Nursing Alumni Association awarded two \$500 scholarships to incoming students; on July 13 to a Ph.D. student and on July 15 to a DNP student.

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
Monthly Financial Reports
Table of Contents
For the Twelve (12) Month Period Ended June 30, 2020

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The Medical University of South Carolina and Affiliated Organizations
Statement of Net Position
As of June 30, 2020

	<u>University</u>	<u>Area Health Education Consortium</u>	<u>CHS Development Company</u>
Assets & Deferred Outflows			
Cash and Cash Equivalents	\$ 351,751,114	\$ 3,918,277	\$ -
Cash and Cash Equivalents - Restricted	30,696,734	-	717,975
State Appropriation Receivable	13,169,300	-	-
Student Tuition and Fees Receivable	1,314,562	-	-
Student Loan Receivable	11,419,003	-	-
Grants and Contracts Receivable	48,813,187	979,456	-
Capital Improvement Bond Proceeds Receivable	-	-	-
Capital Lease Receivable	-	-	7,913,538
Other Receivables	3,239,624	-	-
Investments	-	-	834,616
Prepaid Items	5,864,339	-	551,761
Capital Assets, net of Accumulated Depreciation	387,569,249	-	-
Due from Hospital Authority	9,525,934	-	-
Due from Other Funds	101,740,870	-	-
Bond Issue Costs	-	-	-
Derivative Instruments Fair Value / Deferred Outflows	-	-	-
Deferred loss on Debt Refinancing	55,427	-	103,659
Deferred Outflows-Pensions	74,901,470	-	-
Deferred Outflows-OPEB	66,643,837	-	-
Other Assets	-	-	-
Total Assets & Deferred Outflows	\$ 1,106,704,650	\$ 4,897,733	\$ 10,121,549
Liabilities & Deferred Inflows			
Accounts Payable	\$ 14,723,605	\$ -	\$ -
Accrued Payroll and Other Payroll Liabilities	18,964,448	28,917	-
Accrued Compensated Absences	28,325,177	156,397	-
Deferred Revenue	25,159,600	-	-
Retainages Payable	-	-	-
Long-Term Debt	138,246,354	-	8,840,000
Interest Payable	1,208,285	-	99,450
Deposits Held for Others	4,284,978	81,755	-
Due to Hospital Authority	-	-	-
Due to Other Funds	13,116,257	-	-
Federal Loan Program Liability	12,128,697	-	-
Derivative Instruments Fair Value / Deferred Inflows	-	-	-
Net Pension Liability	506,772,385	-	-
Net OPEB Liability	496,173,490	-	-
Deferred Inflows-Pensions	3,981,415	-	-
Deferred Inflows-OPEB	47,633,248	-	-
Other Liabilities	29,895,408	-	-
Total Liabilities & Deferred Inflows	\$ 1,340,613,347	\$ 267,069	\$ 8,939,450
Net Position	(233,908,697)	4,630,664	1,182,099
Total Liabilities & Deferred Inflows and Net Position	\$ 1,106,704,650	\$ 4,897,733	\$ 10,121,549

The Medical University of South Carolina
 Budgeted Funds Comparison to Budget (Expenses Classified by Category)
 For the period ending June 30, 2020

	Budget	Prorated Budget (Note)	Actual	Variance	
Revenues					
Federal Grants & Contracts	\$ 146,990,810	\$ 146,990,810	\$ 144,170,130	\$ (2,820,680)	U
Federal Grants Indirect Cost Recoveries	44,616,339	44,616,339	38,836,461	(5,779,878)	U
State Grants & Contracts	8,695,448	8,695,448	10,276,491	1,581,043	F
Private Grants & Contracts	27,067,189	27,067,189	30,528,212	3,461,023	F
Private Grants Indirect Cost Recoveries	4,893,753	4,893,753	6,015,570	1,121,817	F
Total Grants & Contracts	232,263,539	232,263,539	229,826,864	(2,436,675)	U
State Appropriations	83,176,177	83,176,177	83,525,966	349,789	F
Tuition and Fees	105,430,198	105,430,198	105,123,455	(306,743)	U
Pass-Through Revenues	85,328,707	85,328,707	118,920,488	33,591,781	F
Gifts	19,666,634	19,666,634	19,752,500	85,866	F
Transfers from (to) MUSC Physicians	82,735,959	82,735,959	81,701,932	(1,034,027)	U
Sales and Services of Educational Departments	17,914,157	17,914,157	16,346,550	(1,567,607)	U
Sales and Services of Auxiliary Enterprises	16,342,505	16,342,505	14,839,294	(1,503,211)	U
Interest and Investment Income	22,191	22,191	148,640	126,449	F
Endowment Income	4,098,052	4,098,052	4,123,572	25,520	F
Miscellaneous	11,888,926	11,888,926	15,384,079	3,495,153	F
Miscellaneous - Residents	7,800,000	7,800,000	9,094,791	1,294,791	F
Authority Revenue	81,725,359	81,725,359	79,801,101	(1,924,258)	U
Authority Revenue - Residents	58,146,923	58,146,923	56,809,240	(1,337,683)	U
Intra-Institutional Sales	41,930,074	41,930,074	41,096,975	(833,099)	U
Total Other	616,205,862	616,205,862	646,668,583	30,462,721	F
Total Revenues	848,469,401	848,469,401	876,495,447	28,026,046	F
Expenditures					
Salaries	\$ 321,508,699	\$ 321,508,701	\$ 312,330,637	\$ 9,178,064	F
Miscellaneous Personnel Expenditures	5,709,819	5,709,819	6,379,384	(669,565)	U
Fringe Benefits	118,937,808	118,937,808	119,967,165	(1,029,357)	U
Total Personnel	\$ 446,156,326	\$ 446,156,328	\$ 438,677,186	\$ 7,479,142	F
Contractual Services	\$ 164,767,692	\$ 164,767,693	\$ 149,043,927	\$ 15,723,766	F
Pass-through Expenditures	85,328,707	85,328,707	118,920,488	(33,591,781)	U
Supplies	52,883,165	52,883,165	55,049,041	(2,165,876)	U
Fixed Charges	43,269,649	43,269,649	47,814,928	(4,545,279)	U
Equipment	12,286,193	12,286,193	6,972,854	5,313,339	F
Travel	4,861,699	4,861,699	3,264,761	1,596,938	F
Trainee / Scholarships	20,450,611	20,450,611	22,065,250	(1,614,639)	U
Other Expenses	4,175,187	4,175,187	3,454,809	720,378	F
Debt Service	6,545,371	6,545,371	6,061,903	483,468	F
Total Other	\$ 394,568,274	\$ 394,568,275	\$ 412,647,961	\$ (18,079,686)	U
Total Expenditures	\$ 840,724,600	\$ 840,724,603	\$ 851,325,147	\$ (10,600,544)	U
Other Additions (Deductions)					
Transfers from(to) Plant Funds	(14,453,042)	(14,453,042)	(23,025,877)	(8,572,835)	U
Other Transfers	(36,016)	(36,016)	(435,290)	(399,274)	U
Prior Year Fund Balance Usage	15,888,982	15,888,982	12,651,396	(3,237,586)	U
Total Other Additions (Deductions)	\$ 1,399,924	\$ 1,399,924	\$ (10,809,771)	\$ (12,209,695)	U
NET INCREASE (DECREASE) in Fund Balance	\$ 9,144,725	\$ 9,144,722	\$ 14,360,529	\$ 5,215,807	F
Non-Budgeted Items					
Net Unfunded Pension Expense			(29,911,156)		
Net Unfunded OPEB Expense			(11,153,623)		
Depreciation			(36,496,082)		
Endowment Gains/Losses			(5,907,126)		
Gain (Loss) on Disposition of Property			11,004,715		
Other Non-Budgeted Items			8,403,921		
SRECNP Bottom Line			(49,698,821)		

The Medical University of South Carolina
 Direct Expenditures on Federal Grants and Contracts
 (By Responsibility Center)
 For the 12 Month Period Ending June 30, 2020

Administration	1,429,012
College of Dental Medicine	1,617,915
College of Graduate Studies	2,257,632
College of Health Professions	6,118,407
College of Medicine	122,995,386
College of Nursing	5,626,607
College of Pharmacy	930,933
Hollings Cancer Center	2,528,499
Library	633,634
Office of Sponsored Programs	32,105
	\$144,170,130

NOTE: The federal direct expenditures shown above were incurred by the University. The federal grant and contract revenue earned to cover these direct expenditures was \$144,170,130.

In addition to this federal grant and contract revenue, the University received \$38,836,461 in federal monies to reimburse it for Facilities and Administration (F+A) costs incurred to administer the above federal grants and contracts. \$38,332,581 of the F+A recoveries received is unrestricted which means the University can use it for any of its operating needs. The remaining \$503,880 represents the F+A recoveries on non-research federal grants and contracts. This amount is required to be remitted to the State.

University direct federal expenditures	\$144,170,130
Facilities and Administration costs	\$38,836,461
Federal operating grants and contracts	\$183,006,591

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2020

Note 1. *Basis of Presentation*

This financial statement provides summarized information for The Medical University of South Carolina (MUSC) and its affiliated organizations in discrete columns on the same page. The purpose of this financial report is to provide information that will be helpful to those who must make decisions about MUSC.

Note 2. *State Appropriations*

State appropriations revenue is prorated evenly over the twelve month period for which the funds are to be spent.

Note 3. *Cash and Cash Equivalents - Restricted*

Cash and cash equivalents - restricted include bond proceeds, the debt service reserve accounts, and the debt service fund accounts.

Note 4. *Capital Assets, Net of Accumulated Depreciation*

The University's capital assets, net of accumulated depreciation consists of the following:

Construction in progress	\$ 8,531,075
Land/Bldgs/Equipment/Accumulated depreciation	<u>379,038,174</u>
Capital Assets, Net of Accumulated Depreciation	<u>\$ 387,569,249</u>

Note 5. *Construction in Progress*

Construction in progress consists of the following projects and expenditures to date and is included in Capital Assets, Net of Accumulated Depreciation on the Statement of Net Position.

	Jun 30, 2019 Balance	Fiscal Year 2020		Jun 30, 2020 Balance
		Added	Capitalized	
Energy Performance Contract	\$ 222,401	\$ 2,922,469	\$ -	\$ 3,144,870
New College of Pharmacy Addition	301,771	2,738,676	-	3,040,447
Others less than \$1,000,000 (ending balance)	<u>1,114,390</u>	<u>4,150,709</u>	<u>(2,919,341)</u>	<u>2,345,758</u>
Total construction in progress	<u>\$ 1,638,562</u>	<u>\$ 9,811,854</u>	<u>\$ (2,919,341)</u>	<u>\$ 8,531,075</u>

Note 6. *Deferred Revenue*

The University's deferred revenue consists of the following:

State appropriations	\$ 234,407
Grants and contracts	7,648,319
Student tuition and fees	11,241,777
Other	<u>6,035,097</u>
Total Deferred Revenue	<u>\$ 25,159,600</u>

THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2020

Note 7. *Long Term Liabilities*

The University's long term liabilities consist of the following:

Obligations under capital leases	\$ 47,883,696
Higher Ed Refunded Revenue bond payable	20,965,000
State Institution bonds payable	35,095,000
Energy Performance Note Payable	30,881,657
Premium on State Institution bonds payable	2,080,446
Premium on Refunding Revenue Bonds	<u>1,340,555</u>
Total Long Term Liabilities	<u>\$ 138,246,354</u>

Note 8. *Summary of Net Position*

The University implemented GASB Statement No. 68, *Accounting and Financial Reporting for Pensions* in fiscal year 2015 and GASB Statement No. 75, *Accounting and Financial Reporting for Post Employment Benefits Other Than Pensions (OPEB)* in fiscal year 2018. These statements require participating employers to report their proportionate share of the plans' net pension liability and OPEB liabilities, pension and OPEB expense and deferred outflows and inflows. In fiscal year 2019, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position increased \$28.2 million for a total of \$165.4 million. In fiscal year 2018, excluding the GASB 68 and GASB 75 impact, the University's net position increased \$0.6 million for a total of \$137.2 million. In fiscal year 2017, excluding the GASB 68 and GASB 75 impact, the University's unrestricted net position increased \$10.5 million for at total of \$136.7 million. In fiscal year 2016, excluding the GASB 68 impact, the University's unrestricted net position increased \$25.4 million for a total of \$126.2 million.

	Per annual CAFR			
	<u>FY2019</u>	<u>FY2018</u>	<u>FY2017</u>	<u>FY2016</u>
Net investment in capital assets	\$ 290,960,785	\$ 318,787,398	\$ 335,952,501	\$ 350,908,685
Restricted				
Nonexpendable	91,997,286	91,314,812	90,977,372	90,351,534
Expendable	113,211,622	99,701,424	93,054,368	83,504,525
Unrestricted (exclusive of GASB 68 and 75 liabilities)	165,423,830	137,210,133	136,658,030	126,194,356
Unrestricted (including GASB 68 and 75 liabilities)	<u>(841,631,771)</u>	<u>(812,662,227)</u>	<u>(346,845,010)</u>	<u>(340,496,507)</u>
Total net position	<u>\$ (180,038,248)</u>	<u>\$ (165,648,460)</u>	<u>\$ 309,797,261</u>	<u>\$ 310,462,593</u>

Medical University of South Carolina
Summary of Current Debt Obligations

(\$\$ in thousands)

	Original Issue	Purpose	Outstanding & Authorized as of 30-Jun-2020
State Institution Bonds (SIB)			
SIB 2011D	18,950	Deferred maintenance projects	12,005
SIB 2012B refunding	12,645	Refunding SIB 2001C, 2003D, & 2003J	3,150
SIB 2016D	<u>30,095</u>	Refunding SIB 2005A & convert BAN	<u>19,940</u>
	<u>\$ 122,735</u>		
Current SIB Debt Authorized and Issued			<u>\$ 35,095</u>
Notes Payable - JEDA	<u>\$ 32,985</u>	Construction of College Health Health Profession facilities	<u>\$ 8,840</u>
Refunding Revenue Bonds, Series 2017			
2017	<u>\$ 25,115</u>	Refunding of Higher Ed Revenue Bonds	<u>\$ 20,965</u>
Energy Performance Note Payable			
EPNP 02-27-19	<u>\$ 30,000</u>	Energy Savings	<u>\$ 30,882</u>

MUSC Affiliated Organizations
Statement of Revenues, Expenses and Changes in Net Position
For the Twelve (12) Month Period Ending June 30, 2020

	Area Health Education Consortium	CHS Development Company
Operating Revenues		
Student Tuition and Fees	\$ -	\$ -
Federal Grants and Contracts	538,134	-
State Grants and Contracts	1,350,076	-
Local Government Grants and Contracts	-	-
Nongovernmental Grants and Contracts	-	-
Sales and Services to Hospital Authority	130,000	-
Sales and Services of Educational and Other Activities	3,267	-
Sales and Services of Auxiliary Enterprises	-	-
Interest Income	-	419,886
Other Operating Revenues	(92,936)	-
Total Operating Revenues	1,928,541	419,886
Operating Expenses		
Compensation and Employee Benefits	2,917,636	-
Pension Benefits		
OPEB Expense		
Services and Supplies	9,720,763	6,569
Utilities	-	-
Scholarships and Fellowships	5,400	-
Refunds to Grantors	-	-
Interest Expense	-	261,396
Depreciation and Amortization	-	156,349
Total Operating Expenses	12,643,799	424,314
Operating Income (Loss)	(10,715,258)	(4,428)
Nonoperating Revenues (Expenses)		
State Appropriations	11,164,456	-
State Appropriations - MUHA	-	-
Gifts and Grants Received	-	-
Investment Income	7,631	-
Interest Expense	-	-
Gain (Loss) on Disposal of Capital Assets	-	-
Transfers From (To) Other State Agencies	-	-
Other Nonoperating Revenues (Expenses), net	-	-
Net Nonoperating Revenues (Expenses)	11,172,087	-
Income (Loss) Before Other Revenues, Expenses, Gains, Losses and Transfers	456,829	(4,428)
Capital Appropriations	-	-
Capital Grants and Gifts	-	-
Additions to Permanent Endowments	-	-
Transfers From (To) MUSC Physicians (UMA)	-	-
Transfers From (To) AHEC	2,207	-
Transfers From (To) CHS Development	-	(15,186)
Transfers From (To) Facilities Corporation	-	-
Increase (Decrease) In Net Position	\$ 459,036	\$ (19,614)

MUSC Physicians and Carolina Family Care

Interim Financial Statements For the eleven month period ending June 30, 2020

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Medical University of South Carolina Physicians

Executive Summary

As of June 30, 2020

Charges:

- **YTD-1% over budget and 2% over last year**
- Month of June: 3% over budget and 5% over last year
- Top 5 clinical departments: Ophthalmology, Psychiatry, Medicine, Dermatology, Neurology
- Bottom 5 clinical departments: Otolaryngology, Urology, Radiation Oncology, Neurosurgery, Emergency Medicine

Payments

- **YTD-1% over budget and .1% over last year**
- Month of June: 3% over budget and 2% over last year
- Strong revenue cycle performance in 33 Days in AR days and \$89 per wRVU

Income/(Loss):

- **\$24.6M Operating Income; 4.6% operating margin**
 - \$31M favorable variance to budget
 - \$6.7M favorable Supplemental Medicaid payments
 - \$10.7M favorable in other operating revenue
 - \$5.3M CARES Act Stimulus funds received
 - \$2.6M CMMI Program Deposits
 - \$4.0M favorable in purchased services reimbursement due to increases in hospital bill, FY19 Value bonus program, ELC bonuses
 - \$2.0M unfavorable Other expenses
 - \$2.6M disbursement of CMMI Program funds to MHA
- **\$7.5M Net Income; 1.4% net margin**
 - \$5.6M favorable variance to budget
 - \$15.2M Unrealized loss on investments
 - \$9M Realized loss on investments

Balance Sheet:

- Days cash on hand: 226 days
- Current ratio: 4.9
- Net Position: \$345.8M; increased by \$22.8M compared to June 2019

Pension:

- YTD expense: \$34M; increased by 3% compared to YTD June 2019

MUSC Physicians
(A Component Unit of MUSC)
Statement of Revenues, Expenses and Changes in Net Position
For the Twelve Month Periods Ending June 2020

UNAUDITED

	June 2020 YTD Actual	June 2020 YTD Budget	June 2020 YTD Variance	%
Operating revenues				
Net clinical service revenue	\$ 350,398,471	\$ 348,301,140	\$ 2,097,331	1%
Supplemental medicaid	54,948,145	48,300,000	6,648,145	14%
Other operating revenue	19,083,506	8,366,529	10,716,977	128%
MUHA reimbursement for ambulatory and revenue cycle	5,055,308	5,063,567	(8,259)	0%
Purchased services	90,038,848	86,041,773	3,997,075	5%
Grant salary reimbursement from MUSC	16,089,951	12,722,598	3,367,353	26%
Total operating revenues	\$ 535,614,229	\$ 508,795,607	\$ 26,818,622	5%
Operating expenses				
Salaries, wages and benefits	351,809,983	353,620,136	1,810,153	1%
MUSCP reimbursement for education and research	81,701,932	82,735,959	1,034,027	1%
Supplies	35,539,635	35,699,905	160,270	0%
Contractual services	15,775,234	15,239,958	(535,276)	(4%)
Facility cost and equipment	8,055,042	10,466,049	2,411,007	23%
Professional liability insurance	6,118,406	5,262,027	(856,379)	(16%)
Depreciation	5,048,881	5,658,127	609,246	11%
Meals and travel	2,284,553	3,590,532	1,305,979	36%
Other expenses	3,034,512	850,549	(2,183,963)	(257%)
Faculty and staff recruitment	811,898	836,586	24,688	3%
Donations - transfer to MUSC Foundation and others	836,941	1,274,433	437,492	34%
Total operating expenses	511,017,017	515,234,261	4,217,244	1%
Operating income (loss)	\$ 24,597,212	\$ (6,438,654)	\$ 31,035,866	(482%)
Nonoperating revenue (expenses)				
MUHA reimbursement for equipment - GRTC	113,491	1,100,000	(986,509)	(90%)
Investment income	(19,804,166)	5,800,928	(25,605,094)	(441%)
Interest expense	(3,465,601)	(3,429,042)	(36,559)	(1%)
Rental income	7,520,963	6,860,307	660,656	10%
Rent expense	(1,625,036)	(1,625,036)	-	0%
Gain (loss) on disposal of assets	175,101	(398,483)	573,584	144%
Total nonoperating revenue (expenses)	\$ (17,085,248)	\$ 8,308,674	\$ (25,393,922)	(306%)
Change in net position	\$ 7,511,964	\$ 1,870,020	\$ 5,641,944	302%

Notes:

Other operating revenue includes \$5.3M CARES Act Stimulus, \$2.7M in CMMI Program deposits
Purchased services over budget due to \$1.3M ELC bonuses, Transplant Support added after budget, Coverage model increases after budget,
Value Based Program payment
Purchased services and Grant salary reimbursement previously shown netted against expenses
Salaries, wages and benefits: \$1.2M Group Health surplus
Contractual Services: \$1M Psychiatry Locums, \$450K Bike Race; Bank Charges over budget \$310K; Collection fees \$422K; \$1.7M underbudget ERP delay
Facility Costs and equipment are underbudget \$1.4M due to deferral of projects Bluffton, Nexton, Chuck Dawley. Lowcountry Cardiology discontinued
Other savings in facility cost associated with clinics closed for COVID-19
Professional liability insurance: 30% increase charged by the South Carolina Insurance Reserve Fund
Other expenses include \$2.6M CMMI Program disbursements to MHA
MUHA reimbursement for GRTC equipment - budget included purchase of 2nd Linac which has not occurred
Investment income loss includes unrealized losses on investment of \$15.2M; realized losses \$9M
Gain(loss) on disposal of assets over budget associated with \$500K gain from sale of Porcher's Bluff which was not budgeted

MUSC Physicians
(A Component Unit of the Medical University of South Carolina)

Statement of Net Position

UNAUDITED

ASSETS

	June 30, 2019	June 30, 2020	Variance
Current assets:			
Cash and cash equivalents	\$ 121,210,669	\$ 89,461,045	\$ (31,749,624)
Investments	101,537,224	181,061,319	79,524,095
Receivables:			
Patient services - net of allowances for contractual adjustments of \$102,433,481 bad debts of \$18,346,475	36,824,886	32,264,166	(4,560,720)
Due from the Medical University of South Carolina	5,760,752	1,892,139	(3,868,613)
Due from the Medical University Hospital Authority	2,202,879	2,331,057	128,178
Due from the Medical University Foundation	485,897	461,998	(23,899)
Due from MUSC Health Alliance	17,000	(2,005,736)	(2,022,736)
Due from Carolina Family Care, Inc.	9,529,637	6,563,436	(2,966,201)
Note receivable UMA/MHP	209,000	166,859	(42,141)
Investment / Advancements consolidated CFC	32,270,000	32,270,000	-
Due from Comprehensive Psychiatric Services	213,849	98,539	(115,310)
Due from MSV	112,083	552,412	440,329
Prepaid rent - MUSC Foundation	338,226	338,226	-
Other current assets	2,644,028	27,617,397	24,973,369
Total Current Assets	\$ 313,356,130	\$ 373,072,857	\$ 59,716,727
Noncurrent assets:			
Capital assets:			
Land	26,195,859	22,902,423	(3,293,436)
Buildings	49,772,036	50,904,456	1,132,420
Furniture and equipment	17,615,621	18,519,766	904,145
Leasehold improvements	52,166,261	55,403,105	3,236,844
Rental buildings under capital lease	13,989,600	13,989,600	-
Computer software	13,593,123	13,593,123	-
Less: accumulated depreciation and amortization	(80,315,210)	(83,717,584)	(3,402,374)
Prepaid rent - MUSC Foundation	6,103,615	5,443,636	(659,979)
Other assets	4,500,000	9,030,000	4,530,000
Investment in partnerships	4,229,689	3,833,215	(396,474)
Total noncurrent assets	\$ 107,850,594	\$ 109,901,740	\$ 2,051,146
Total Assets	\$ 421,206,724	\$ 482,974,597	\$ 61,767,873
Deferred outflows of resources			
Deferred refunding cost	10,751,313	9,206,159	(1,545,154)
Deferred outflows-OPEB	242,371	-	(242,371)
Total deferred outflows	\$ 10,993,684	\$ 9,206,159	\$ (1,787,525)
Total Assets and Deferred Outflows	\$ 432,200,408	\$ 492,180,756	\$ 59,980,348

MUSC Physicians
(A Component Unit of the Medical University of South Carolina)

Statement of Net Position

UNAUDITED

LIABILITIES

	June 30, 2019	June 30, 2020	Variance
Current Liabilities			
Accounts payable	\$ 3,632,763	\$ 4,494,339	\$ (861,576)
Accrued payroll	17,776,781	25,216,520	(7,439,739)
Accrued payroll withholdings	5,360,070	7,112,089	(1,752,019)
Accrued pension contribution	1,946,735	8,654,419	(6,707,684)
Other accrued liabilities	2,184,719	17,046,209	(14,861,490)
Due to Medical University Hospital Authority	4,168,061	5,958,006	(1,789,945)
Accrued compensated absences	1,648,979	2,719,021	(1,070,042)
Capital leases	296,764	-	296,764
Bonds payable	3,055,000	4,890,000	(1,835,000)
Total current liabilities	\$ 40,069,872	\$ 76,090,603	\$ (36,020,731)
Noncurrent liabilities:			
Accrued compensated absences	1,454,484	1,648,002	(193,518)
Bonds payable	66,350,000	59,625,000	6,725,000
Net OPEB liability	-	18,606	(18,606)
Deferred inflows-OPEB	75,381	85,799	(10,418)
Fair value of derivative instruments	1,223,038	8,921,623	(7,698,585)
Total noncurrent liabilities	\$ 69,102,903	\$ 70,299,030	\$ (1,196,127)
Total liabilities	\$ 109,172,775	\$ 146,389,633	\$ (37,216,858)
NET POSITION			
Invested in capital assets, net of related debt	52,983,421	58,712,466	(5,729,045)
Unrestricted (deficit)	270,044,212	287,078,657	(17,034,445)
Total Net Position	\$ 323,027,633	\$ 345,791,123	\$ (22,763,490)
Total Liabilities, Inflows, & Net Position	\$ 432,200,408	492,180,756	(59,980,348)

Notes:

Cash & cash equivalents, Investments have increased due to Supplemental Medicaid payments, COVID-19 mitigation strategies: Advanced Medicare Payments, CARES Act Stimulus, Deferral of Employer FICA portion, Deferral of pension contributions, Investments have been subject to (\$24.2M) market value adjustment. Due from MUSC decrease due to earlier collection of Supplemental Medicaid funds. Other current assets increase due to Supplemental Medicaid accrual. Other Assets - (Noncurrent) increase in collateral deposit for Swap. Land decreased due to the sale of Porcher's Bluff \$3.2M. Accrued payroll includes \$19.2M Y and Z Incentive accruals (also accrued Y incentive last year). Accrued payroll withholdings includes \$3.4M FICA Employer Withholding being deferred. Accrued pension contribution includes \$7M Pension contribution deferral. Other accrued liabilities includes Deferred Revenue from receipt of Advanced Medicare Payments. Fair value of derivative instruments are adjusted to actuals quarterly.

Carolina Family Care, Inc.
Including Carolina Primary Care Physicians & MUSC Health Partners
Executive Summary
For the twelve month period ending June 30, 2020

Charges:

- Year to Date: 6.4% over budget
- Month to Date: 15.9% over budget

Payment:

- Year to Date: 1.3% under budget
- Month to Date: .6% under budget
- 39 Days in AR days and \$68 per wRVU

Income/(Loss):

- Year to Date: (\$5.4M) operating loss; (5.3%) operating margin
 - (\$4.6M) unfavorable variance to budget
 - (\$1.7M) Self-insured health plan deficit
 - (\$2.9M) MUSCP corporate shared services RHN Writeoff
 - \$158K CMMI program funds received

Balance Sheet:

- Current ratio: .6
- Net Position: (\$5.8M) decreased by \$3.4M compared to June 2019
- Assets decreased \$6.8M since June 2019
 - \$2.5M increase in Cash and cash equivalents
 - (\$7.9M) decrease in Patient receivables
 - \$1.8M increase in Investment in partnerships due to sale of Lowcountry Real Property
 - (\$2.4M) decrease in other current assets including deferred revenue for Supplemental Medicaid received early
- Liabilities increased \$3.4M since June 2019
 - \$2.9M due to FY19 and FY20 RHN management fee reversal

Carolina Family Care, Inc.
(Including Carolina Primary Care Physicians and MUSC Health Partners)
Statement of Revenues, Expenses and Changes in Net Position
For the Twelve Month Periods Ending June 2020

UNAUDITED

	June 2020 YTD Actual	June 2020 YTD Budget	June 2020 YTD Variance	%
Operating revenues				
Net clinical service revenue	\$ 61,858,434	\$ 69,082,643	\$ (7,224,209)	(10%)
Supplemental medicaid	3,200,000	3,200,000	-	0%
Other operating revenue	4,169,963	3,812,271	357,692	9%
RHN provider practice strategic support	25,187,828	22,640,077	2,547,751	11%
Salary reimbursement for RHCs	3,088,730	3,845,542	(756,812)	(20%)
Purchased services	4,194,661	3,950,020	244,641	6%
Total operating revenues	\$ 101,699,616	\$ 106,530,553	\$ (4,830,937)	(5%)
Operating expenses				
Salaries, wages and benefits	83,149,155	82,356,735	(792,420)	(1%)
Supplies	4,580,578	5,265,518	684,940	13%
Contractual services	3,847,201	3,908,701	61,500	2%
Depreciation	332,056	323,164	(8,892)	(3%)
Facility cost and equipment	7,450,001	7,153,958	(296,043)	(4%)
Professional liability insurance	2,128,983	2,219,808	90,825	4%
Meals and travel	126,600	172,674	46,074	27%
Faculty and staff recruitment	175,915	7,608	(168,307)	(2212%)
MUSCP corporate shared services	3,511,338	3,712,571	201,233	5%
Purchased Services	1,570,033	1,258,934	(311,099)	(25%)
Other expenses	199,511	939,397	739,886	79%
Total operating expenses	107,071,371	107,319,068	247,697	0%
Operating income (loss)	\$ (5,371,755)	\$ (788,515)	\$ (4,583,240)	(581%)
Nonoperating revenue (expenses)				
Investment income	(411)	-	(411)	(100%)
Rental income	30,565	30,922	(357)	(1%)
Total nonoperating revenue (expenses)	\$ 30,153	\$ 30,922	\$ (769)	(2%)
Change in net position	\$ (5,341,602)	\$ (757,593)	\$ (4,584,009)	(605%)

Notes:

Other operating revenue includes \$726K write off of 2019 RHN Corporate Shared Services; New provider support underbudget \$203K;

CMMI program funds \$158K, \$1.1M CARES stimulus payment

Purchased Services revenue is underbudget: \$1.3M for Lowcountry Cardiology project discontinued; RHN salary reimbursements not budgeted

Salaries and benefits includes: Total deficit of health insurance plan is (\$1.7M). \$1.3K favorable due to Lowcountry Cardiology project discontinued

\$900K RHN salary unfavorable, other favorability due to COVID-19 layoffs

Faculty and staff recruitment budget differences attributed to RHN

Facility cost and equipment budget differences attributed to RHN

Statement of Net Position

UNAUDITED

ASSETS

	June 30, 2019	June 30, 2020	Variance
Current assets:			
Cash and cash equivalents	\$ 2,699,557	\$ 5,201,468	\$ 2,501,911
Receivables:			
Patient services - net of allowances for contractual adjustments of \$23,054,921			
bad debts of \$3,232,336	12,955,871	4,998,809	(7,957,062)
Due from the Medical University of South Carolina	62,586	198,597	136,011
Due from the Medical University Hospital Authority	80,567	198,993	118,426
Due from MUSC Health Alliance	-	46,804	46,804
Prepaid rent - MUSC Foundation	15,973	-	(15,973)
Other current assets	3,266,374	849,880	(2,416,494)
Total Current Assets	\$ 19,080,928	\$ 11,494,551	\$ (7,586,377)
Noncurrent assets:			
Capital assets:			-
Furniture and equipment	1,791,718	1,361,934	(429,784)
Leasehold improvements	3,599,291	2,890,078	(709,213)
Computer software	46,563	46,563	-
Less: accumulated depreciation and amortization	(2,605,242)	(2,456,855)	148,387
Investment in partnerships	(1,033,139)	739,083	1,772,222
Total noncurrent assets	\$ 1,799,191	\$ 2,580,803	\$ 781,612
Total Assets	\$ 20,880,119	\$ 14,075,354	\$ (6,804,765)

Carolina Family Care, Inc.
including Carolina Primary Care Physicians and MUSC Health Partners

Statement of Net Position

UNAUDITED

LIABILITIES

	June 30, 2019	June 30, 2020	Variance
Current Liabilities			
Accounts payable	\$ 543,205	\$ 329,933	\$ 213,272
Accrued payroll	3,456,766	4,309,634	(852,868)
Accrued payroll withholdings	371,045	782,697	(411,652)
Other accrued liabilities	825,976	3,750,015	(2,924,039)
Due to Medical University Hospital Authority	19,181	76,109	(56,928)
Due to UMA	9,529,637	6,563,434	2,966,203
Note Payable UMA/MHP	209,000	166,859	42,141
Due from MSV	564,147	76,453	487,694
Due to MUHA - RHN / RHN Settlement	6,991,090	2,639,648	4,351,442
Accrued compensated absences	559,836	710,654	(150,818)
Total current liabilities	\$ 23,069,883	\$ 19,405,436	\$ 3,664,447
Noncurrent liabilities:			
Accrued compensated absences	143,542	451,540	(307,998)
Total noncurrent liabilities	\$ 143,542	\$ 451,540	\$ (307,998)
Total liabilities	\$ 23,213,425	\$ 19,856,976	\$ 3,356,449
NET POSITION			
Capital stock and Additional paid-in capital	32,270,000	32,270,000	-
Invested in capital assets, net of related debt	2,314,867	2,145,707	(169,160)
Unrestricted (deficit)	(36,918,173)	(40,197,329)	(3,279,156)
Total Net Position	\$ (2,333,306)	\$ (5,781,622)	\$ (3,448,316)
Total Liabilities & Net Position	\$ 20,880,119	\$ 14,075,354	\$ (6,804,765)

Notes:

Other current assets includes deferred revenue for Supplemental Medicaid \$3.2M

In FY19 RHN payroll accruals were housed in Accrued payroll, in FY20 all RHN accruals are housed in region specific accounts in Other accrued liabilities

Due to MUHA - RHN includes the net advance from MUHA for RHN expenses and write-off of FY19 RHN shared services

Carolina Family Care, Inc.
(Including Carolina Primary Care Physicians and MUSC Health Partners)
For the Twelve Month Periods Ending June 2020

UNAUDITED

	East Cooper Radiology FY 2020 (1)	GRTC FY 2020 (2)	Tidelands Neuro FY 2020 (3)	Regional Health Network FY 2020 (4)	Other MHP entities FY 2020 (5)	Carolina Family Care FY 2020 (6)	CFC Total FY 2020 sum of (1)-(6)
Operating revenues							
Net clinical service revenue	\$ 1,558,549	\$ -	\$ 650,750	\$ 41,797,731	\$ 27,483	17,787,758	\$ 61,822,271
Supplemental medicaid	-	-	-	-	-	3,200,000	3,200,000
Other operating revenue	24,877	-	38,305	710,131	(725,551)	4,122,201	4,169,963
RHN provider practice strategic support	-	-	-	25,187,828	-	-	25,187,828
Salary reimbursement for RHCs	-	-	-	3,088,730	-	-	3,088,730
Purchased services	178,124	804,733	466,558	1,043,211	590,171	1,111,864	4,194,661
Total operating revenues	1,761,550	804,733	1,155,613	71,827,631	(107,897)	26,221,823	101,663,453
Operating expenses							
Salaries, wages and benefits	934,355	546,728	978,529	60,040,588	2,341,075	18,307,880	83,149,155
Supplies	-	-	3,724	2,631,115	10,872	1,934,867	4,580,578
Contractual services	651,180	2,561	999	1,945,145	9,523	1,237,793	3,847,201
Depreciation	-	-	-	-	-	332,056	332,056
Facility cost and equipment	-	-	59,511	5,152,216	38,168	2,200,106	7,450,001
Professional liability insurance	104,961	12,580	62,251	1,680,322	9,842	259,027	2,128,983
Meals and travel	-	1,109	2,118	66,711	40,154	16,508	126,600
Faculty and staff recruitment	-	-	-	172,660	499	2,756	175,915
MUSCP corporate shared services	-	-	-	-	2,189,413	1,321,925	3,511,338
Purchased services	-	60,000	-	57,638	-	1,452,395	1,570,033
Allocation of integrated costs	-	-	-	-	-	-	-
Other expenses	71,054	7,566	48,481	81,236	1,760	(10,586)	199,511
Total operating expenses	1,761,550	630,544	1,155,613	71,827,631	4,641,306	27,054,727	107,071,371
Operating income (loss) excl. AR accruals	-	174,189	-	-	(4,749,203)	(832,904)	(5,407,918)
AR accruals	-	-	-	-	-	36,163	36,163
Operating income (loss)	\$ -	\$ 174,189	\$ -	\$ -	\$ (4,749,203)	\$ (796,741)	\$ (5,371,755)
Nonoperating revenues (expenses)	-	-	-	-	-	30,153	30,153
Change in net position	\$ -	\$ 174,189	\$ -	\$ -	\$ (4,749,203)	\$ (766,588)	\$ (5,341,602)

Notes

(1) East Cooper Radiology income/losses are transferred to MSV where billings are made to East Cooper Hospital (\$220,176 per year) and MUHA.

\$178K in reimbursement from MSV YTD.

(2) Georgetown Hospital pays 18.5% of total collections to cover operating expenses of provider at GRTC

(3) MUHA and Tidelands have each been billed 50% of FY20 losses related to Tidelands Neurosciences. Total loss YTD is \$466K.

(4) MUHA funds 100% of deficit related to Regional Health Network

(5) Other non-Primary Care entities:

- (\$37K) Manager of Occupational Safety and Health - MUHA, MUSC and UMA provide support
- \$6K Skilled Nursing Facilities Specialist/Palliative Care - SOW with MUHA to reimburse up to \$216K annually; program discontinued in August 2019
- (\$72K) Institutional Advancement - lobbying costs
- (\$1.7M) Group Health Insurance.
- (\$2.9M) Write-off of FY19 and FY20 RHN Shared Services

(6) Q1-3 New Provider support from MUHA for is \$1M

Carolina Family Care, Inc.
(Including Carolina Primary Care Physicians and MUSC Health Partners)
Regional Health Network
For the Twelve Month Periods Ending June 2020

UNAUDITED

	Florence Actual (1)	Marion Actual (2)	Chester Actual (3)	Lancaster Actual (4)	RHN Integ. Costs Actual (5)	RHN Consol. Actual sum of (1) - (5)	RHN Consol. Budget	RHN Consol. Variance
Operating revenues								
Net clinical service revenue	\$ 27,840,859	\$ 2,272,678	\$ 5,052,660	\$ 6,631,534	\$ -	\$ 41,797,731	\$ 46,571,894	\$ (4,774,163)
Purchased services	350,873	472,455	(4,633)	224,516	-	1,043,211	-	1,043,211
Other operating revenue	-	-	-	-	710,131	710,131	492	709,639
Total operating revenues	\$ 28,191,732	\$ 2,745,133	\$ 5,048,027	\$ 6,856,050	\$ 710,131	\$ 43,551,073	\$ 46,572,386	\$ (3,021,313)
Operating expenses								
Salaries, wages and benefits	\$ 37,609,047	\$ 6,283,197	\$ 6,119,876	\$ 9,255,732	\$ 772,736	60,040,588	59,109,225	(931,363)
Supplies	1,351,938	233,148	440,458	604,604	967	2,631,115	2,663,008	31,893
Contractual services	844,726	111,074	240,992	490,144	258,209	1,945,145	2,034,597	89,452
Facility cost and equipment	3,063,454	339,172	566,367	1,183,223	-	5,152,216	4,702,933	(449,283)
Professional liability insurance	977,475	197,764	128,934	376,149	-	1,680,322	1,674,718	(5,604)
Meals and travel	37,192	6,508	3,597	12,199	7,215	66,711	58,570	(8,141)
Faculty and staff recruitment	127,767	2,186	803	13,901	28,003	172,660	108	(172,552)
MUSCP corporate shared services	-	-	-	-	-	-	2,489,339	2,489,339
Other expenses	56,389	9,449	2,665	12,703	30	81,236	325,507	244,271
Purchased services	33,233	5,035	12,320	7,050	-	57,638	-	(57,638)
Allocation of integrated costs	235,639	35,703	35,703	49,984	(357,029)	-	-	-
Total operating expenses	44,336,860	7,223,236	7,551,715	12,005,689	710,131	71,827,631	73,058,005	1,230,374
Operating income (loss)	\$ (16,145,128)	\$ (4,478,103)	\$ (2,503,688)	\$ (5,149,639)	\$ -	\$ (28,276,558)	\$ (26,485,619)	\$ (1,790,939)
RHN provider practice strategic support	16,145,128	1,389,373	2,503,688	5,149,639	-	25,187,828	22,640,077	2,547,751
Salary reimbursement for RHCs	-	3,088,730	-	-	-	3,088,730	3,845,542	(756,812)
Change in net position	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Notes:

Other operating revenue is CARES Act Stimulus payment

Purchased services in operating revenues includes Medical Directorships, FCALL payments, other salary reimbursements

Salary Reimbursement for RHCs: 4 Regional Health Clinics in the Marion region are fully reimbursed for salaries and other expenses by MUHA. Income is not recognized but reimbursed directly to MUHA.

Carolina Family Care, Inc.
(Including Carolina Primary Care Physicians and MUSC Health Partners)
Florence
Statement of Revenues, Expenses and Changes in Net Position
For the Twelve Month Periods Ending June 2020

UNAUDITED

	June 2020 YTD Actual	June 2020 YTD Budget	June 2020 YTD Variance	%
Operating revenues				
Net clinical service revenue	\$ 27,840,859	\$ 30,201,954	\$ (2,361,095)	(8%)
Purchased services	350,873	-	350,873	100%
Total operating revenues	\$ 28,191,732	\$ 30,201,954	\$ (2,010,222)	(7%)
Operating expenses				
Salaries, wages and benefits	37,609,047	38,124,470	515,423	1%
Facility cost and equipment	3,063,454	2,741,967	(321,487)	(12%)
MUSCP corporate shared services	-	1,510,098	1,510,098	100%
Supplies	1,351,938	1,515,362	163,424	11%
Professional liability insurance	977,475	944,100	(33,375)	(4%)
Contractual services	844,726	514,095	(330,631)	(64%)
Faculty and staff recruitment	127,767	-	(127,767)	(100%)
Other expenses	56,389	21,899	(34,490)	(157%)
Purchased Outside Services	33,233	-	(33,233)	(100%)
Meals and travel	37,192	20,590	(16,602)	(81%)
Allocation of integrated costs	235,639	-	(235,639)	(100%)
Total operating expenses	44,336,860	45,392,581	1,055,721	2%
Operating income (loss)	\$ (16,145,128)	\$ (15,190,627)	\$ (954,501)	(6%)
RHN provider practice strategic support	16,145,128	15,190,627	954,501	6%
Change in net position	\$ -	\$ -	\$ -	

Carolina Family Care, Inc.
(Including Carolina Primary Care Physicians and MUSC Health Partners)
Marion
Statement of Revenues, Expenses and Changes in Net Position
For the Twelve Month Periods Ending June 2020

UNAUDITED

	June 2020 YTD Actual	June 2020 YTD Budget	June 2020 YTD Variance	%
Operating revenues				
Net clinical service revenue	\$ 2,272,678	\$ 1,944,411	\$ 328,267	17%
Purchased services	472,455	-	472,455	100%
Total operating revenues	\$ 2,745,133	\$ 1,944,411	\$ 800,722	41%
Operating expenses				
Salaries, wages and benefits	6,283,197	6,260,781	(22,416)	0%
Facility cost and equipment	339,172	418,149	78,977	19%
MUSCP corporate shared services	-	262,839	262,839	100%
Professional liability insurance	197,764	231,618	33,854	15%
Supplies	233,148	174,465	(58,683)	(34%)
Contractual services	111,074	94,334	(16,740)	(18%)
Other expenses	9,449	11,500	2,051	18%
Meals and travel	6,508	2,700	(3,808)	(141%)
Faculty and staff recruitment	2,186	-	(2,186)	(100%)
Purchased services	5,035	-	(5,035)	(100%)
Allocation of integrated expenses	35,703	-	(35,703)	(100%)
Total operating expenses	7,223,236	7,456,386	233,150	3%
Operating income (loss)	\$ (4,478,103)	\$ (5,511,975)	\$ 1,033,872	19%
RHN provider practice strategic support	1,389,373	1,666,433	(277,060)	(17%)
Salary reimbursement for RHCs	3,088,730	3,845,542	(756,812)	(20%)
Change in net position	\$ -	\$ -	\$ -	

Carolina Family Care, Inc.
(Including Carolina Primary Care Physicians and MUSC Health Partners)
Chester
Statement of Revenues, Expenses and Changes in Net Position
For the Twelve Month Periods Ending June 2020

UNAUDITED

	June 2020 YTD Actual	June 2020 YTD Budget	June 2020 YTD Variance	%
Operating revenues				
Net clinical service revenue	\$ 5,052,660	\$ 5,670,996	\$ (618,336)	(11%)
Other operating revenue	-	492	(492)	(100%)
Total operating revenues	\$ 5,048,027	\$ 5,671,488	\$ (623,461)	(11%)
Operating expenses				
Salaries, wages and benefits	6,119,876	5,878,873	(241,003)	(4%)
Facility cost and equipment	566,367	581,208	14,841	3%
Supplies	440,458	414,977	(25,481)	(6%)
MUSCP corporate shared services	-	282,631	282,631	100%
Contractual services	240,992	670,160	429,168	64%
Professional liability insurance	128,934	142,000	13,066	9%
Other expenses	2,665	30,756	28,091	91%
Meals and travel	3,597	12,144	8,547	70%
Faculty and staff recruitment	803	108	(695)	(644%)
Purchased services	12,320	-	(12,320)	(100%)
Allocation of integrated expenses	35,703	-	(35,703)	(100%)
Total operating expenses	7,551,715	8,012,857	461,142	6%
Operating income (loss)	\$ (2,503,688)	\$ (2,341,369)	\$ (162,319)	(7%)
RHN provider practice strategic support	2,503,688	2,341,369	162,319	7%
Change in net position	\$ -	\$ -	\$ -	

Carolina Family Care, Inc.
(Including Carolina Primary Care Physicians and MUSC Health Partners)
Lancaster
Statement of Revenues, Expenses and Changes in Net Position
For the Twelve Month Periods Ending June 2020

UNAUDITED

	June 2020 YTD Actual	June 2020 YTD Budget	June 2020 YTD Variance	%
Operating revenues				
Net clinical service revenue	\$ 6,631,534	\$ 8,754,533	\$ (2,122,999)	(24%)
Purchased services	224,516	-	224,516	100%
Total operating revenues	\$ 6,856,050	\$ 8,754,533	\$ (1,898,483)	(22%)
Operating expenses				
Salaries, wages and benefits	9,255,732	8,845,101	(410,631)	(5%)
Facility cost and equipment	1,183,223	961,609	(221,614)	(23%)
Supplies	604,604	558,204	(46,400)	(8%)
MUSCP corporate shared services	-	433,771	433,771	100%
Professional liability insurance	376,149	357,000	(19,149)	(5%)
Contractual services	490,144	756,008	265,864	35%
Other expenses	12,703	261,352	248,649	95%
Purchased services	7,050	-	(7,050)	(100%)
Faculty and staff recruitment	13,901	-	(13,901)	(100%)
Meals and travel	12,199	23,136	10,937	47%
Allocation of integrated expenses	49,984	-	(49,984)	(100%)
Total operating expenses	12,005,689	12,196,181	190,492	2%
Operating income (loss)	\$ (5,149,639)	\$ (3,441,648)	\$ (1,707,991)	(50%)
RHN provider practice strategic support	5,149,639	3,441,648	1,707,991	50%
Change in net position	\$ -	\$ -	\$ -	

**FY2020 MUSCP Due to/Due From
As of 6/30/20**

	Outstanding Balance	Notes
1. MUSCP/MUHA		
MUSCP is due to pay MUHA	\$5,343,288	Balance consists of monthly recurring activity
MUHA is due to pay MUSCP	\$2,444,548	Balance consists of monthly recurring activity
Net: MUSCP is due to pay MUHA	\$2,898,741	
2. MUSCP/MUSC		
MUSC is due to pay MUSCP	\$1,899,536	Balance consists of monthly recurring activity
MUSCP is due to pay MUSC	\$7,397	\$10k agency funds offset by monthly recurring activity
Net: MUSC is due to pay MUSCP	\$1,892,138	
3. CFC/MUHA		
CFC is due to pay MUHA	19,089	Balance consists of monthly recurring activity
MUHA is due to pay CFC	99,079	Balance consists of monthly recurring activity.
Net: MUHA is due to pay CFC	\$79,990	
4. CFC/MUHA - RHN		
Total RHN accounts-Due to MUHA	\$2,639,648	Net Advance from MUHA for RHN expenses. Also includes AR, salary, AP accruals (non-cash); rent agreements
5. CFC/MUSC		
MUSC is due to pay CFC	\$86,443	Occupational Practice Manager Salary Reimbursement
6. MHP/MUHA		
MUHA is due to pay MHP	\$22,864	Balance consists of monthly recurring activity
MHP is due to pay MUHA	(\$55,134)	Balance consists of monthly recurring activity
Net: MUHA is due to pay MHP	\$77,998	
7. MSV		
MSV is due to pay CFC	155,961	Losses at EC Radiology
MSV is due to pay MUSCP	438,921	Cancelled employee agreements to be transferred to MUHA

**MEDICAL UNIVERSITY HOSPITAL AUTHORITY (MUHA)
CONSENT AGENDA**

Board of Trustees Meeting
August 14, 2020
101 Colcock Hall/Via Teleconference

Authority Operations, Quality and Finance Committee: Dr. Murrell Smith, Chair

Consent Agenda for Approval

Item 23. Appointments, Reappointments and Delineation of Privileges. Dr. Phillip Warr
Chief Medical Officer, MUHA

Consent Agenda for Information

Item 24. Medical Executive Committee Minutes..... Dr. Phillip Warr
Chief Medical Officer, MUHA

Item 25. Contracts and Agreements David McLean
Director, MUHA Legal Affairs

MUHA and MUSC Physical Facilities Committee: Mr. Bill Bingham, Chair

Consent Agenda for Information

Item 26. MUHA and MUSC FY2020 Active Projects >\$250,000 Greg Weigle
Chief Facilities Officer, MUSC

Item 27. MUSC Facilities Contracts Awarded..... Greg Weigle
Chief Facilities Officer, MUSC

Board of Trustees Credentialing Subcommittee May 2020
The Medical Executive Committee reviewed the following applicants on May 20,2020
and recommends approval by the Board of Trustees Credentialing Subcommittee effective 5.28.20

Medical Staff Initial Appointment and Clinical Privileges

Andrew Rutledge Alkis, M.D.	Active Provisional	Psychiatry
Margaret Teresa Anton,	Active Provisional	Department of Nursing
Dhiraj Baruah, M.D.,	Active Provisional	Radiology

Medical Staff Reappointment and Clinical Privileges

Charles Andrews, M.D.	Active	Neurosurgery	
Chirantan Banerjee, MD	Active	Neurology	
Tatsiana Y. Beiko, M.D.	Active	Medicine	
Russell Blackwelder, M.D.	Active	Family Medicine	
Lisa Boyars, M.D.	Active	Psychiatry	
Louise Boyd, M.D.	Provisional Affiliate-	Obstetrics & Gynecology	Florence
David Cachia, M.D.	Active	Neurosurgery	
Parina Cho, M.B.B.S.	Provisional Affiliate -	Radiology	
Angela Rank Choi, M.D.	Active	Obstetrics & Gynecology	
Margaret Dorlon, M.D.	Active	Surgery	
Ashley Duckett, M.D.	Active	Medicine	
Jonathan Edwards, M.D.	Active	Neurology	
Brian Flemming, M.D.	Active	Radiology	
Patrick Flume, M.D.	Active	Medicine	
Loren Francis, M.D.	Active	Anesthesiology	
John Freedy, M.D., Ph.D.	Active	Family Medicine	
Christopher Goodier, M.D.	Active	Obstetrics & Gynecology	
George Guldan, III, M.D.	Active	Anesthesiology	
Jeanne Griffin Hill, M.D.	Active	Radiology	
Leslie Hirsig, M.D.,	Active	Radiology	
Kelly Holes-Lewis, M.D.	Active	Psychiatry	
Abid Irshad, M.B.B.S	Active	Radiology	
Elizabeth Kirkland, M.D.	Active	Medicine	
David Koch, M.D.	Active	Medicine	
Mark Kovacs, M.D.	Active	Radiology	
John Kratz, M.D.	Active	Surgery	
Paul Lambert, Jr., M.D.	Active	Otolaryngology	
Lee Leddy, M.D.	Active	Orthopaedics	
Madelene Lewis, M.D.	Active	Radiology	
Alvin Lewis, IV, M.D.	Active	Psychiatry	
Leonard Lichtenstein, M.D.	Active	Medicine	
Abhinava Madamangalam, M.D.	Active Provisional	Anesthesiology	
Richard Marchell, M.D.	Active	Dermatology	
Eric Matheson, M.D.	Active	Family Medicine	
James McElligott, M.D.	Active	Pediatrics	
William McGary, M.D.	Active	Emergency Medicine	
Jeffrey McMurray, M.D.	Active	Anesthesiology	
Steven McSwain, M.D.	Active	Pediatrics	
Katherine Morgan, M.D.	Active	Surgery	
Daniel Ng, M.D.	Provisional Affiliate-	Medicine	Marion
Manish Patel, M.D.	Provisional Affiliate -	Urology	
Susan Presnell, M.D.	Active	Pathology & Lab. Med.	
Amanda Redding, M.D.	Active	Anesthesiology	
Charles Reitman, M.D.	Active	Orthopaedics	

William Rieter, M.D.	Active	Radiology
Marc Rogers, M.D.	Active	Urology
Steven Saef, M.D.	Active	Emergency Medicine
David Selewski, M.D.	Active Provisional	Pediatrics
Carol Sherman, M.D.	Active	Medicine
Zachary Soler, M.D.	Active	Otolaryngology
Mary Sterrett, M.D.	Active	Obstetrics & Gynecology
Pal Suranyi, M.D.	Active	Radiology
Steven Swift, M.D.	Active	Obstetrics & Gynecology
Ryan Tedford, M.D.	Active	Medicine
Cristian Thomae, M.D.	Active	Obstetrics & Gynecology
James Thomas, M.D.	Active	Medicine
Mary Titus, M.D.	Active	Pediatrics
Thomas Uhde, M.D.	Active	Psychiatry
Celine Ward, M.D.	Active	Medicine
Ira Willner, M.D.	Active	Medicine

Medical Staff Reappointment and Change in Clinical Privileges

None

Medical Staff Change in Privileges

Evert Eriksson, MD	Active	Sur/Acute Care	Add Rib Plating age
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Professional Staff Initial Appointment and Clinical Privileges

Allison Claire Bossong, P.A.C.	Provisional Allied	Family Medicine	
Meghan Collins, LISW-CP	Provisional Allied	Pediatrics	
William Herbert Etheridge,	Provisional Allied	Emergency Medicine	
Mary Macrae Lynch, LMSW	Provisional Allied	Psychiatry	
Tracy Lynn Mapes, P.A.	Provisional Allied	Emergency Medicine	
Helen Susan Martin, P.A.C.	Provisional Allied	Family Medicine	
Stephen Weaver, A.P.R.N.	Provisional Allied	Family Medicine	
Claudia Maddox, NNP	Provisional Allied	FMD	Lancaster
Rebekah Johnson, FNP	Provisional Allied	FMD	Florence

Professional Staff Reappointment and Clinical Privileges

Tonya Alexander, A.P.R.N.	Provisional Allied	Urology	Lancaster
Lillian Arnold, Ph.D.	Allied Health	Psychiatry	
Liza Bergrin, MSN	Provisional Allied	Obstetrics & Gynecology	
Bethany Bradley, C.R.N.A.	Allied Health	Anesthesiology	
Brittany Bryant, LISW-CP	Allied Health	Psychiatry	
Gregory Buck, P.A.C.	Allied Health	Medicine	
William Burke, Ph.D.	Provisional Allied	Psychiatry	
Jessica Casey, P.A.C.	Allied Health	Emergency Medicine	
Hayne Clifton, C.R.N.A.	Provisional Allied	Anesthesiology	
Patrick Coyne, M.S.N.	Allied Health	Medicine	
Alice Dalena, A.P.R.N.	Provisional Allied	Family Medicine	Chester
Kevin Fallon, M.S.	Provisional Allied	Radiation Oncology	
Kate Gerweck, R.D.	Allied Health	MUHA Dietetic Services	
Melissa Hill, A.P.R.N.	Allied Health	Neurosurgery	
Leah Hopkins, F.N.P.	Provisional Allied	Medicine	
Allison Hossfeld, C.R.N.A.	Provisional Allied	Anesthesiology	
Richard Kidd, D.N.P.	Allied Health CFC -	Family Medicine	
Brandon Kote, C.R.N.A.	Provisional Allied	Anesthesiology	
Robyn Little, C.R.N.A.	Provisional Allied	Anesthesiology	
Tyner Lollis, D.N.P.	Provisional Allied	Pediatrics	
Caitlin Mengler, A.P.R.N.	Allied Health	Otolaryngology	

Jennifer Mitchell, C.R.N.A.	Provisional Allied	Anesthesiology	
Blenda Ruggiero, P.A.	Provisional Allied	Surgery	Lancaster
Grayson Sandy, C.R.N.A.	Provisional Allied	Anesthesiology	
Emily Shier, LPC	Provisional Allied	Psychiatry	
Tammy Speicher, C.R.N.A.	Provisional Allied	Anesthesiology	
Angelica Timmerman, N.P.	Provisional Allied	Surgery	
Jennifer Waterhouse, D.N.P.	Allied Health	Surgery	
Warren Whitworth, M.S.	Allied Health	Surgery	

Professional Staff Reappointment and Change in Privileges

None

Professional Staff Change in Privileges

None

END ROSTER

Board of Trustees Credentialing Subcommittee June 2020
The Medical Executive Committee reviewed the following applicants on June 17, 2020
and recommends approval by the Board of Trustees Credentialing Subcommittee effective 6.28.20

Medical Staff Initial Appointment and Clinical Privileges

Carolina Adams, M.D.	Active Provisional	Ophthalmology
Anastasia Alex, M.D.	Active Provisional	Ophthalmology
Mariam Alexander, M.D.	Active Provisional	Medicine
Gilbert Bader, M.D.	Active Provisional	Medicine
Cody Branch, M.D.	Active Provisional	Radiology
Laurel Branch, M.D.	Active Provisional	Medicine
Kevin Cwach, M.D.	Active Provisional	Urology
Michael de Guzman, D.O.	Active Provisional	Ophthalmology
Brynn Donnelly, M.D.	Active Provisional	Pediatrics
Kevin Dyer, M.D., B.S.	Active Provisional	Emergency Medicine
Jessica English, M.D.	Active Provisional	Medicine
Gregory Franklin, II, M.D.	Active Provisional	Orthopaedics
John Green, D.O.	Active Provisional	Anesthesiology
Parneet Grewal, M.B.B.S.	Active Provisional	Neurology
Mamikon Gukasov, D.O.	Active Provisional	Anesthesiology
John Hohenberger, M.D.	Active Provisional	Radiology
Rachel Jester, M.D.	Active Provisional	Pathology & Lab. Med.
Tara Kelly, M.D.	Active Provisional	Anesthesiology
Julia Kendrick, M.D.	Active Provisional	Anesthesiology
Disha Kohli, M.D.	Active Provisional	Neurology
Ashish Kurundkar, M.B.B.S	Active Provisional	Pathology & Lab. Med.
Jennifer Martin, D.O.	Active Provisional	Radiology
Jordan McCarthy, M.D.	Active Provisional	Emergency Medicine
Sudeep Mehta, M.D.	Active Provisional	Orthopaedics
Ryan Mercer, M.D.	Active Provisional	Ophthalmology
Amar Miglani, M.D.	Active Provisional	Otolaryngology
Benjamin Muller, M.D.	Active Provisional	Obstetrics & Gynecology
Laura Murray, M.D.	Active Provisional	Pediatrics
Oriel Nissim, M.D.	Active Provisional	Obstetrics & Gynecology
Elizabeth Oddo, M.D.	Active Provisional	Pediatrics
Maxie Phillips, D.O.	Active Provisional	Anesthesiology
Jonathan Poirier, D.O.	Active Provisional	Radiology
Christopher Sege, Ph.D.	Active Provisional	Psychiatry
Cameron Shull, M.D.	Active Provisional	Anesthesiology
Eric Swanson, M.D.	Active Provisional	Anesthesiology
Vilija Vaitaitis, M.D.	Active Provisional	Otolaryngology
Francis Vento, M.D.	Active Provisional	Radiology
Mason Walgrave, M.D.	Active Provisional	Pediatrics
Nathan Wigner, M.D.	Active Provisional	Orthopaedics
Cameron Wilhoit, M.D.	Active Provisional	Medicine
Christopher Wolla, M.D.	Active Provisional	Anesthesiology
Jeffrey Yourshaw, M.D.	Active Provisional	Medicine
David Zaas, M.D.	Active Provisional	Medicine

Medical Staff Reappointment and Clinical Privileges

David Annibale, M.D.	Active	Pediatrics
Diana Antonovich, M.D.	Active	Dermatology
Graham Beattie, M.D.	Active	Medicine
Jennifer Bracey, M.D.	Active	Medicine

John Cahill, Jr., M.D.	Active	Pediatrics
Julio Chalela, M.D.	Active	Neurosurgery
Jack Condrey, III, M.D.	Active	Anesthesiology
Samuel Cooper, M.D.	Active	Radiation Oncology
Michael Craig, M.D.	Active	Medicine
Brad Eastman, D.O.	Active	Anesthesiology
Tibor Fulop, M.D.	Active	Medicine
Barry Gibney, D.O.	Active	Surgery
Barbara Head, M.D.	Active	Obstetrics & Gynecology
Megann Helton-Rieter, M.D.	Active	Obstetrics & Gynecology
Heather Hughes, M.D.	Active	Medicine
Soonho Kwon, M.D.	Active	Medicine
William Lancaster, M.D.	Active	Surgery
Jonathan Lena, M.D.	Active	Neurosurgery
Kathryn Lindsey, M.D.	Active	Pathology & Lab. Med.
Maria Matheus, M.D.	Active	Radiology
Jared McKinnon, M.D.	Active	Anesthesiology
Darlene Moak, M.D.	Active	Psychiatry
Nandita Nadig, M.D.	Active	Medicine
Melissa Picard, M.D.	Active	Radiology
Marty Player, M.D.	Active	Family Medicine
Jennifer Poon, M.D.	Active	Pediatrics
Eric Powers, M.D.	Active	Medicine
Paul Pritchard, III, M.D.	Active	Neurology
Federico Rodriguez-Porcel, M.D.	Active	Neurology
Maria Spampinato, M.D.	Active	Radiology
Scott Sullivan, M.D.	Active	Obstetrics & Gynecology
Leah Swanson, M.D.	Active	Dermatology
Sylvia Szentpetery, M.D.	Active	Pediatrics
Frederick Tecklenburg, M.D.	Active	Pediatrics
Elizabeth Wallis, M.D.	Active	Pediatrics
Rebecca Wineland, M.D.	Active	Obstetrics & Gynecology

Reappointment and Clinical Privileges; Status : Active Provisional

Daniel Areson, D.O.	Active Provisional	Orthopaedics
Tiffany Baker, M.D.	Active Provisional	Pathology & Lab. Med.
Benjamin Barnette, M.D.	Active Provisional	Medicine
James Bethea, M.D.	Active Provisional	Orthopaedics
Devin Blankinship, M.D.	Active Provisional	Medicine
Carey Brewbaker, M.D.	Active Provisional	Anesthesiology
Lauren Brown, M.D.	Active Provisional	Obstetrics & Gynecology
Jeremy Burt , M.D.	Active Provisional	Radiology
Elizabeth Callan, M.D.	Active Provisional	Neurology
Taylor Christian, M.D.	Active Provisional	Family Medicine
Scott Davis, M.D.	Active Provisional	Ophthalmology
Jordan Dixon, D.O.	Active Provisional	Radiology
Matthew Finneran, M.D.	Active Provisional	Obstetrics & Gynecology
Christopher Foote, D.O.	Active Provisional	Urology
Alexandra Franklin, M.D.	Active Provisional	Radiology
Rachel Fuerst, M.D.	Active Provisional	Ophthalmology
Scarlett Johnson, M.D.	Active Provisional	Pediatrics
Carson Keck, M.D.	Active Provisional	Medicine
Timothy Lukenbill, M.D.	Active Provisional	Pediatrics

Maritere Nazario, M.D.	Active Provisional	Pediatrics
Peter O'Connor, D.O.	Active Provisional	Radiology
Bradley Petkovich, M.D.	Active Provisional	Medicine
Rachel Powell, M.D.	Active Provisional	Obstetrics & Gynecology
Christopher Pruitt, M.D.	Active Provisional	Pediatrics
Theodore Ravenel, D.M.D.	Active Provisional	Oral & Maxillofacial Surgery
Vivek Sindhi, M.D.	Active Provisional	Orthopaedics
Mini Singh, M.B.B.S.	Active Provisional	Neurology
Jaime Singh, M.D.	Active Provisional	Pathology & Lab. Med.
Claire Smith, M.D.	Active Provisional	Psychiatry
Meghan Thomas, M.D.	Active Provisional	Medicine
Richard Tsen, M.B.B.S.	Active Provisional	Emergency Medicine
Siamak Yazdi, M.D.	Active Provisional	Pediatrics

Reappointment and Clinical Privileges; Status : Affiliate

Jessica Cook, M.D.	Affiliate	Family Medicine
Laura Juul, M.D.	Affiliate	Medicine
Lyndsay Mueller, M.D.	Affiliate	Medicine
Yotam Papo, M.D.	Affiliate	Medicine
Vijay Renga, M.D.	Affiliate	Neurology

Reappointment and Clinical Privileges; Status : Affiliate CFC - Colleague

Malcolm Eggart, M.D.	Affiliate CFC -	Neurosurgery
Edward Gilbreth, M.D.	Affiliate CFC -	Medicine

Reappointment and Clinical Privileges; Status : Provisional Affiliate- Colleague-

Garrett Kent, M.D.	Provisional Affiliate-	Family Medicine	REGIONAL CHESTER
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Medical Staff Change in Privileges

Daniel Snelgrove, M.D.	Active	Neurology	post fellowship
Julia West, M.D.	Active Provisional	Emergency Medicine	Care Privs post fellowship
Matthew Moake, MD	Active	Peds	Hours Clinic to Peds EMM Main

Professional Staff Initial Appointment and Clinical Privileges

Kimsey Cooper, M.P.A.S.	Provisional Allied	Surgery
Angela Fay, M.S.	Provisional Allied	Medicine
Lorre Taylor, LISW-CP,	Provisional Allied	Psychiatry
Jill Tibbetts, P.A.C.	Provisional Allied	Medicine

Professional Staff Reappointment and Clinical Privileges

Catherine Bradley, Ph.D.	Allied Health	Pediatrics	
Margaret Orgel, D.N.P.	Allied Health	Pediatrics	
Michael de Arellano, Ph.D.	Allied Health	Psychiatry	
Stephanie Hall, N.N.P.	Allied Health	Pediatrics	
Margaret Hudepohl, Ph.D.	Allied Health	Pediatrics	
Amber Johnson, R.D.	Allied Health	MUHA Dietetic Services	
Ashley Klumb, N.N.P.	Allied Health	Pediatrics	
Shaida Lemois, LISW-CP	Allied Health	Psychiatry	
Dana Szeles, Ph.D.	Allied Health	Neurology	
Benjamin Toll, Ph.D.	Allied Health	Psychiatry	
Gloria Wilson, A.P.R.N.	Allied Health	Psychiatry	Medical Staff Appt and Clinical

Reappointment and Clinical Privileges; Status : Provisional Allied Health

Claire Boring, M.Sc.	Provisional Allied	Medicine
Emily DePue, P.A.	Provisional Allied	Urology
Maranda Ferguson, F.N.P.	Provisional Allied	Medicine
William Godwin, Ph.D.	Provisional Allied	Radiation Oncology
Benjamin Goldstein, CPO	Provisional Allied	Orthopaedics
Elizabeth Hambright,	Provisional Allied	Medicine
Clarice Hauschildt, Au.D.	Provisional Allied	Otolaryngology
Emily Heslop, M.S.	Provisional Allied	Orthopaedics
Amanda Jones, P.A.C.	Provisional Allied	Family Medicine

James L. Klein, CPO	Provisional Allied	Orthopaedics
Kaylee Knisley, C.R.N.A.	Provisional Allied	Anesthesiology
Steven Kramer, Jr., CPO	Provisional Allied	Orthopaedics
Amber Monroe, M.S.N.	Provisional Allied	Pediatrics
Amber Pennington, B.S.	Provisional Allied	Orthopaedics
Danielle Prox, A.P.R.N.	Provisional Allied	Neurosurgery
Leigh E Ridings, Ph.D.	Provisional Allied	Department of Nursing
Annemarie Roncancio, F.N.P.	Provisional Allied	Neurosurgery
Katherine Smalley, M.P.A.S.	Provisional Allied	Dermatology
John Rhett Smith, CPO	Provisional Allied	Orthopaedics
Whitney Smith, A.G.N.P.-C	Provisional Allied	Department of Nursing
Elizabeth Bunch Wachowicz,	Provisional Allied	Neurosurgery

Application Type : **Reappointment and Clinical Privileges**; Status : **Provisional Allied**

Johnlyn Nettles, M.S.N.	Provisional Allied	Family Medicine	Regional MUSC Florence
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Professional Staff Change in Privileges

Amy Dupstadt-DeLambo, NP	Active	Psych	Dept. Chg from NRL to PSY
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END ROSTER

Board of Trustees Credentialing Subcommittee June 2020
The Medical Executive Committee reviewed the following applicants on June 17, 2020
and recommends approval by the Board of Trustees Credentialing Subcommittee effective 6.28.20

Emergent Review 6.24.20 Medical Staff and Professional Initial Appointment and Clinical Privileges

**Emergent Review for Lancaster and
Chester Emergency Medicine Providers
due to end of APP contract and MUSC**


**Employment Change with July 1 Start Date Approved by Credentials Committee and
MEC on June 24, 2020**

MEDICAL STAFF		
Christopher Alan Anderson, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Kristopher Robert Crawford, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Daniel Ray Crow, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Christopher Paul Davis, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Naguib Hani Farah, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Todd Eric Gardner, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Keia Vennda-Rei Hewitt, M.D..	Provisional Affiliate- Colleague- Other	Emergency Medicine
Duncan Allen Holaday, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Paul Daniel Karns, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Isom Lowman, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Edward McCutcheon, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Shashank Mishra, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Trevor George Robinson, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Otis Donnell Speight, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Alexander Bondoc Vinuya, M.D.	Provisional Affiliate- Colleague- Other	Emergency Medicine
Professional Staff		
Donald Wayne Bowers, Jr., N.P.	Provisional Allied Health- Colleague- Other	Emergency Medicine
Ian Michael Carrese, P.A.C.	Provisional Allied Health- Colleague- Other	Emergency Medicine
Kassi Johnson, P.A.C.	Provisional Allied Health- Colleague- Other	Emergency Medicine
Robert Lorek, P.A.	Provisional Allied Health- Colleague- Other	Emergency Medicine

MEDICAL EXECUTIVE COMMITTEE

Medical Executive Committee Presiding: Dr. Alice Boylan Date: June 17, 2020 Meeting Place: WebEx Recording: M. Carroll Meeting Time: 7:30 am Adjournment: 8:21 am	Members present: Dr. Andrews, Dr. Boylan, Nora Brahney, Dr. Brendle, Dr. Bundy, Dr. Cina, Dr. Clyburn, Dr. DiSalvo, Dr. DuBois, Dr. Easterling, M. Fulton, Dr. Hart, Dr. Kocher, Dr. McSwain, Dr. Reeves, Dr. Russell, S. Scarbrough, Dr. D. Scheurer, , Dr. Warr, Dr. Zaas Members excused: Dr. Atz, Dr. Baliga, Dr. Basco, Dr. Clark, Dr. Costello, Dr. Crawford, Dr. Edwards, R. Ellis, Dr. Habib, Dr. Hong, Dr. Kowalenko, L. Kerr, Dr. Leddy, D. McLean Esq., Dr. Paolini, Dr. Salgado, Dr. M. Scheurer, Dr. Streck, Dr. Zwerner Guests:		
Agenda/Topic	Debate & Discussion	Conclusions	Recommendation/ Follow-Up What/When/Who
Executive Session	n/a	n/a	
Review of Minutes	Minutes from May MEC meeting approved	Information	Approved
Credentials Committee <ul style="list-style-type: none"> ▪ Dr. Edwards 	Nora Brahney reported the following for Dr. Edwards: Medical Staff Initial Appointment and Clinical Privileges: 43 Medical Staff Reappointment and Clinical Privileges: 36 Reappointment and Clinical Privileges; Status: Active Provisional: 32 Reappointment and Clinical Privileges; Status: Affiliate:5 Reappointment and Clinical Privileges; Status: Affiliate: CFC-Colleague: 2 Reappointment and Clinical Privileges; Status: Provisional Affiliate- Colleague- Other: 1 Medical Staff Reappointment and Change in Clinical Privileges: 0 Medical Staff Change in Privileges: 3 Professional Staff Initial Appointment and Clinical Privileges: 4 Professional Staff Reappointment and Clinical Privileges: 11 Professional Staff Reappointment and Change in Privileges: 0 Reappointment and Clinical Privileges; Status: Professional Allied Health: 21 Application Type: Reappointment and Clinical Privileges; Status: Provisional Allied Health:1 Professional Staff Changes in Privileges: 1 Please note: Dr. Boylan approved an additional roster dated 6/24 under emergency circumstances in accordance with MEC rules.	MEC recommends the appointments, reappointments and delineation of clinical privileges for Board of Trustees approval.	
GME Report <ul style="list-style-type: none"> ▪ Dr. Clyburn 	<ul style="list-style-type: none"> ▪ Over 200 Residents and Fellows are bring brought in for Orientation ▪ Dramatically different this year, majority will be remote, will continue with hand off training, and root cause analysis, Departments will provide hand off training remotely in small groups ▪ Fellows start July2 with Orientation 	Information	

MEDICAL EXECUTIVE COMMITTEE

<p>Quality Report</p> <ul style="list-style-type: none"> ▪ Dr. Bundy 	<ul style="list-style-type: none"> ▪ Uptick in COVID cases: aware of differing skill and experience level going forward ▪ Overall scorecard 3.3 ▪ Data errors in dashboards do not give accurate picture, deeper dive necessary at times ▪ Ambulatory is doing a great job delivering care as well as thinking about how they deliver care and continually improve Metrix ▪ Update on return to work guidance, removed unexposed, everyone should consider they are exposed, Large number asymptomatic PCR tests , increase in preop/ pre procedure testing, asymptomatic positives are up, if follow up with positive COVID antibody test may return to work, otherwise 14 day quarantine from date of positive COVID test, disseminated soon 	<p><i>Information</i></p>	 20_06_17 MEC Bundy.pptx
<p>Communication's Report</p> <ul style="list-style-type: none"> ▪ Dr. Warr 	<ul style="list-style-type: none"> ▪ Welcome Dr. David Zaas, CEO Charleston Division ▪ Came to us from Duke, Transplant Pulmonologist- ▪ Dr Zaas is ready to partner with MEC as a Quality and Safety Champion ▪ Looks forward to collaborating with entire enterprise to achieve our mission in a COVID world 	<p><i>Information</i></p>	
<p>New Business</p>	<ul style="list-style-type: none"> ▪ Credentials Committee: Request for approval exception letter to BOT Subcommittee- Motion approved Request for extension of certifications (ACLS/BLS) until October 31, 2020 to accommodate the impact COVID-19 has had on recertification efforts. - Motion approved ▪ COVID Testing and plans: Universal testing for all Inpatients, identify asymptomatic patients, less than 1% but still carry impact, working on operationalizing workflow, testing to capacity, Surgical Volume vs. Medical volume 50%-50% split, strongly supported by Clinical Dean/Education groups in effort to educate and inform our students, helping identify positive patients with less common symptoms, ▪ Cohort plans: Tiered plan available on Intranet- Brief overview: 4C is open, coverage is being worked out, allows for flexibility, 7B in UHE is planned, identifying other units if needed and assessing space, IOP Cohort planned, ▪ Testing Update: Have switched to higher throughput machine that doubles our capacity for running tests, 2500 a day, Improved turnaround time, Rapid test, limited supply nationally, we request as many as possible, developed algorithm to best utilize these resources, CDC loosened guidelines, around asymptomatic patients, on testing can now collect samples outside of negative pressure rooms, 	<p><i>Information</i></p>	<p>Approved</p>

MEDICAL EXECUTIVE COMMITTEE

	can collect in clinic settings, symptomatic patients should be tested in safest manner prescribed to protect the most people, looking at additional sites to open to care for care team members, assessing capacity as COVID numbers rise and non COVID patient census begins to return to pre COVID levels				
Consent Items					
Policies <i>(Consent)</i>	<u>Policies for Approval:</u> <ul style="list-style-type: none"> • None at this time • 	Information	Approved		
Standing Orders <i>(Consent)</i>	<u>Standing Orders for Approval:</u> n/a	Information	Approved		
Other Consent Items <i>(Consent)</i>	n/a	N/A			
Data & Service Reports <i>(Consent)</i>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Data reports reviewed:</u> <ul style="list-style-type: none"> ○ Admit Transfer Report ○ Admit Transfer Report FY19 ○ YTD Census Report 2018-2019 ○ Hand Hygiene July 2019 </td> <td style="width: 50%; vertical-align: top;"> <u>Service reports reviewed:</u> <ul style="list-style-type: none"> Discharge Summary Turnaround Time Discharge Detail TAT by Physician </td> </tr> </table>	<u>Data reports reviewed:</u> <ul style="list-style-type: none"> ○ Admit Transfer Report ○ Admit Transfer Report FY19 ○ YTD Census Report 2018-2019 ○ Hand Hygiene July 2019 	<u>Service reports reviewed:</u> <ul style="list-style-type: none"> Discharge Summary Turnaround Time Discharge Detail TAT by Physician 	Information	Approved
<u>Data reports reviewed:</u> <ul style="list-style-type: none"> ○ Admit Transfer Report ○ Admit Transfer Report FY19 ○ YTD Census Report 2018-2019 ○ Hand Hygiene July 2019 	<u>Service reports reviewed:</u> <ul style="list-style-type: none"> Discharge Summary Turnaround Time Discharge Detail TAT by Physician 				
Subcommittee Minutes <i>(Consent)</i>	<u>Committee Minutes:</u> Credentialing Committee GME Committee P&T Committee PQM Committee Peer Review Committee	Information	Approved		
Adjournment 8:30 am	The next meeting of the Medical Executive Committee will be July, 15 2020 at 7:30 am Via WebEx				

Prabhakar Baliga, MD

Prabhakar Baliga, MD, Secretary of the Medical Staff

**AGREEMENTS ENTERED INTO BY
THE MEDICAL UNIVERSITY HOSPITAL AUTHORITY
SINCE MAY 2020
BOARD OF TRUSTEES MEETING**

- **Managed Care** - MUSC Health has entered into a Managed Care Agreement with the following:
 - CorVel Corporation
 - Medcost
 - Medicaid Branches of DHHS

- **Affiliation Agreements**
 - Appalachian State University
 - Pitt Community College
 - South College of Tennessee, LLC
 - The University of Texas at Dallas

Final MUHA FY20 Active Capital Project List > \$250,000 August 2020

Project #	Description	Estimated Total Project Budget	FY20 Approved Funding	FY 20 Invoiced to Date	FY20 Balance	A/E	Contractor	Status	Projected Final Completion
Existing FY20 Capital Budget Approved Projects									
170047	ART ECRP Phase 2 + holding	\$575,000	\$600,000	\$0	\$600,000	Compass 5	TBD	Hold	TBD
180094	ART OR 9 Renovation for Hybrid	\$1,750,000	\$1,625,000	\$659,000	\$966,000	Abrams	Stenstrom	Construction	May 2020
180112	UH 4th Floor Little STICU (Burn Unit)	\$5,000	\$500,000	\$26,479	\$473,521	Compass 5	Redan	Construction	October 2020
180156	ART Nuclear Med Relocation	\$2,050,000	\$800,000	\$1,097,000	-\$297,000	MPS	Stenstrom	Construction	Complete
190020	ART Path Lab Expansion	\$2,750,000	\$1,275,000	\$1,234,000	\$41,000	GMC	MBK	Construction	Complete
190050	ART Dialysis Bay Addition	\$200,000	\$200,000	\$19,684	\$180,316	Compass 5	Stenstrom	Construction	Complete
190064	ART Chest Pain Center Expansion	\$3,000,000	\$2,700,000	\$1,158,000	\$1,542,000	MPS	CSG	Construction	TBD
190067	Parkshore 3rd Floor Renovation	\$120,000	\$6,800	\$6,858	-\$58	MPS	TBD	Design	February 2021
190071	UH H377D MRI Replacement	\$600,000	\$540,000	\$55,227	\$484,773	Compass 5	Redan	Construction	TBD
190085	ART EP Lab #6 & #7	\$900,000	\$810,000	\$98,500	\$711,500	Liollio	Medpro	Construction	November 2020
200033	CH 6th floor Cath Lab	\$700,000	\$700,000	\$4,302	\$695,698	JSA	MBK	Construction	TBD
200035	CH Special Chemistry Phase 2 Lab	\$1,500,000	\$885,000	\$88,500	\$796,500	GMC	Stenstrom	Construction	TBD
200040	Westedge	\$2,250,000	\$2,250,000	\$112,354	\$2,137,646	S&W	Trident	Construction	Complete
	TOTAL FY 20 Capital		\$12,891,800						
MUHA FY20 Active Expense Project List > \$250,000									
200039	UH - Roof Replacement	\$2,000,000	\$1,000,000	\$12,500	\$987,500	BEE	TBD	Construction	TBD
190065	Bravo Street Utility Vault Repairs	\$1,400,000	\$1,400,000	\$13,600	\$1,386,400	RMF	B&F	Construction	Complete
160494	ART Patient Toilet Floor Replacement	\$2,652,000	\$180,000	\$0	\$180,000			Ongoing	
160175	ART - Seal Exterior Building Envelope	\$300,000	\$175,000	\$0	\$175,000			Ongoing	
190036	Parkshore Exterior Sealing	\$350,000	\$175,000	\$0	\$175,000	ADC	Mint Hill	Construction	September 2020

University Active Project List > \$250,000 August 2020

Project #	Description	MUSC Approved Budget	Funds Committed to Date	Balance to Finish	A/E	Contractor	Status	Projected Final Completion
Approved Projects								
9834	IOP Chiller # 2 Replacement	\$2,500,000	\$281,775	\$2,218,225	MECA		HOLD @ Bidding	December 2021
9835	Energy Performance Contract	\$30,000,000	\$28,331,133	\$1,668,867	Ameresco	Ameresco	Construction	June 2021
9840	BSB Envelope Repairs (Roof)	\$7,000,000	\$2,598,000	\$4,402,000	REI	Bone Dry	Construction	July 2021
9841	SEI Chiller Replacement	\$2,500,000	\$2,326,000	\$174,000	MECA	McCarter	Construction	March 2021
9844	HCC 3rd Floor Renovation	\$4,500,000	\$67,500	\$4,432,500	MPS		Hold for Phase 2 Funding	TBD
9845	BSB Replace AHU 5 and 3 with new AHU	\$1,200,000	\$1,150,000	\$50,000	RMF	Triad	HOLD	August 2021
9846	Pharmacy Addition/Innov Instruc Classroom Renov	\$58,000,000	\$5,188,000	\$52,812,000	Compass 5	Whiting Turner	Design Complete, Constr Delay	August 2021
9847	HCC Mechanical Systems Replacement	\$3,500,000	\$171,000	\$3,329,000	RMF		HOLD @ Bidding	December 2020
9848	BSB Replace AHU #4 and #4A (serve animal area)	\$1,200,000	\$45,000	\$1,155,000	RMF		HOLD @ Bidding	December 2020
9849	CSB Primary Transformer Replacement	\$975,000	\$56,200	\$918,800	GWA		Design	June 2021
9851	BSB AHU #1 Replacement	\$4,950,000	\$17,500	\$4,932,500	TBD		Phase 2 SFAA Approval pends	December 2021
9852	MUSC Combined Heat & Power Facility	\$1,500,000	\$0	\$1,500,000	Ameresco		Phase 1 Design Contract Pends	TBD
50077	DDB Exterior Envelope Repairs	\$650,000	\$554,000	\$96,000	BEE	Watts	Construction	December 2020
50082	PG2 Elevator Renovation	\$750,000	\$475,000	\$275,000	E&F in house	American	Construction	December 2020
50084	SEI 6 Air Handlers 1 - 6 Replacement	\$750,000	\$700,000	\$50,000	DWG	Rivers	Construction	September 2020
50085	Misc Roof Replace/Repairs	\$400,000	\$40,000	\$360,000	BEE		HOLD @ bidding	June 2021
50086	UH to Quad F & HCC CW Connection (Item 5)	\$921,452	\$48,750	\$872,702	MECA		HOLD @ bidding	June 2021
50087	CSB & UH 10 " CW Connection (Item 12)	\$814,252	\$28,500	\$785,752	MECA		HOLD @ bidding	June 2021
50095	T-G Humidifier Replacement	\$700,000	\$33,000	\$667,000	RMF		HOLD for protest	June 2021
50096	Walton ATS Replacement	\$600,000	\$40,000	\$560,000	RMF		HOLD @ bidding	June 2021
50100	IOP Sleep Lab	\$990,000	74,595	\$915,405	Liollio		HOLD @ bidding	June 2020
50101	CHP A Acoustical Renovations	\$360,000	\$244,000	\$116,000	MPS	Chastain	Construction	August 2020
50111	BEB Exterior Envelope Repairs	\$850,000	\$819,000	\$31,000	BEE	Watts	Construction	December 2020
50112	T-G Replace Boiler DA Tank	\$800,000	\$780,000	\$20,000	RMF	McCarter	Construction	December 2020
50114	Wellness Center Downstairs Locker & Free Weight	\$750,317	\$594,000	\$156,317	Coe	Satchel	Construction	September 2020
50115	President Street Garage Repairs	\$234,000	\$209,000	\$25,000	WGI	Huss	Construction	December 2020
50116	MB & RT Garage Repzirs	\$175,000	\$155,000	\$20,000	WGI	Huss	Construction	December 2020

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
CONSTRUCTION CONTRACTS FOR REPORTING
AUGUST 14, 2020**

MUSC General Construction Projects

NBM Construction Company, Inc. Thurmond Gazes Exterior Envelope Repairs	\$524,500.00
Satchel Construction Company Wellness Center Downstairs Lockers and Free Weight Rooms Renovation	\$543,419.00
Stenstrom & Associates MUSC Psychiatric Hospital Roof Repairs	\$68,501.00

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
PROFESSIONAL SERVICES FOR REPORTING
AUGUST 14, 2020**

MUSC Indefinite Delivery Releases

Compass 5 Partners, LLC 135 Cannon Street 4 th Floor Family Medicine Upfit	\$54,514.00
Liollo Campus Connector Bridges	\$194,450.00
S&ME, Inc. Replace CSB UST	\$51,705.00

**MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC)
CONSENT AGENDA**

Board of Trustees Meeting
August 14, 2020
101 Colcock Hall/Via Teleconference

Education, Faculty and Student Affairs Committee: Ms. Barbara Johnson-Williams, Chair

Consent Agenda for Approval

Item 23. Revisions to the MUSC Honor Code Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

Item 24. Revisions to the Foundation for Research Development Bylaws..... Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

Item 25. Department Chair Appointment..... Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Dental Medicine

Christel M. Haberland, DDS, MS, as Chair of the Department of Pediatric Dentistry, effective September 1, 2020.

Item 26. Faculty Appointments..... Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

David W. Zaas, MD, MBA, as Associate Professor on the Clinician Educator track, in the Department of Medicine, Division of Pulmonary and Critical Care, effective June 29, 2020.

College of Dental Medicine

Christel M. Haberland, DDS, MS, as Associate Professor, on the Academic Clinician track, effective September 1, 2020. Dr. Haberland will also serve as Chair of the Department of Pediatric Dentistry.

College of Health Professions

Martina Malvasi-Haines, DBS, MLS, MHHS, MS, as Associate Professor, in the Department of Health Studies, effective July 1, 2020.

Item 27. Change in Faculty Status..... Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Ronald E. Acierno, PhD, from Professor to Adjunct Professor, in the Department of Psychiatry and Behavioral Sciences, retroactive to September 1, 2019.

David M. French, MD, from Associate Professor to Affiliate Associate Professor, in the Department of Emergency Medicine, effective July 1, 2020.

Harold G. Morse, MD, change in primary to Affiliate Professor, in the Department of Medicine, Division of General Internal Medicine (AnMed), with dual appointment as MUSC AHEC Professor, in the Department of Anderson/Family Medicine, effective May 1, 2020

Christine B. Turley, MD, from Research Professor to Adjunct Professor in the Department of Pediatrics, Division of General Pediatrics, effective to June 29, 2020.

College of Dental Medicine

Cynthia Hipp, DDS, from Associate Professor to Affiliate Associate Professor, in the Department of Pediatric Dentistry, effective July 1, 2020.

Item 28. Professor Emerita/Emeritus Appointments Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

Alexander Awgulewitsch, PhD, from Professor to Professor Emeritus, Department of Medicine, Division of Rheumatology and Immunology, effective October 1, 2020

Deepak Bastia, PhD, from Professor to Professor Emeritus, Department of Biochemistry and Molecular Biology, effective July 1, 2020.

David Arnold Griesemer, MD, from Professor to Professor Emeritus, Department of Pediatrics, Division of Pediatric neurology, effective June 1, 2020.

Kathryn M. Magruder, PhD from Professor to Professor Emerita, in the Department of Psychiatry and Behavioral Sciences, effective July 1, 2020.

Bruce W. Usher, MD, from Professor to Professor Emeritus, in the Department of Medicine, Division of Cardiology, July 1, 2020

John M. Vena, PhD, from Professor to Professor Emeritus, in the Department of Public Health Sciences, effective July 1, 2020.

College of Pharmacy

Thomas A. Dix, PhD, from Associate Professor to Professor Emeritus, Department of Drug Discovery and Biomedical Sciences, effective July 1, 2020.

Roger L. White, PhD, from Professor to Professor Emeritus, Department of Clinical Pharmacy and Outcome Sciences, effective July 1, 2020.

Item 29. Faculty Promotions effective January 1, 2021..... Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

College of Medicine

From Associate Professor to Professor, Academic Investigator

Shikhar Mehrotra, PhD, Department of Surgery, Division of General Surgery, Dual: Department of Microbiology and Immunology

Russell A. Norris, PhD, Department of Regenerative Medicine and Cell Biology; Dual: Department of Medicine, Division of Cardiology

From Associate Professor to Professor, Academic Clinician track

Allison Ross Eckard, MD, Department of Pediatrics, Division of Pediatric Infectious Diseases

Constance Guille, MD, Dept. of Psychiatry & Behavioral Sciences; Dual: Obstetrics and Gynecology

Brian H. Neelon, PhD, Department of Public Health Sciences

Jihad S. Obeid, MD, Department of Public Health Sciences; Dual: Psychiatry and Behavioral Sciences; Joint: CHP, Department of Health Sciences

From Associate Professor to Professor, Clinician Educator track

McLeod Frampton Gwynette, Jr, MD, Department of Psychiatry and Behavioral Sciences
Camelia Marculescu, MD, MSCR, Department of Medicine, Division of Infectious Diseases
Omar Moussa, MSc, PhD, Department of Pathology and Laboratory Medicine
Krishna Gwynne Patel, MD, PhD, Department of Otolaryngology-Head and Neck Surgery
M. Olivia Titus, MD, Department of Pediatrics, Division of Pediatric Emergency Medicine
Sinai C. Zyblewski, MD, Department of Pediatrics, Division of Pediatric Cardiology

From Research Associate Professor to Research Professor, Modified Research track

Jordan J. Elm, PhD, Department of Public Health Science

From Affiliate Associate Professor to Affiliate Professor, Modified Clinical track

Johann Herberth, MD, PhD, Department of Medicine, Division of Nephrology

From Assistant Professor to Associate Professor, Academic Clinician track

Lisa Marie McTeague, PhD, Department of Psychiatry and Behavioral Sciences

From Assistant Professor to Associate Professor, Clinician Educator track

Tatsiana Y. Beiko, MD, Department of Medicine, Division of Pulmonary and Critical Care Medicine
Kristen L. Hood-Watson, MD, Department of Family Medicine
Brian A. Houston, MD, Department of Medicine, Division of Cardiology
Lindsey Kathleen Jennings, MD, Department of Emergency Medicine
Ian D. Kane, MD, Department of Pediatrics, Division of Pediatric Emergency Medicine
Jessica D. Lewis, MD, Department of Medicine, Division of Infectious Diseases

From Assistant Professor to Associate Professor, Clinician Educator track

Nicholas J. Milano, MD, Department of Neurology
Samuel L. Oyer, MD, Department of Otolaryngology-Head and Neck Surgery
Habib G. Rizk, MD, Department of Otolaryngology-Head and Neck Surgery
Elizabeth M. Wallis, MD, Department of Pediatrics, Division of Adolescent Medicine; Dual: Psychiatry and Behavioral Sciences
Tracy E. Wester, MD, Department of Anesthesia and Perioperative Medicine
Stephanie K. Whitener, MD, Department of Anesthesia and Perioperative Medicine
Kelli Wong Williams, MD, MPH, Department of Pediatrics, Division of Pediatric Pulmonary Medicine

Consent Agenda for Information

Item 30. MSBS Program Modification..... Dr. Lisa Saladin
Executive Vice President for Academic Affairs and Provost

Finance and Administration Committee: Mr. Jim Battle, Chair

Consent Agenda for Information

Item 31. Foundation for Research Development Financial Report Michael Rusnak
Executive Director, Foundation for Research Development

**Summary of Changes
to MUSC Honor Code
August 14, 2020**

1. The words laboratory work and research describing what constitutes academic work should have been removed in October but was inadvertently missed. The change is primarily a means of housekeeping/clean-up. Removal of these terms better clarifies that research and laboratory work infractions are research integrity issues and will be appropriately addressed under that policy.
2. Adding that Academic Affairs Faculty can be appointed as representatives on the council.
3. If the University is closed or under modified operations, we can proceed with hearings by virtual means.

**MUSC
Honor Code**

May 2020 DRAFT

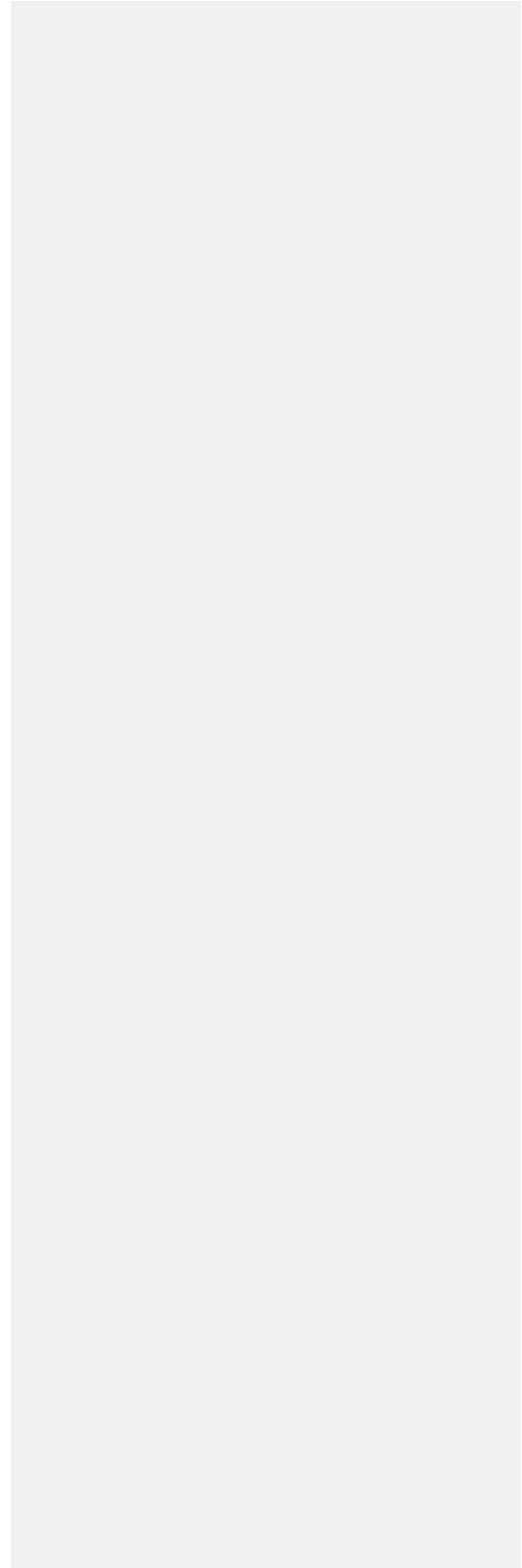


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May 2020 DRAFT

MUSC Honor Code

I. Preamble

The Honor Code is the foundation and bulwark of academic integrity at the Medical University of South Carolina (“MUSC”).

Students enter MUSC to become part of a noble profession. An important part of that development is a commitment to the integrity and ethical standards of that profession.

The central purpose of the Honor Code is to sustain and protect an environment of mutual respect and trust in which students can enjoy the freedom to develop their intellectual and personal potential. The Honor Code depends upon the willingness of every individual to adhere to the basic principles of academic integrity and agree never to behave unfairly or dishonestly in academic work, or tolerate those who do. Only through a mutual commitment to maintaining this high standard can students at MUSC enjoy the benefits of a community that is marked by honesty and integrity.

The Honor Code both promotes and requires an atmosphere of trust in which students tell the truth, live honestly, advance on individual merit, and demonstrate deep respect for others in the academic, clinical, and research communities. The Honor Code is administered by and for the members of the MUSC community, and it depends on cooperation and support from each community member.

II. Applicability and Dissemination of the Honor Code

Every student at MUSC is bound by the Honor Code, upon acceptance for admission.

Each student will be required by the University to sign on his or her offer of admission form that he or she knows as an enrolled student "I will be held accountable for all aspects of the current student Honor Code; and prior to being allowed to register, I will have read and will abide by the Honor Code. Website: www.musc.edu/honorcode"

At the beginning of the academic year, the entering class will hold a meeting at which one or more Honor Council Representatives will review the Honor Code. It is the responsibility of the Honor Council to ensure that this presentation is thorough and useful to the MUSC community, and to provide a mechanism for answering questions concerning the Honor Code.

The official version of the Honor Code shall be maintained and available to students on MUSC's website at www.musc.edu/honorcode. The most current version shall also be published in each year's MUSC Bulletin.

III. Honor Code Scope; Interaction with Other Codes and Rules

A. *Scope and Application*

The Honor Code applies to all aspects of academic integrity at MUSC. Any conduct that adversely affects the integrity of any academic work at MUSC may be found to

be a violation of the Honor Code. For purposes of the Honor Code, “academic work” refers to all work or activity that may have a bearing on a student’s grade or progress toward a degree, including all academic assignments, all examinations, all clinical work, and any other aspect of instruction, evaluation, or testing.

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B. Coordination with Other Rules and Proceedings

Students at MUSC are also subject to other rules and regulations, including but not limited to codes of conduct and standards of professionalism adopted by the University or the student’s College; copyright policies and other standards concerning use of intellectual property; and applicable law. On occasion, the same conduct may be a violation of both the Honor Code and of one or more of these other standards. Honor Council proceedings will not normally be delayed pending other proceedings concerning the same conduct, including external criminal proceedings, although the MUSC Provost may determine in exceptional circumstances that such a delay is appropriate. Determinations made or sanctions imposed under the Honor Code will not be subject to change because of the outcome of any other proceeding.

If a report relates to research integrity, MUSC’s policy on research integrity must be followed. Whenever research integrity (e.g., fabrication, falsification or plagiarism in proposing, performing, or reviewing research or reporting research results) may be involved in a report, the University faculty advisor shall notify MUSC’s Research Integrity Officer. Research integrity policies may in certain circumstances (in compliance with federal law) require sequestering of the data before any notification to the Student in Question takes place. In such cases the Office of Research Integrity will investigate and determine if the matter should be handled by their office. Any matters determined by the Office of Research Integrity that involve research integrity will not be handled by the Honor Council. If the Office of Research Integrity does not deem the report to be research integrity related then the matter will be referred back to the Honor Council.

C. Reporting by Faculty

Faculty members who suspect that conduct constituting a violation of the Honor Code occurred in academic work overseen by them are required to immediately report the violation to the Honor Council. The matter will be handled in accordance with MUSC’s Honor Code, rather than direct action by the faculty member. The faculty will honor the decision and sanction imposed by the Honor Council related to the suspected violation. The faculty retain the responsibility for assessing the quality of the academic work using an objective assessment. If the Honor Council determines no violation occurred the objective grade for the assignment will be upheld.

IV. Violations of the Honor Code

Conduct adversely affecting the integrity of any academic work at or for MUSC violates the Honor Code. While this Honor Code cannot spell out every possible offense, the following

examples are intended to describe the primary categories of Honor Code violations and to assist in interpreting the standard of “adversely affecting the integrity of academic work.”

- A. *Plagiarism*, defined as presenting the words, work, processes, or ideas of another as one’s own in academic work, without proper acknowledgement of the source. Examples include doing the following without proper acknowledgement of the source: copying or closely paraphrasing text or distinctive nomenclature; using facts, figures, graphs, charts or other information or presentations of information; submission of academic work prepared in whole or in part by someone else (including a commercial vendor).
- B. *Cheating*, defined as the giving or receiving of unauthorized aid in academic work, and any attempt to gain an unfair advantage in academic work. Examples include copying another student’s work; unauthorized use of notes or devices; unauthorized possession, dissemination, or use of examination questions or similar materials such as prior examinations; soliciting, giving, or receiving unauthorized aid.
- C. *Unauthorized Group Work*, defined as collaboration with any other person on academic work, where such collaboration is not permitted.
- D. *Multiple Submission*, defined as submitting the same academic work for credit more than once, without authorization.
- E. *Tampering with Academic Records or Materials*, defined as making pertinent academic materials unavailable to others; altering or tampering with grades, academic or attendance records, or examinations; and/or altering, damaging, or interfering with notes or laboratory or similar experiments or projects.
- F. *Deceit*, defined as making untrue or deceitful statements to obtain an advantage in academic work. Examples include misleading others in order to obtain unauthorized answers or materials for academic work, and untruth concerning attendance at classes or other course-related events. “Deceit” also includes any untrue statement in connection with an Honor Code investigation or proceeding.
- G. *Attempt*, defined as an attempt to commit an act that would violate the Honor Code.
- H. *Failure to Report*, defined as failing to report a known violation of the Honor Code.

V. The Honor Council at MUSC

A. Purpose and Organization

The goal of the Honor Council is to instill and maintain a culture of honor and academic integrity at MUSC. The Honor Council is responsible for educating members of the MUSC community on the meaning and importance of the Honor Code, and for promoting and exhibiting high standards of character and professional ethics. Creation and maintenance of a culture of honor requires the personal involvement and commitment of all members of the MUSC community – students, faculty, administrators, and others who participate in the life of the University.

The Honor Council is also responsible for administering the process for determining responsibility for alleged infractions of the Honor Code, as set forth in this document. This includes investigating reported infractions and conducting hearings.

In addition, the Honor Council is responsible for ensuring that the Honor process remains vital and responsive. The Honor Council is responsible for identifying issues and trends surrounding the Honor Code and the hearing process, for facilitating the sharing of ideas and insights concerning the Honor process gained from experiences throughout MUSC, and for taking the lead in proposing needed changes to the Honor Code. The Honor Council shall develop and periodically update training materials concerning the Honor Process for Honor Council Representatives and for the entire MUSC community.

B. Composition

The Honor Council shall be composed of Student Representatives and Faculty Representatives (together, the “Representatives”), each of whom shall be eligible to vote in all Honor Council meetings and to sit as voting members of Hearing Panels selected for resolution of reported violations. The Honor Council shall also have Faculty Advisors, who will have voice and vote in Honor Council meetings, and who act as neutral advisors in proceedings for the resolution of reported violations.

Each College within the University shall select the following to serve on the Honor Council for a given academic year: (i) at least six but not more than twelve Student Representatives; (ii) at least two but not more than four Faculty Representatives; and (iii) one Faculty Advisor. [At least two but no more than four Faculty Representatives will be appointed from among the Academic Affairs faculty.](#)

In addition, MUSC’s Provost or the Provost’s designee may appoint one or more University Advisors who will have voice but no vote in Honor Council meetings and in Appeal Panel meetings.

C. Selection and Terms of Service

Student Representatives: Each College will develop and administer specific guidelines, consistent with the provisions of this Honor Code, for the election by that College’s students of that College’s Student Representatives to the Honor Council. A College may determine whether to allocate one or more Student Representative positions to specific programs within the College. The election guidelines shall include specification of the term of office. It is permissible, but not required, for Student Representatives to be elected near the beginning of their first academic term at MUSC, for a term equal to their entire expected enrollment. The guidelines shall also specify a procedure, in the event a Student Representative does not complete his or her term, for selection of a successor Student Representative to complete the remainder of the term.

Faculty Representatives: The Dean of each College [and Chair of the Academic Affairs Faculty](#) appoints Faculty Representatives to the Honor Council. Such

appointments shall occur in or around April, to select Faculty Representatives for the coming academic year. Faculty Representatives must be full-time faculty members of the College in question. Faculty Representatives serve a three-year term, except that the Dean or AAF Chair may make shorter appointments to create staggered terms, and Faculty Representatives may serve multiple consecutive terms. In the event a Faculty Representative does not complete his or her term, the Dean or Chair of AAF shall appoint a replacement to serve the remainder of the term.

Commented [A4]: I don't think the changes I've made to this section are substantive. They just prevent treating AAF as an afterthought.

Faculty Advisors: The Dean of each College appoints one Faculty Advisor to the Honor Council. Such appointments shall occur in or around April of the academic year preceding the academic year when the appointment in question shall commence. Faculty Advisors must be full-time faculty members of the College in question. Faculty Advisors serve a three-year term, and may serve multiple consecutive terms. In the event a Faculty Advisor does not complete his or her term, the Dean shall appoint a replacement to serve the remainder of the term.

Deleted: The Chair names faculty from among the Academic Affairs faculty under the same circumstances as above.

University Advisors: The Provost or the Provost's designee appoints one or more University Advisors. Such appointments shall occur in or around April of the academic year preceding the academic year when the appointment in question shall commence. University Advisors must be either full-time faculty members or full-time members of MUSC's administration. University Advisors serve a three-year term, and may serve multiple consecutive terms.

Removal of Representatives and Advisors: A Student Representative who leaves MUSC for any reason, misses two or more meetings or assigned hearings in an academic year without an appropriate excuse (as determined by the President), fails to undergo Honor Council training, is placed on professional or academic probation, or is found to have violated the Honor Code will be automatically removed from the Honor Council. Further, Student Representatives can be removed from the Honor Council by a two-thirds majority vote of the Honor Council.

The Dean of the College in question or Chair of AAF may remove any Faculty Representative or Faculty Advisor from the Honor Council.

Commented [A5]: This change is not just about AAF...it was a typo about removing faculty representatives from "the college."

The Provost, or the Provost's designee charged with appointing University Advisors, may remove any University Advisor to the Honor Council.

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D. Officers

The Honor Council officers are a President, an Executive Vice President, and six Vice Presidents (one Vice President from each College). These officers, all of whom serve on the Executive Committee of the Honor Council, are elected from among the Student Representatives by a simple majority of the current Student Representatives present and voting at a meeting called for that purpose. The College Vice Presidents are elected from among the Student Representatives by a simple majority. All of these officers shall have at least one year of experience on the Honor Council before taking office.

President: The President presides at all meetings of the Honor Council and performs all duties common to this office. The President is responsible for overseeing all Honor Council activities and ensuring that all required steps of the process have been delegated to a member of the Honor Council and carried out. The President may appoint committees from among the Representatives and Faculty Advisors as appropriate.

The President administers the following oath to new Student and Faculty Representatives, Faculty Advisors, and University Advisors:

I do solemnly promise to uphold the MUSC Honor Code and the policies of the Honor Council, to safeguard the confidentiality of Honor Council proceedings, and to perform the duties of my office to the best of my ability.

Executive Vice President: The Executive Vice President assumes the duties of the President in the event of the President's absence or incapacity.

Vice Presidents: The Honor Council shall elect one Vice President from each College of MUSC.

Executive Committee: The Executive Committee consists of the President, the Executive Vice President, and the Vice Presidents. The members of the Executive Committee shall serve as advisors and resources to all members of the Honor Council concerning the Honor Code and Honor Code processes. The Chair of each Formal Hearing Panel shall be appointed by the President from among the members of the Executive Committee, except that the President shall not Chair a Formal Hearing Panel. The appointed Chair shall be a student in the College of the Student in Question, unless all students on the Executive Committee from that College are unavailable, or prevented from serving by a conflict of interest, bias, or some other extraordinary circumstance. The Executive Committee, after obtaining advice from the Faculty Advisors, shall make a formal recommendation to the Honor Council on any proposed amendments to this Honor Code.

The term of each student officer position is one academic year. Officers may serve two or more consecutive terms, if elected.

E. Role of Faculty Representatives

The primary role of Faculty Representatives is service as voting members on Reasonable Cause Conference Panels and Formal Hearing Panels.

Faculty Representatives may also attend all meetings of the Honor Council, and may vote in such meetings on all matters other than election of officers. However, Faculty Representatives are not required to attend Honor Council meetings and Faculty Representatives are not considered for purposes of determining a quorum at Honor Council meetings.

F. *Role of Faculty Advisors*

Faculty Advisors occupy a unique role within the Honor system. They are expected to remain neutral and to offer unbiased advice and sound judgment and wisdom to all participants in the system, with the goal of promoting and protecting the core aim of academic integrity at MUSC. For this reason, those selected to serve as Faculty Advisors should normally have previous experience with the Honor system, as well as a firm commitment to MUSC and to the Honor Code.

Faculty Advisors attend all meetings of the Honor Council, and may speak and vote in such meetings on all matters other than election of officers. Faculty Advisors are included for purposes of determining a quorum at Honor Council meetings.

One Faculty Advisor will be appointed as the Faculty Advisor for the matter whenever there is a report of a possible violation. The Faculty Advisor appointed for the matter will be from the College of the Student in Question, unless unavailable, or prevented from serving by a conflict of interest or some other extraordinary circumstance. Additionally, Faculty Advisors can serve the role of Faculty Members, serving on Reasonable Cause Conference and Formal Hearing panels, when needed, as long as they do not come from the college of the Student in Question.

Faculty Advisors serve generally as a resource for Honor Council Representatives, including Investigators, who may consult with the Faculty Advisors concerning Honor Council duties and procedures. The Faculty Advisor appointed for the matter will preside over the Reasonable Cause Conference for that matter, unless unavailable. The Faculty Advisor appointed for the matter will be available to all parties for consultation, and will attend the Formal Hearing in an advisory capacity. The Faculty Advisor at the Formal Hearing does not have a vote, but may provide advice on procedure, including during deliberations. The Faculty Advisor will not provide advice or express opinions on whether the Student in Question violated the Honor Code, nor on the appropriate sanction.

Faculty Advisors are expected to serve as liaisons between the Deans of the Colleges and the Honor Council, to ensure clear communications.

Faculty Advisors shall also be available and identified as a resource for students with questions or concerns about the Honor Code. This includes students who are considering reporting a possible Honor Code violation, as well as students who have been reported for a suspected violation. Faculty Advisors shall be available to such students at any time during the process, but a Faculty Advisor consulted by a Student in Question shall not serve as an advocate for the student, and should caution the Student in Question that the Faculty Advisor is neutral and impartial, and so may also be consulted by Investigators or Hearing Panel members on the matter. While Faculty Advisors should exercise discretion in conveying information they receive during the Honor Process, communications to a Faculty Advisor are not confidential.

G. *Role of University Advisors*

University Advisors attend all meetings of the Honor Council, with voice but no vote. However, University Advisors are not considered for purposes of determining a quorum at Honor Council meetings.

University Advisors attend meetings of Appeal Panels, with voice but no vote. University Advisors are responsible for retention and custody of documents of the Honor Council.

H. *Role of MUSC's General Counsel*

The General Counsel of MUSC or the General Counsel's designee is available to the Honor Council for consultation, including interpretation of this Honor Code and provision of relevant legal advice. The General Counsel or designee may attend any meeting or hearing provided for in this Honor Code to provide appropriate legal advice.

I. *Meetings*

The provisions of this subsection relate to all meetings of the Honor Council as a body. They do not apply to the procedures for resolution of reported violations of the Honor Code, which are addressed in the following section.

1. Each April, the sitting Honor Council President shall call a meeting to elect Honor Council officers (President, Executive Vice President, Vice Presidents) for the coming academic year, and to conduct such other business as may be before the Honor Council.
2. At the beginning of each of the fall term and the spring term, soon after each College has completed Student Representative elections, the President shall call a meeting of the Honor Council to (i) induct the new Student and Faculty Representatives and Faculty Advisors and familiarize them with the functions of the Honor Council; (ii) to receive and discuss the report on reported violations during the previous semester, as described hereinafter; and (iii) to conduct such other business as may be before the Honor Council. New Representatives and Faculty Advisors may be inducted before they undergo training, but may not participate in a Reasonable Cause Panel or a Formal Hearing Panel until they have been trained.
3. For each term, the Executive Vice President during that term shall provide to the Honor Council a written report of all final dispositions during that semester of reported violations of the Honor Code, for discussion at a meeting at the beginning of the following term. The report shall describe the reported violation, identify the College of the Student in Question, state whether the matter went to a Formal Hearing, and describe the determination and sanction. All names are to be redacted from this report. This report shall be maintained by or within the University Provost's office, or in such other appropriate location as may be determined from time to

time by the University Advisors, for use in training, analysis, and establishing guidelines for panels in selecting sanctions.

4. After the Honor Council has reviewed this report, the Executive Vice President shall prepare a summary that provides in aggregate the number of reported violations, the number of hearings, and the number of violations found. This aggregate report shall not contain names and shall not identify the College in which each reported violation occurred. The Executive Vice President shall post this aggregate report to an appropriately secure site accessible to the MUSC community.
5. Additional meetings may be called, with ten days' notice, by the President, by any three members of the Executive Committee, or by any five Representatives.
6. A quorum is present if the aggregate number of Student Representatives and Faculty Advisors present at the meeting equals one-half or more of the total aggregate number of Student Representatives and Faculty Advisors serving on the Honor Council. Honor Council meetings are closed to all persons other than Representatives, Faculty Advisors, University Advisors, and MUSC's General Counsel as appropriate.
7. From time to time as appropriate, the Honor Council shall discuss and make recommendations concerning training of Honor Council Representatives and Faculty Advisors, education of the University community concerning the Honor system, creation of training materials and forms for Honor Council use, and changes to Honor Council procedures or this Honor Code. The President may appoint committees from among the Representatives and Faculty Advisors to study and make recommendations regarding any such matters. The Executive Committee, with the advice of the Faculty Advisors, shall make a formal recommendation to the Honor Council regarding any proposed amendment to the Honor Code.
8. Minutes of each Honor Council meeting shall be taken by a staff member or independent contractor provided by MUSC for that purpose, and shall be maintained by the University Advisors in accordance with the provisions of this Honor Code.

J. Training

The Honor Council shall provide training as needed for new Representatives. Representatives must complete a training session before serving on a Reasonable Cause Panel or a Formal Hearing Panel. Training will normally be provided once or twice per academic year, preferably near the beginning of an academic term.

K. *Document Retention and Custody*

The University Advisors are responsible for the retention and custody of documents relevant to the Honor process, including any documents specified for retention in this Honor Code, and other relevant documents as determined by the University Advisors. The University Advisors shall have discretion to select a location and medium for storage of such documents and, in consultation with MUSC's General Counsel, shall determine retention periods and destruction protocols. Documents related to resolution of reported violations shall be retained for the longest of (i) three years; (ii) the duration of the student's enrollment at MUSC; or (iii) any retention period imposed by MUSC or the Provost. Records related to reported violations shall be treated as confidential, and shall be shredded or otherwise rendered inaccessible when the retention period is over. Examples of documents to be retained by the University Advisors for the Honor Council include meeting minutes, reports on handling of reported violations, records of amendments to this Honor Code, training materials and other guides for students and/or Honor Council Representatives and Advisors, and records of resolution of reported violations.

VI. **Procedures for Resolving Reported Violations of the Honor Code**

A. *General Principles Governing the Resolution of Reported Violations*

1. Proceedings are not adversarial, and shall be conducted in a manner that preserves the educational tone of the proceedings and furthers the purposes of the Honor Code.
2. The Student in Question is presumed not to have committed a violation, unless the evidence presented at the hearing makes it appear more probable than not that the student violated the Honor Code.
3. Reports of violations of the Honor Code should be resolved promptly. All parties shall use their best efforts to meet the timeframes set forth herein for resolution of a reported violation. However, with the exception of the deadlines for filing an appeal of a determination by a Hearing Panel and for petitioning the Select Panel to review the determination of an Appeal Panel, the time requirements are guidelines only. Due to the nature of MUSC's environment, some delays may be unavoidable. The Honor Council President or the Chair of the Hearing Panel shall allow reasonable extensions in light of this environment, with the goal of promoting both fairness, consideration to all participants, and prompt resolution. Delays will not normally provide grounds for dismissal of the report of the violation. Only gross and inexcusable delays, which are solely the fault of the Honor Council, may serve as grounds for dismissal. A request for dismissal on such grounds must be made in writing to the Dean of the College of the Student in Question, who shall have the sole authority to grant such a dismissal. Similarly, the failure of the Student in Question to meet a reasonable schedule set by the Honor Council President may provide grounds to

proceed to the next step of the process, with or without that student's participation.

4. Whenever a time period is given in "working days," calculation of the time period shall exclude weekends and holidays recognized by MUSC. However, absent extraordinary circumstances as determined by the President of the Honor Council, non-holiday weekdays after the end of the term shall count as working days, so that a matter commenced during a given academic term should not normally be stayed until the beginning of the following term.
5. In making appointments at every stage of the proceedings (including appointing the Chair, Faculty Advisor, Investigators, Reasonable Cause Panel, Hearing Panel, and Appeal Panel), the President shall take reasonable steps to avoid any conflict of interest or appearance of bias or impropriety, and to ensure that such roles are rotated equitably among the Honor Council.
6. All participants in the Honor Code process shall maintain confidentiality to the maximum extent possible. Absolute confidentiality is not possible, as witnesses must be identified and interviewed, and others in the MUSC community may have a legitimate need to know about a matter. All aspects of the written record received or maintained by the Honor Council shall be treated as confidential, except for documents that are otherwise generally available. All proceedings of the Honor Council, including the Reasonable Cause Conference, the Formal Hearing, and any hearing on appeal, are closed to persons other than those specified in the Honor Code, unless the President of the Honor Council or the Chair of the particular proceeding makes an exception for good cause. Other than recordings specified in this Honor Code, no person may make an audio or video recording of any Honor Council proceeding. Witnesses and other participants are not to discuss the proceeding or their testimony. Representatives of the Honor Council shall not discuss pending or resolved cases with persons outside the Honor Code process who have no legitimate need to know about a matter. It is also recognized that some participants in, and some aspects of, the Honor Code process may be subject to laws concerning disclosure or confidentiality, such as the Family Educational Rights and Privacy Act ("FERPA") and the South Carolina Freedom of Information Act ("FOIA").
7. All notices and communications provided for herein may be delivered either electronically or on paper.

B. Reporting an Infraction

The Honor Council will not act on an alleged infraction without a formal report. Such a formal report must be in writing, signed by the person making the report, and delivered to a Representative of the Honor Council, who will provide the report to the President of the Honor Council. The report shall contain at least the following information:

1. Name of the person believed to have violated the Honor Code (herein, the “Student in Question”).
2. Description of the alleged violation, including time, date, and location.
3. Description of the reporting person’s knowledge of the events.
4. Identification of other witnesses and potential evidence.

The Honor Council will take reasonable steps to maintain the confidentiality of the report, recognizing that investigation will inevitably require some disclosure of the reported violation, including disclosure in some form to the Student in Question.

The reporting person should refrain from discussing any aspect of the report with persons not connected with the Honor Council proceeding.

If a possible violation of the Honor Code is reported to the Honor Council after the Student in Question has been awarded a degree, the President of the Honor Council shall inform the University Provost of the report.

C. Appointment of Chair and Faculty Advisor

Within one working day of receipt of a report of a possible violation, the President shall appoint a Chair of the Hearing Panel (the “Chair”) for the matter from among the Executive Vice President and the Vice Presidents. The President shall also designate a Faculty Advisor for the matter; the Chair and the Faculty Advisor will be from the College of the Student in Question (or one of the student’s Colleges if the student is pursuing a joint degree), unless one or both is unavailable or has a conflict of interest, or there is some other extraordinary circumstance making such appointments impracticable.

If the Faculty Advisor for the matter is not the Faculty Advisor from the College of the Student in Question, the President shall also notify the Faculty Advisor for the College or Colleges (if the student is pursuing a joint degree) of the Student in Question.

The Faculty Advisor for the matter will notify the Dean of the affected College or Colleges of the report, without including any details of the case other than the reported student’s name, to allow coordination of any other relevant proceedings.

D. Notification of Student in Question

Within two working days of his or her appointment as Chair, the Chair shall notify the Student in Question, in writing, of the substance of the alleged violation. This notification shall inform the Student in Question that a Reasonable Cause Conference will be set after completion of the investigation. The notification shall refer the Student in Question to this Honor Code for a full statement of procedures, and shall provide the online address of this Honor Code. The notification shall state that only the President, the Chair, or the Faculty Advisor appointed to the matter is

authorized to respond on behalf of the Honor Council to questions from the Student in Question about the process. If the Student in Question voluntarily acknowledges violating the Honor Code in the manner specified, the Honor Council will proceed directly to the Sanctions Phase of the Formal Hearing. Investigators will investigate and present these findings during the Sanctions Phase.

E. Investigation

Upon receipt of a report of a possible violation, the President shall appoint two Investigators from among the Student Representatives of the Honor Council.

The Investigators are responsible for collecting available evidence, interviewing witnesses, obtaining signed witness statements from witnesses unavailable to appear at a hearing, and interviewing the Student in Question. (As noted below, absent extraordinary circumstances evidence at a Formal Hearing should come either from witnesses or in the form of signed witness statements, plus any documents, recordings, or other exhibits.) Investigators will remind all interviewed witnesses to maintain confidentiality regarding the matter. Investigators should also remind witnesses that the Student in Question will be informed of the investigation and of the evidence discovered, including any written witness statements. The Student in Question is not required to discuss the matter with the Investigators, and the Student in Question's decision not to respond to Investigators will not be considered evidence of a violation.

The Investigators will be responsible for presenting all pertinent findings, including evidence of additional Honor Code violations found during the investigation that were not previously reported to the Honor Council, during the Reasonable Cause Conference and presenting all evidence and witnesses at any Formal Hearing. The goal of the Investigators shall be to uncover the truth and to protect MUSC's Honor Code. The Investigators are not prosecutors, but advocates for the Honor System.

If, at any point in the process, an Investigator is determined to have a bias or conflict of interest, the President shall remove that Investigator and appoint a replacement.

F. Procedure upon Student's Withdrawal

Proceedings under the Honor Code will normally proceed to resolution if the Student in Question has withdrawn from the University. However, the President of the Honor Council may terminate proceedings before resolution if the President determines there is no reason to complete the process. Withdrawal from the course in which the reported conduct occurred will not be grounds to halt proceedings.

G. Reasonable Cause Conference

After completion of the investigation, the Chair shall set a Reasonable Cause Conference and notify the Student in Question. Normally, the Reasonable Cause Conference will take place within seven working days of appointment of the Investigators. The Chair may extend this period. The purpose of the Reasonable Cause Conference is to determine whether the investigation indicates that a

reasonable person could conclude that the Student in Question engaged in conduct constituting a violation of the Honor Code, thus warranting a Formal Hearing before a Hearing Panel of the Honor Council.

The President shall appoint a Reasonable Cause Panel, consisting of three voting Representatives, plus the Faculty Advisor previously appointed to the matter (or a substitute Faculty Advisor, if the appointed Faculty Advisor is unavailable). The Faculty advisor shall preside over the Reasonable Cause Conference but shall not vote or express an opinion on the merits of the matter. The three voting Representatives shall be one Faculty Representative and two Student Representatives, who shall not include (i) the Chair previously appointed by the President for the entire matter; (ii) the Investigators; (iii) the Student in Question, if a Representative of the Honor Council; or (iv), any Representative who is a witness in the proceeding.

If a reported violation involves two or more students and some of the same facts or conduct, the President, Chair and Faculty Advisor assigned to the case will decide whether the matters will be referred to a single Reasonable Cause Panel or to multiple panels.

At the Reasonable Cause Conference, the Investigators will present a balanced summary of the results of their investigation, including any evidence suggesting no violation occurred. The Reasonable Cause Conference is not a full hearing, and it will normally proceed on the basis of the Investigators' report of the investigation; witnesses will not appear, and the Investigators are not required to present all witness statements. No record or recording of the Reasonable Cause Conference shall be made or retained.

The Student in Question may be present at the Reasonable Cause Conference. The Student in Question is allowed to make a statement in the Reasonable Cause Conference after the Investigators' presentation but is not required to do so. The Student in Question does not have the right to bring an advisor to the Reasonable Cause Conference, as the purpose of the Reasonable Cause Conference is not to establish responsibility, but simply to determine whether sufficient evidence exists to proceed to a Formal Hearing.

Following presentations and statements, the Student in Question and the investigators will leave the Conference and the Reasonable Cause Panel will deliberate and vote. If any one of the three Representatives votes in favor of proceeding, the matter will proceed to a Formal Hearing. If there are multiple violations, the panel members will vote on each separately, and only those violations voted in favor of proceeding will be presented at the formal hearing.

The Faculty Advisor for the Reasonable Cause Conference will promptly notify the Chair, the President of the Honor Council, and the Dean of the College or Colleges in question of the outcome of the vote. The Chair shall inform the Student in Question of the outcome of the vote, in writing, within three working days of the Reasonable Cause Conference.

If the matter was dismissed by the Reasonable Cause Conference, the Faculty Advisor shall gather all materials related to the investigation and forward them to the University Advisors for retention in accordance with the provisions of this Honor Code.

If the matter was not dismissed by the Reasonable Cause Conference, the Faculty Advisor shall retain all materials related to the investigation, and the matter shall proceed as set forth hereinafter.

H. *Acceptance of Responsibility by the Student*

If the Student in Question voluntarily acknowledges violating the Honor Code in the manner specified, the matter shall proceed to a hearing for the purpose of determining a sanction only.

I. *Prehearing Procedures*

1. *Notice to Student in Question.* The Chair's written notice to the Student in Question that the matter will proceed to a Formal Hearing shall include the date of the Formal Hearing, which shall normally be within ten working days of this notice, the location of the Formal Hearing, a concise summary of the charges, and a reminder that the Formal Hearing will proceed even if the Student in Question does not appear. The notification shall also provide the Student in Question with a list of Honor Council Representatives selected for the Hearing Panel, to give the student the opportunity to identify potential conflicts of interest or bias.
2. *Appointment of Hearing Panel.* Promptly after the President is notified that the Reasonable Cause Conference resulted in reference for a Formal Hearing, the President shall appoint and identify to the Chair six additional Representatives of the Honor Council, to serve with the Chair as the Hearing Panel to conduct the Formal Hearing. The Hearing Panel shall consist of five Student Representatives (including the Chair), with at least two from the College of the Student in Question (counting the Chair if from that College), and two Faculty Representatives, with at least one from the College of the Student in Question. The requirement of Representatives from the College of the Student in Question is waived to the extent that unavailability, conflicts, bias, or other extraordinary circumstances prevent satisfaction of that requirement. If the Student in Question is pursuing a joint degree, the two Student Representatives and one Faculty Representative to be selected from the student's College may be selected from either or both of the Colleges of the joint degree. The Hearing Panel shall not include (i) any Representative who served as an Investigator in the matter; (ii) any Representative who served on the Reasonable Cause Panel; (iii) the Student in Question, if a Representative of the Honor Council; or (iv) any Representative who is a witness in the proceeding.

A Representative who is appointed to a Hearing Panel shall promptly notify the President if that Representative concludes for any reason that he or she cannot provide a fair hearing of the matter, so that the President may appoint a replacement.

3. *Reported Violations Involving Two or More Students.* If it is determined there is Reasonable Cause for two or more students to go to Formal Hearings for reported violations that involve some of the same facts or conduct, the President, Chair and Faculty Advisor assigned to the case will decide whether the matters will be referred to a single Hearing Panel or to multiple Hearing Panels. If such a matter is referred to a single Hearing Panel, the President, Chair and Faculty Advisor assigned to the case will decide whether the matters will be resolved in a single Formal Hearing, or in multiple Formal Hearings.
4. *Option to Be Excused from Academic Work.* If a matter is sent to a Formal Hearing, the Student in Question shall have the option of being excused from any tests, assignments, clinical work, or examinations from receipt of such notice through conclusion of the Formal Hearing. While reasonable efforts will be made to avoid having exercise of this option affect the Student in Question's progress, the academic progress committee (or program level director in the absence of an academic progress committee) of the student's College shall have full and absolute discretion to determine whether and to what extent any such decision not to participate in academic work will delay the Student in Question's academic progress.
5. *Removal from Certain Activities.* At the discretion of the Dean or Deans of the College of the Student in Question, that student may be removed from some or all classes and/or clinical work for a period commencing at any time after the report of the suspected violation until 48 hours following notification of the decision of the Formal Hearing Panel (or the decision of the Reasonable Cause Panel if the matter does not proceed to a Formal Hearing) if the Dean determines that such participation creates a reasonable risk of danger to patients, faculty, other students, or the University. In making such a removal decision, the Dean shall inform the Student in Question of the reasons for the planned action and shall give the Student in Question an opportunity to provide a response. In cases in which the Dean determines that health or safety concerns make this exchange impracticable before the removal decision is implemented, the Dean shall inform the Student in Question of the reasons and allow the Student in Question to respond as soon after removal as is practicable.
6. *Adequate Time to Prepare.* The Student in Question will be given reasonable and adequate time to prepare for the Formal Hearing. If the Student in Question wishes additional time to prepare, the student shall make such request in writing to the Chair of the Hearing Panel, who shall rule upon it promptly.

7. *Materials.* The Chair shall coordinate with the Investigators on the matter to provide the Student in Question with the following materials at least 72 hours prior to commencement of the Formal Hearing: (i) copies of all documents, including witness statements, that may be presented at the Formal Hearing; (ii) identification of all witnesses who may be called by the Investigators, with a reasonable summary of the expected testimony of each; (iii) access to any documents or non-documentary evidence that may be presented at the Formal Hearing. Any documents that constitute the “education records” (as that term is defined under FERPA) of a student other than the Student in Question shall be redacted to remove such students’ names and other identifying information before being provided to the Student in Question, while ensuring that the Student in Question is not unfairly disadvantaged by the removal of names of witnesses. The Chair and the Investigators should consult with the General Counsel of MUSC as needed to make such determinations. The Student in Question shall treat all information provided under this paragraph as confidential, disclosing it only to advisors and witnesses, after directing such persons to keep the materials confidential.

If the Student in Question is a distance student or engaged in a learning experience outside the Charleston area and cannot meet with the faculty advisor to review materials before the formal hearing, the faculty advisor may release the confidential materials electronically to the student for them to view. The student must sign the confidentiality release form just as they would if they came in person before access is granted to materials.

8. *Witnesses.* Both the Student in Question and the Investigators may call witnesses to the Formal Hearing. Members of the MUSC community are expected to cooperate with such requests, as part of their obligations under the Honor Code; the Chair or the President will remind such witnesses of this obligation if required.

Signed witness statements may be presented in the Formal Hearing in lieu of live testimony.

The person calling a witness (the Student in Question or the Investigators) is responsible for notifying his or her witnesses of the time and location of the Formal Hearing. The Student in Question will provide a written list of all witnesses he or she will call to the Chair at least 48 hours prior to the Formal Hearing.

Absent a showing of extraordinary circumstances, the Student in Question will be limited to four character witnesses (that is, witnesses whose testimony does not relate to whether the Student in Question violated the Honor Code).

9. *Potential Bias.* At least 48 hours prior to the Formal Hearing, the Student in Question shall identify in writing to the President of the Honor Council any

members of the Hearing Panel whom the Student in Question believes are biased, have a conflict of interest, or are otherwise unable to provide a fair hearing. This statement shall include the reasons that the disqualification of each such Representative is sought. The President shall review this statement and shall remove from the Hearing Panel, and appoint a replacement for, any Representatives whom the President concludes cannot provide a fair hearing. Any replacement Representative shall be promptly identified to the Student in Question.

10. *Determination by Faculty Advisor of Prior Violations and Sanctions.* Before the Formal Hearing, the Faculty Advisor appointed to the matter shall determine whether the Student in Question had previously been determined to have violated the Honor Code. The Faculty Advisor shall not provide that information to the Hearing Panel before the Sanctions Phase of the Formal Hearing.

J. *Formal Hearing*

1. *Timing.* The Formal Hearing by the Hearing Panel will normally take place within ten working days of notification of the Student in Question of the results of the Reasonable Cause Conference. This time limit may be extended by the Chair of the Panel for good cause.
2. *Participation of Panel and Quorum.* All members of the Hearing Panel are expected to participate in the Formal Hearing.

A quorum, consisting of at least four Student Representatives (including the Chair) and one Faculty Representative, is required in order to begin a Formal Hearing. Once present, Hearing Panel members shall remain present for the entire Formal Hearing, and must do so in order to vote.

A Faculty Advisor must also be present. If the appointed Faculty Advisor is not able to participate in the Formal Hearing, the President may designate a replacement from among the Faculty Advisors to the Honor Council.

3. *Participation by Video Conference.* Up to two Representatives may participate in the Formal Hearing by video conference, provided that the technology is approved by MUSC and allows all persons participating to communicate concurrently with one another and to participate effectively, allows the Representative participating remotely to see witnesses, and allows those physically present at the Formal Hearing to see the remote participants.

Unless the Chair is a distance student and unable to attend, the Chair should not participate in a Formal Hearing by video conference. The Faculty Advisor should not participate in a Formal Hearing by video conference.

The Student in Question may choose whether to participate by video conference or in person, unless the exercise of that choice has the effect of unduly delaying the Formal Hearing.

Witnesses may appear by video conference if they have good reason to do so, as determined by the Chair.

Recognizing the event that the university is closed or under modified operations (for reasons including but not limited to pandemics, hurricanes, state or national emergencies, or other extraordinary circumstances) Formal Hearings may be conducted by electronic means, provided that the technology is approved by MUSC, allows all persons participating to communicate concurrently with one another and to participate effectively, and so long as each participant can hear and be heard. The preference in electronic means being a video conference when feasible.

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This circumstance negates the requirement for an in-person Formal Hearing which only two members may join virtually. This determination may be made by the Honor Council President, Executive Vice President, or a combination of the Chair and Faculty Advisor.

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4. *Recording.* An audio recording and transcription of all portions of the Formal Hearing other than the Hearing Panel's deliberation shall be made. All hearings will be transcribed by a stenographer present during the hearing at the cost of the College of the Student in Question. The official case file will have one transcribed copy of the hearing. The recording and transcription shall be delivered to the University Advisors for retention as provided herein, along with other documentation related to the matter. No other person may record any portion of the Formal Hearing, or any other proceeding hereunder. The recording will be destroyed upon receipt of the official stenographer's transcription of the hearing and after the time for appeal is over. If no violation is found by the Honor Council, the recording will be destroyed and no transcript will be made and retained of the hearing.

5. *Presence of the Student in Question; Advisors.* The Student in Question is not required to participate in the Formal Hearing or to testify or present evidence. The decision of the Student in Question not to participate, or not to testify, will not be construed as an admission of a violation. However, such a decision shall not prevent the Formal Hearing from proceeding. In that event, a plea of "no violation" is entered for the Student in Question, and the Formal Hearing shall proceed.

Once present, the Student in Question is expected to remain present throughout the hearing. But that student's decision to leave will not prevent completion of the Formal Hearing.

The Student in Question has the right to be accompanied by one advisor of their choice who will serve as an consultant for the students. The advisor is a current member of the MUSC community (for example a faculty member, currently enrolled student, or administrator). Honor Council hearings are student-driven proceedings and, as such, attorneys are not permitted in the hearing to represent or advise the Student in Question. The student may confer with their advisor during the Formal Hearing, but the Student in Question's advisor may not address the Hearing Panel or pose questions to witnesses. The Chair may instruct the Student in Question to consult with the advisor only during certain times, or may otherwise restrict consultation, if consultation with the advisor is unduly delaying the proceedings.

6. *Role of the Chair.* The Chair of the Hearing Panel presides over the Formal Hearing, rules on issues of admissibility of evidence, decides appropriateness of questioning, and otherwise controls the proceeding.

In presiding over the Formal Hearing, the Chair shall ensure decorum, and the opportunity for the Student in Question to present a reasonable defense. Formal rules of evidence do not apply to the Formal Hearing, but the Chair may exclude evidence or argument that is not likely to be trustworthy, that is cumulative, or that is unduly abusive or disruptive without probative impact. Signed witness statements may be considered.

When the Chair convenes the Formal Hearing, the Chair shall instruct all participants in their respective roles and charge all participants to maintain strict confidentiality concerning the matter.

The Chair administers the following pledge to each person presenting testimony during the Formal Hearing, immediately prior to his or her testimony:

"I, _____, will tell the truth in relation to the inquiry about which I am to give testimony. I further affirm that all matters relative to this hearing shall be held in strictest confidence."

7. *Two Phases of the Hearing.* The Formal Hearing shall be divided into two phases: a Determination Phase, focused on whether the Student in Question violated the Honor Code, and a Sanction Phase, focused on the appropriate sanction.
8. *The Determination Phase*

- a. *Reading of Charges.* The Hearing Panel Chair commences the Formal Hearing by reading aloud a statement of the violations alleged to have been committed by the Student in Question.
- b. *Plea.* The Student in Question replies to the statement by acknowledging the violations or by pleading “no violation.”

If the Student in Question acknowledges all of the alleged violations, the hearing shall proceed directly to the Sanctions Phase.

Otherwise, the Determination Phase shall proceed.

- c. *Opening Statements.* The Investigators will present an opening statement outlining the information gathered and conclusions drawn in their investigation. The Student in Question may then make an opening statement.
- d. *Presentation of Evidence.* After opening statements are concluded, the Investigators will present evidence concerning the reported violation. Normally, evidence shall consist of live witnesses, signed witness statements (including electronic signatures), and other documentary or non-documentary evidence that the Chair determines is reasonably reliable. Normally, Investigator summaries of the investigation will not constitute evidence, except as to background or undisputed points. However, the Formal Hearing is not bound by rules of evidence, and the Chair may make exceptions and admit other forms of evidence, offered by Investigators or by the Student in Question, when the Chair determines such evidence is reasonably reliable and the exception is appropriate. The Student in Question will have the right to ask questions of all witnesses presented.

After the Investigators have presented all of their evidence, the Student in Question may present evidence, including live witnesses, signed witness statements, and other documentary and non-documentary evidence. The Student in Question may testify.

Witnesses will normally be admitted to the hearing only to testify, and will leave after testifying. Members of the Hearing Panel may question witnesses, and may direct questions to the Investigators.

Evidence that the Student in Question has been found responsible in the past for a separate violation of the Honor Code or any similar rule or regulation, provided that the violation is not relevant to the alleged violation at issue, shall not be admitted during the Determination Phase. Similarly, character witnesses, penalties imposed by a professor, and other evidence not related to whether a violation occurred should not be presented during the Determination Phase.

- e. *Closing Statements.* The Investigators will make a closing statement, after which the Student in Question may make a closing statement.
- f. *Deliberations and Vote.* After closing statements, the Hearing Panel will retire to discuss and decide the case. These discussions will not be recorded. The Faculty Advisor may be present during deliberations to provide procedural advice, but will not express opinions on the merits of the decision and will not vote. The Investigators are not to be present for or participate in deliberations, nor do they vote. If during deliberations the Hearing Panel has a question for the Investigators or the Student in Question, that communication shall take place in the presence of both the Investigators and the Student in Question.

The Hearing Panel will vote by secret ballot upon whether the Student in Question violated the Honor Code in the manner charged. Ballots shall be tabulated by the Chair (or the Chair's designee if the Chair is participating remotely) and shall not be retained. Any Representative participating remotely shall convey his or her vote privately to the Chair or the Chair's designee. If multiple possible violations were presented at the Formal Hearing, each shall be voted on separately. A vote that the student violated the Honor Code indicates that the Representative voting concludes that the evidence presented at the hearing makes it appear more probable than not that the student violated the Honor Code. Seventy-five percent or more of the Representatives on the Hearing Panel participating in the Formal Hearing and eligible to vote must vote to find a violation in order to render a determination that a violation occurred. Any smaller number voting to find responsibility will result in a determination of no violation.

Bearing in mind the event that the university is closed and Formal Hearings are conducted by electronic means, it is recommended that the Hearing Panel discuss and decide the case using the voice feature rather than using a chat feature. The chat feature cannot be used to disclose confidential information, including deliberations.

Requests when being held by electronic means, each member of the Hearing Panel for the Formal Hearing will email the faculty advisor their vote when voting upon whether the Student in Question violated the Honor Code in the manner charged.

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- g. *Reading of the Decision.* The Chair will reconvene all participants in the Formal Hearing (excluding witnesses) and will read aloud the decision concerning responsibility to the Student in Question. If no violation is found, the Formal Hearing shall be concluded and the Chair will adjourn the hearing. If a violation is found, the Formal Hearing shall continue to the Sanction Phase. The Chair may consider a recess (not to exceed 30 minutes) before the Sanction Phase, if appropriate.

9. *The Sanction Phase*

If the Student in Question voluntarily acknowledges violating the Honor Code in the manner specified prior to the Reasonable Cause Conference and the case proceeds directly to the Sanctions Phase of the Formal Hearing the investigators will present all evidence collected at the beginning of the Sanctions Phase. The proceedings will then continue as outlined below.

- a. *Statements and Evidence in Mitigation.* The Student in Question shall be given the opportunity to make any statements in mitigation or explanation to the Hearing Panel, and to present character witnesses or similar testimony relevant to the sanction. Subject to the discretion of the Chair, no more than four character witnesses may be called by the Student in Question.
- b. *Statement from Investigators.* The Investigators shall then have the opportunity to address the student in question's presentation concerning sanctions.
- c. *Information on Prior Violations.* The Faculty Advisor shall then inform the Hearing Panel of any prior violation by the Student in Question of the Honor Code. The Student in Question shall have the opportunity to comment to the Hearing Panel on this information.
- d. *Deliberations and Vote.* The Hearing Panel will retire to discuss and determine a sanction or sanctions. This deliberation is subject to the same rules as the deliberation concerning responsibility, and shall apply the standards set forth in the following subsection. A simple majority vote of the members of the Hearing Panel participating in the Formal Hearing and eligible to vote is required to impose a sanction; provided, however, that expulsion must be approved by seventy-five percent or more of the members of the Hearing Panel participating in the Formal Hearing and eligible to vote.

- e. *Sanctions.* In determining a sanction to be imposed on a student determined to have violated the Honor Code, the Hearing Panel may consider (i) the severity and flagrancy of the violation; (ii) premeditation and intent, or lack thereof; (iii) whether the student was previously determined to have violated the Honor Code; (iv) the student's truthfulness and contrition; (v) the student's ability to abide by the Honor Code and succeed in the future; (vi) other mitigating circumstances deemed strongly relevant by the Hearing Panel.

Upon consideration of the factors set forth above, the Hearing Panel may impose an appropriate sanction, or combination of sanctions. Appropriate sanctions include, but are not limited to: formal reprimand; resubmission or repetition of the affected work; sessions at the Center for Academic Excellence; a zero or F on the affected assignment or examination; probation, to be noted on the student's transcript during the term of the probation, and which may affect severity of sanction for any future violation; failure of the affected course with a grade of "XF"; ineligibility for a period of time to hold elected or appointed positions at MUSC; suspension for one or more upcoming semesters; expulsion.

The sanction for a second or subsequent violation of the Honor Code should normally be more severe than the sanction for a first violation of similar magnitude.

In general, the existence of an Honor Code violation will be noted on the transcript of the Student in Question. If the sanction required action by the Student in Question or was designed to last for a certain duration, the transcript notation would be removed upon successful completion of the action and/or elapse of the period in question. If the sanction required action by the Student in Question or was designed to last for a certain duration, the transcript notation will be removed upon successful completion of the action and/or elapse of the period in question, and any remaining grade of XF will be changed to NP or 0.0. A student will not be allowed to graduate while sanctions are still in place.

- f. *Reading of the Sanction Decision.* The Hearing Panel Chair will reconvene all participants in the Formal Hearing (excluding witnesses) and will read aloud the sanction to the Student in Question. The Chair will also inform the Student in Question of the option to appeal in accordance with this Honor Code. The Chair will then adjourn the hearing.

VII. Procedures After the Formal Hearing; Record Retention and Reporting

- A. *Notification to President.* Promptly after the Formal Hearing, the Chair of the Hearing Panel shall inform the President of the Honor Council of the determination and sanction, if any.
- B. *Written Notice.* Within two working days of the conclusion of the Formal Hearing, the Chair will deliver to the Student in Question a written notification of the Honor Council's decision regarding each charge and the sanctions imposed, with a copy to the relevant Dean or Deans for implementation. The Dean shall provide written notification (formal Dean's letter) to notify the Registrar to ensure that appropriate notation is made on the student's transcript. Additionally, the Dean of that student's college is responsible for keeping all information regarding the outcome of the hearing and any imposed sanctions confidential. This information should be disseminated to relevant faculty at the discretion of the Dean, and only such information that is necessary for faculty to carry out their duties in relation to relevant sanctions should be revealed.
- C. *Gathering and Retention of Record.* The Advisor will gather all documentary evidence, investigative reports, notes, and other records of the investigation and Formal Hearing, including the audio recording of the Formal Hearing, and forward them to the University Advisors for retention in accordance with the provisions of this Honor Code.
- D. *Access to Record.* During the period prior to the deadline for submitting an appeal, the Student in Question shall be given reasonable access to the recording of the Formal Hearing and to all materials introduced at the Formal Hearing. If the Student in Question is a distance student or engaged in a learning experience outside the Charleston area and cannot meet with the faculty advisor to review materials before the formal hearing, the faculty advisor may release the confidential materials electronically to the student for them to view. The student must sign the confidentiality release form just as they would if they came in person before access is granted to materials.
- E. *Preparation of Summary.* The Chair shall prepare a written summary of the matter (with all names deleted). The Chair shall provide this summary to the Executive Vice President, for use in conjunction with the Executive Vice President's written report of all final dispositions during that semester of reported violations of the Honor Code. A copy of the summary shall be maintained by or within the University Provost's office, or in such other appropriate location as may be determined from

time to time by the University Advisors, for future reference and other use in administering the Honor Code.

- F. *Satisfaction of Sanctions.* The Student in Question shall notify the relevant Dean in writing when the terms of the sanctions have been met. The Dean or Deans shall verify sanctions are complete and notify the Registrar (formal Dean's letter) in writing within two weeks (fourteen calendar days) of such notice if the transcript notation is to be removed.

VIII. Appeal

- A. *Submitting the Appeal.* A Student in Question determined in a Formal Hearing to have violated the Honor Code may appeal the decision by submitting a written appeal to the President of the Honor Council. The written appeal must be submitted to the President of the Honor Council within one week (seven calendar days) of receipt by the Student in Question of written notice of the outcome of the Formal Hearing from the Chair. The President shall promptly notify the Faculty Advisor and Dean of the College or Colleges of the Student in Question of the appeal.

If the Student in Question does not submit a timely appeal, the decision of the Honor Council at the Formal Hearing shall be final.

- B. *No Appeal of Finding of No Violation.* There is no appeal from a finding that the Student in Question did not violate the Honor Code.
- C. *Stay of Sanctions.* A timely appeal will have the effect of staying all sanctions pending resolution of the appeal. Accordingly, absent a determination by the Dean of extraordinary circumstances, in the event of a sanction of suspension, expulsion, or another sanction that would prevent the Student in Question from completing or participating in academic work, the Student in Question shall be allowed to continue classes and clinical work during pendency of the appeal.

If the appeal process involves the grade in a course that is a prerequisite for a course in the following term, and if the Student in Question enrolls in such a course (the "Subsequent Course") while the appeal process is still ongoing, the Student in Question will be withdrawn from the Subsequent Course if the appeal process results in a failing grade in the prerequisite course.

The time to complete a sanction that includes a deadline (such as receiving education or writing a paper) will be stayed during the appeal. Any grades potentially affected by the sanction shall be entered as "incomplete" during the appeal. Under no circumstances may the Student in Question graduate until the matter and all appeals have been resolved.

- D. *Grounds for Appeal.* On appeal, the Student in Question bears the burden of establishing that an error has occurred. The Student in Question's written appeal

must specify in detail the basis or bases for the appeal. The only recognized grounds for appeal are:

1. A procedural error occurred that significantly affected the outcome of the Formal Hearing.
2. There was demonstrable prejudice or bias on the part of an Honor Council Representative who voted in the Formal Hearing.
3. New information exists, not available at the time of the Formal Hearing, which would have significantly affected the outcome of the Formal Hearing.
4. The sanction is extraordinarily disproportionate to the violation.
5. No reasonable person could conclude, on the basis of the evidence presented, that a violation occurred.

E. *The Appeal Panel.* Promptly after the President receives an appeal, the President shall appoint an Appeal Panel to decide the appeal. The Appeal Panel shall consist of three Student Representatives from the Executive Committee (including either the President or the Executive Vice President) and two Faculty Advisors. The President or Executive Vice President shall chair the Appeal Panel. The Appeal Panel shall not include (i) any Representative who served as an Investigator in the matter; (ii) any Representative who conducted the Reasonable Cause Conference; (iii) the Student in Question, if a Representative of the Honor Council; (iv) any Representative who is a witness in the proceeding; (v) any Representative who was on the Hearing Panel; or (vi) any Faculty Advisor originally appointed to the matter, or who participated in the Formal Hearing or Reasonable Cause Conference.

F. *Advisors to the Appeal Panel.* At least one of the University Advisors shall serve as advisor to the Appeal Panel, with a right to attend any meeting of the Appeal Panel, and voice but no vote.

G. *Deciding the Appeal.*

1. The Appeal Panel shall normally meet to decide the appeal within one week of appointment by the President. The Chair of the Appeal Panel may distribute the Student in Question's appeal and relevant portions of the record of the Formal Hearing to members of the Appeal Panel prior to this meeting.
2. An appeal is not a rehearing, and the Appeal Panel will not, other than in exceptional circumstances as determined in the Appeal Panel's discretion, receive testimony. If the Appeal Panel does take testimony, the Student in Question and the Investigators are permitted to be present during that testimony; the Appeal Panel may decide whether to allow questions from those parties.

3. The Student in Question has the right to be accompanied by one advisor who is a current member of the MUSC community (for example a faculty member, currently enrolled student, or administrator). Attorneys are not permitted in the appeals hearing to represent or advise the Student in Question. The Student in Question's advisor may not address the appeals panel or pose questions to student in question or investigator. The Chair may instruct the Student in Question to consult with the advisor only during certain times, or may otherwise restrict consultation, if consultation with the advisor is unduly delaying the proceedings.
4. The Appeal Panel will decide the appeal on the basis of the Record of the Formal Hearing and the contents of the appeal notice of the Student in Question, along with any additional evidence the Appeal Panel elects to receive.
5. All members of the Appeal Panel shall be present. Up to two members may participate by video conference.

Recognizing the event that the university is closed or under modified operations (for reasons including but not limited to pandemics, hurricanes, state or national emergencies, or other extraordinary circumstances) meetings of Appeal Panels may be conducted by electronic means, provided that the technology is approved by MUSC, allows all persons participating to communicate concurrently with one another and to participate effectively, and so long as each participant can hear and be heard. The preference in electronic means being a video conference when feasible.

This circumstance clarifies the requirement for the presence of Appeal Panel members to include presence either corporally or by means of electronic equipment so long as each member can hear and be heard, with video conference being preferred when feasible. This negates the limitation that only two members may participate virtually. This determination may be made by the Honor Council President, Executive Vice President, or a combination of the Chair and Faculty Advisor.

All decisions of the Appeal Panel shall be made by a simple majority vote of those members present and voting; provided, however, that a decision to change the sanction to expulsion must be approved by seventy-five percent or more of the members of the Appeal Panel participating in the appeal and eligible to vote. The Appeal Panel will take one of the following four actions:

1. Affirm the decision of the Hearing Panel in all respects.
2. Uphold the finding of a violation but change the sanction. The Appeal Panel may impose a more lenient sanction or a more stringent sanction.

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3. Overturn the determination that a violation occurred.
 4. Remand the matter to the Hearing Panel for further appropriate proceedings (such as, for example, consideration of new evidence).
- H. *Communication of Decision.* The Appeal Panel shall provide a written decision that concisely explains the basis for its decision. This written decision shall be transmitted to the Student in Question, to the Honor Council President, and to the Dean of the College or Colleges in question within four working days of the meeting of the Appeal Panel. The Dean, and the Honor Council President in the event of a remand, will implement the decision of the Appeal Panel, unless it is overturned by the Select Panel as described below.
- I. *Gathering and Retention of Record.* The Chair of the Appeal Panel will gather all documentary evidence, investigative reports, notes, and other records of the appeal, and forward them to the University Advisors for retention in accordance with the provisions of this Honor Code.
- J. *Petition to Select Panel for Review.* The decision of the Appeal Panel will normally be final. However, in extraordinary cases a Select Panel consisting of the Provost and the Deans of two of the Colleges has the discretion to review an Appeal Panel's decision. To ask this Select Panel to consider reviewing an Appeal Panel decision, the Student in Question must deliver a written petition to the Provost. This petition must be received by the Provost within one week (seven calendar days) of transmittal to the student of the decision of the Appeal Panel, and the petition must specify in detail the clear error or extraordinary circumstance that warrants review.

Upon receipt of a petition, the Provost will appoint two Deans (neither of whom shall be from the College of the Student in Question) to form the Select Panel with the Provost. The Select Panel is not obligated to review the matter, but has the discretion to do so if two of the three members of the Select Panel conclude that the petition presents extraordinary issues that may have a significant impact on the Student in Question, the Honor process, or MUSC. The Provost will inform the Student in Question and the relevant Deans and Faculty Advisors within one week of receipt of the petition whether the matter will be reviewed.

If the Select Panel does not review the matter, then the decision of the Appeal Panel shall stand and shall not be subject to further appeal. If the Select Panel does accept the matter for review, the Select Panel shall thereafter review the record and conduct any such further inquiry as it may deem desirable.

A vote of at least two members of the Select Panel is required to reverse or alter the decision of the Appeal Panel. The Select Panel shall issue a written decision that affirms or alters the decision of the Appeal Panel. The decision of the Select Panel shall be final and is not appealable. All sanctions are stayed pending the Select Panel's decision, as described in Section VIII.C. above.

IX. Amendment of the Honor Code

Any currently enrolled student or full-time faculty member of MUSC may propose amendments to the Honor Code. A proposed amendment must be submitted in writing to the President of the Honor Council. Proposed amendments shall be initially considered by the Executive Committee which, with the advice of the Faculty Advisors, shall make a formal recommendation to the Honor Council concerning whether the proposed amendment should be adopted, either as submitted or with modifications.

To be adopted, a proposed amendment must receive each of the following approvals, in the following order. Any change to an amendment at any point in the approval process will necessitate new approval by anybody having voted on the proposal before that change was introduced.

1. The proposed amendment(s) must first be approved by majority vote of the Honor Council in a duly called meeting.
2. The proposed amendment(s) must then be approved by majority vote of the MUSC Student Government Association in a duly called meeting.
3. The proposed amendment(s) must then be approved by majority vote of the University Education Advisory Committee.
4. The proposed amendment(s) must then be approved by majority vote of the voting members of the Provost's Council.
5. The proposed amendment(s) must finally be approved by majority vote of the MUSC Board of Trustees.

Unless an effective date is specified in the adopted amendment, the amendment shall become effective on the first day of the academic semester immediately following approval by majority vote of the MUSC Board of Trustees, and shall apply to any conduct by a student occurring after the effective date.

The University Advisors shall maintain a record of all adopted amendments to the Honor Code, with effective dates, and shall see that amendments are promptly reflected on the online version of the Honor Code.

Amendment History: Board Approved - October 12, 2001; Revision 07/21/2016; Revision 10/26/2017; Board Approved Revision 04/13/18; Board Approved Revision 10/11/19

Amendments to the Honor Code may occur during the course of the year. Please refer to the MUSC website at www.musc.edu/honorcode for the current, official version.

MUSC FRD Summary of Bylaw Changes Requires MUSC BOT Approval

The MUSC FRD Board of Directors wishes to amend FRD's bylaws such that the language better reflects the key functions that FRD provides the MUSC community, as well as better alignment with the current state and future strategic direction of MUSC. The existing language was drafted in 1994 and MUSC has had tremendous growth in the innovation domain since that time. **Changes to Article II (Purpose, Objectives, and Authority), Article XVI (Dissolution), Article XVIII (Amendments) require approval from the MUSC BOT at least 60 days in advance of FRD's own BOD approving the changes.** *Modifications to other sections of the bylaws do not require approval from MUSC, only advance notice.*

A summary of the changes requiring MUSC BOT approval is provided below. Both a redline and a clean, highlighted copy of the bylaws are provided. FRD is seeking MUSC BOT approval at the August 14th BOT meeting, such that it can vote to adopt the changes during its October BOD meeting.

Article II (Purpose, Objectives, and Authority)

2.1 Purpose

- Purpose statement modified to place FRD in the context of an ecosystem, place the focus on impact and recognition rather than purely on revenue, and expand domain definitions to be inclusive of the tripartite mission, not just research. The purpose remains focused exclusively to better MUSC.
- Other changes as recommended by FRD's outside counsel for tax purposes

2.2 Objectives

- Objectives have been modified to highlight (a) primary function, (b) support for grants, (c) educational role for faculty staff and students, (d) support of startup companies, (e) flexibility to support other projects as needed.
- Other changes as recommended by FRD's outside counsel for tax purposes

2.3 Authority

- Changes as recommended by FRD's outside counsel for tax purposes

Article XVI (Dissolution) – no changes

Article XVIII (Amendments)

- Recommend shifting approval authority for amendments from MUSC BOT to President's Council. There is precedent for this. Also removed the 60 day requirement, and went with prior approval.

**AMENDED AND RESTATED as of July, 2020
BYLAWS OF THE MUSC FOUNDATION
FOR RESEARCH DEVELOPMENT**

ARTICLE I

Name and Offices

Section 1.1. Name. The name of this corporation is MUSC Foundation for Research Development (“*FRD*”).

Section 1.2. Offices. The principal office of the FRD shall be in the County of Charleston, City of Charleston. The FRD may also have offices at such other places as the Board of Directors may from time to time appoint as the purposes of the FRD may require.

ARTICLE II

Purpose, Objectives, and Authority

Section 2.1. Purpose. The purpose of the FRD is to be a key collaborator of The Medical University of South Carolina (“*MUSC*”) innovation ecosystem that collectively generates recognition and impact from the enterprise’s innovations across the domains of scholarly research, education and public health to promote educational, research, clinical and other programs of MUSC. The FRD is organized exclusively for charitable, scientific, eleemosynary, and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Revenue Law) (the “*Internal Revenue Code*”), and is organized, and at all times shall be operated, exclusively for the benefit of, to perform the functions of, and to carry out the purposes of MUSC.

Section 2.2. Objectives. To promote the aforementioned purpose of the FRD and consistent with the policies of the Board of Trustees of MUSC, the FRD shall have the following objectives:

(a) To promote, encourage and aid in the generation of intellectual property by the faculty, staff and students at MUSC and to provide or support the evaluation, management, and commercialization of such intellectual property to ensure the intellectual property will provide a benefit to the public.

(b) To promote and support private and public sponsored scientific and other scholarly research projects and to develop and manage the intellectual property resulting therefrom.

(c) To advance the awareness and knowledge of the faculty, staff and students at MUSC in topics related to intellectual property, technology development, entrepreneurship and technology transfer.

(d) To support and facilitate entrepreneurial and economic development activities that have beneficial effects on MUSC’s education, scholarly research, and clinical and public health activities, provide opportunities for research funding, and elevate MUSC’s reputation.

(e) To promote, support and aid any and all other activities and programs which will further MUSC’s scholarly research efforts, and its efforts to provide clinical and public health services

and education.

Section 2.3 Authority. Except as may be limited by the FRD's Articles of Incorporation or Bylaws and in all cases only to the extent in furtherance of its purposes as set forth in Section 2.1 above, the FRD shall have such powers as are now or may hereafter be granted corporations under the South Carolina Nonprofit Corporation Act of 1994, as amended, Chapter 31, Title 33, S.C. Code (the "**Nonprofit Act**"), including the authority:

(a) To solicit, receive and acquire property of every kind by gift, devise, bequest, purchase or otherwise, and to hold, outright or in trust or otherwise, and to invest and reinvest in real and personal property or any interest therein, wherever situated, without limit as to amount.

(b) To acquire, construct and operate facilities for the benefit of MUSC.

(c) To make contracts, incur liabilities and borrow money; to issue or endorse bonds, notes and other evidences of indebtedness; to execute and deliver deeds, leases, mortgages, pledges and agreements; and to apply for and hold any and all franchises, permits, patents, licenses, consents, grants, rights or interests whatsoever which the FRD may deem necessary or appropriate for the accomplishment of its purposes; to sell, convey, lease, exchange, transfer or otherwise dispose of all or any of the FRD's assets except as limited by the Articles of Incorporation or these Bylaws.

(d) To have and exercise all other authorities necessary to carry out its purposes and to perform all other acts permitted by law to a nonprofit corporations under the laws of the State of South Carolina; provided, however, that the FRD shall not engage in any activity not permitted by a tax-exempt organization pursuant to Section 501(c)(3) of the Internal Revenue Code.

ARTICLE III

Board of Directors

Section 3.1. Authority; Number.

(a) Authority in and responsibility for the affairs of the FRD shall be vested in a Board of Directors deriving its authority from the Nonprofit Act. The number of Directors shall be eighteen (18), but in the event of a vacancy, the Board may act with a lesser number until such vacancy is filled.

(b) Of the eighteen (18) Directors, ten (10) shall be "at large" Directors who are neither employed by nor engaged to provide services to MUSC or any affiliate of MUSC, including without limitation the Medical University Hospital Authority or the University Medical Associates of the Medical University of South Carolina, and have not been so for a minimum period of one year upon the date of commencement of service as a Director., and eight (8) shall be "MUSC" Directors. The number of Directors shall not be less than ten (10). In the event the number of Directors is changed, the number of MUSC Directors shall be one (1) less than a majority, if an odd number, and two (2) less than a majority, if an even number.

Section 3.2. Qualifications for Directorship. Since the primary function of the Board of Directors is to develop policies which will encourage and facilitate the generation of intellectual property, the development of the intellectual property, products and processes resulting from such intellectual property and the investment and management of assets to meet priority needs of MUSC, Directors should be individuals who have the interest, commitment, experience or special expertise to assist in these endeavors.

Section 3.3. Terms of Election. Terms of Directors shall be three (3) years. The Board of Directors shall strive to hold elections annually on a staggered schedule so that (i) three (3) at large Directors are elected and three (3) MUSC Directors are appointed each year in the first two (2) years, and (ii) four (4) at large Directors are elected and two (2) MUSC Directors are appointed in the third year. Any vacancy occurring among the Directors shall be filled in accordance with Section 3.8. An at large Director shall serve no more than three (3) consecutive three-year terms, provided, however, upon a finding of extraordinary circumstances, this term limit may be waived any number of times by the vote of 75% of the Board of Directors. After a lapse of at least one (1) year, an at large Director may be reelected.

Section 3.4. Methods of Election. Directors shall be elected as follows:

(a) At large Director shall be elected by majority vote of the voting Directors then in office as described under the Terms of Election.

(b) MUSC Directors shall be selected by the Board of Trustees of MUSC, or its designee, as described under the Terms of Election.

(c) Directors *Emeriti* shall be elected and may be removed by a vote of two-thirds (2/3rds) of the voting Directors then in office.

Section 3.5. Directors *Emeriti*. Any Director may be elected to the position of Director Emeritus without regard to the number of terms served. Directors *Emeriti* shall be non-voting, shall serve until removed, and shall not be counted in the total number of Directors permitted under Section 3.1

Section 3.6. Resignation of Directors. Any Director may resign at any time. Such resignation shall be made in writing, shall be submitted to the Secretary, and shall take effect at such time as is specified in the instrument.

Section 3.7. Removal of Directors.

(a) Any at large Director may be removed from the Board of Directors by the affirmative vote of two-thirds (2/3rds) of the Directors then in office at any regular or special meeting called for that purpose for conduct detrimental to the interests of the FRD, for lack of sympathy with its objectives, or for refusal to render reasonable assistance in carrying out its purposes. Any at large Director proposed to be removed shall be entitled to at least five (5) days notice in writing by mail of the meeting at which such removal is to be voted upon and shall be entitled to appear before and be heard at such meeting.

(b) MUSC Directors may only be removed by written notice to the FRD from the Board of Trustees, or its designee, of MUSC.

Section 3.8. Vacancies.

(a) Any vacancy occurring among the at large Directors and any at large directorship to be filled by reason of an increase in the number of Directors may be filled by a majority vote of a quorum of the Board or a majority of the remaining voting Directors, if the number remaining is less than a quorum of the Board.

(b) Any vacancy occurring among the MUSC Directors and any MUSC directorship to be filled by reason of an increase in the number of Directors may only be filled by selection by the Board of Trustees, or its designee, of MUSC.

(c) A Director elected to fill a vacancy shall be elected for the unexpired term of his predecessor in office.

Section 3.9. Compensation. Directors of the FRD shall serve as such, and as officers as provided in Section 5.1, without compensation except as provided in Section 4.6.

Section 3.10. Exculpation of Directors. No Director shall be liable to anyone for any acts on behalf of the FRD nor any admission with respect to the FRD committed by such director except for his or her own willful, wanton, or gross negligence pursuant to Section 33-31-180 *et seq.* of the South Carolina Code of Laws, 1976, as amended.

ARTICLE IV

Meetings

Section 4.1. Quarterly Meetings. The Board of Directors shall meet quarterly in January, April, July and October. The Chairman shall have the authority to either call or cancel two (2) of the meetings depending upon the amount and urgency of business to be conducted at the time. No more than six (6) months shall lapse between meetings.

Section 4.2. Special Meetings. Special meetings of the Board of Directors may be called any time by the Chairman or Chairman-Elect, or by two (2) Directors. All special meetings must have a fixed and specified agenda and will have been called for a specified purpose.

Section 4.3. Notice. Notice of the time and place of the quarterly meetings shall be served either personally or by mail not less than ten (10) nor more than forty (40) days before the meeting upon each person who is a member of the Board of Directors. Notice of a special meeting must state the time, place and purpose or purposes thereof and shall be served personally, by electronic mail, or by mail upon each member of the Board of Directors not less than five (5) nor more than forty (40) days before such meeting.

Section 4.4. Quorum; Manner of Acting. At any meeting of the Board of Directors, the presence of a majority of the voting Directors shall be necessary to constitute a quorum for all purposes and an act of the majority of the voting Directors present at any meeting at which there is a quorum shall be the act of the full membership except as may be otherwise specifically provided by statute or in Section 4.8. Each voting Director shall be entitled to one vote. In the absence of a quorum or when a quorum is present, a meeting may be adjourned from time to time by vote of a majority of the voting Directors without notice other than by announcement at the meeting and without further notice to any absent member. For purposes of clarity, Directors Emeriti shall not be counted towards any quorum of the Board.

Section 4.5. Voting. At any meeting of the Board of Directors, each voting Director present in person shall be entitled to vote. No voting by proxy shall be permitted.

Section 4.6. Expenses. Each Director shall be entitled to and shall be paid all reasonable expenses, including travel, lodging and meals, while traveling to, from, and attending the meetings of the Board of Directors.

Section 4.7. Informal Action. Any action required by law to be taken at a meeting of the Board, or any action that may be taken at the meeting of the Board or of any committee of the Board may be taken without a meeting, if a consent in writing, setting forth the action so taken, shall be signed by all of the directors or committee members entitled to vote on the subject thereof. Such consent shall have the same force and effect as a unanimous vote of the Board and shall be recorded with the minutes of the FRD.

Section 4.8. Required Vote for Certain Actions. Notwithstanding anything herein to the contrary,

the vote of 75% of the Board of Directors shall be required for the following actions:

- (1) Authorizing the merger, consolidation, reorganization, restructuring or dissolution of the FRD.
- (2) Authorizing, agreeing or completing the sale, lease, exchange or mortgage of substantially all of the FRD's properties or assets.
- (3) Amending, deleting or otherwise changing the number of directors or the manner of appointment, removal or filling of vacant directorships pursuant to Sections 3.1(b), 3.3, 3.4(b), 3.7(b), or 3.8(b) of these Bylaws.
- (4) Amending, deleting or otherwise changing Article X of these Bylaws or the Conflict of Interest Policy specified therein.
- (5) Changing the name of the FRD.
- (6) Amending, deleting or otherwise changing Paragraphs 1,6 or 8 of the Articles of Incorporation.

ARTICLE V

Officers of the Board of Directors and the FRD

Section 5.1. Duties. The officers of the Board of Directors and the FRD and their respective duties and responsibilities are as follows:

- (a) **Chairman of the Board:** The Chairman of the Board of Directors shall preside over all meetings and shall have primary responsibility for the FRD's relations with the University.
- (b) **Chairman-Elect:** The Chairman-Elect of the Board of Directors shall have full authority to act for the Chairman in his absence or incapacity and shall succeed the Chairman.
- (c) **Secretary:** The Executive Director of the FRD shall serve as Secretary to the Board of Directors and shall have supervision over the records of the FRD and shall record the minutes of the meetings.
- (d) **Treasurer:** The Treasurer of the FRD shall be the chief financial officer of the FRD and as such shall, through the Executive Director, be responsible for the supervising of the accounting procedures and recording of the receipts and disbursements and shall supervise the transmission of investment funds to the FRD's investment managers.
- (e) **Other Officers:** The Board of Directors may create, from time to time, other positions of office as it deems necessary.

Section 5.2. Election of Officers. The Chairman-Elect shall be elected bi-annually to a two- year term at the April meeting of the Board of Directors in each odd numbered year; at the end of the Chairman's term, the Chairman-Elect shall become Chairman for a two-year term. If the Chairman does not complete his term for any reason, the Chairman-Elect shall assume the duties of the Chairman for the remainder of his term and then shall serve his full two-year term as Chairman. Except of the Secretary and Treasurer positions, which are all filled ex officio as provided herein, all other officers shall be elected annually at the April meeting of the

Board of Directors. The Chairman-Elect shall be elected from the FRD Board of Directors. Other officers need not be members of the Board of Directors.

Section 5.3. Resignation of Officers. Any officer may resign at any time. Such resignation shall be made in writing, shall be submitted to the Secretary, and shall take effect at such time as is specified in the instrument.

Section 5.4. Removal of Officers. Any officer may be removed from office by the affirmative vote of two-thirds (2/3rds) of the voting Directors present at a special meeting called for that purpose for conduct detrimental to the interest of the FRD, for lack of sympathy with its objectives, or for refusal to render reasonable assistance in carrying out its purposes. Any such officer proposed to be removed shall be entitled to at least five (5) days notice in writing by mail of the meeting at which such removal is to be voted upon and shall be entitled to appear before and be heard at such meeting.

Section 5.5. Vacancies. A vacancy in any elected office may be filled by a majority vote of a quorum of the Board of Directors. An officer elected to fill a vacancy shall be elected for the unexpired term of his predecessor in office.

ARTICLE VI

Committees

Section 6.1. Committees. Except as specified in these Bylaws, the FRD Board of Directors shall appoint committees on an annual basis. The authority, duties, and powers of the various committees are as set forth in Sections 6.2, 6.3, 6.4, 6.5 and 6.6 of this Article VI, but may be limited or increased from time to time as the Board of Directors may so decide. Each committee shall have two or more members.

Section 6.2. Executive Committee. The Executive Committee will be appointed by the Chairman and approved by the members of the FRD Board of Directors. It shall consist of the Chairman, Chairman-Elect and three (3) or more other members of the Board, provided that a majority of the members of the Executive Committee shall be at large Directors. The Chairman of the Executive Committee shall at all times be the Chairman of the Board. During the intervals between meetings of the Board, the Executive Committee shall have and may exercise all of the authority of the Board, except for such actions contemplated in Sections 3.7(a), 4.8, and 5.4 and Article XV, which are expressly reserved as powers of the Board, and as otherwise limited by the Nonprofit Act and applicable law.

Section 6.3. Finance and Investment Committee. The Finance and Investment Committee will consist of at least three (3) members of the Board of Directors, appointed by the Chairman with the approval of the Board. The Chairman shall appoint one committee member as the Committee Chair. The Committee Chair shall make periodic reports of FRD's financial status to the Board. This committee shall advise the Board of Directors as to the budget, audit and investment management of the FRD. It shall also keep the Board advised of the general fiscal policy and management of the FRD.

Section 6.4. Nominating Committee. The Nominating Committee shall be appointed by the Chairman at the April meeting. The Nominating Committee shall consist of five (5) Directors, at least three (3) of whom shall be at large Directors. It shall present to the Board of Directors nominations for Directors to be elected by the Board of Directors, and for the Chairman-Elect in accordance with Article V. The Committee shall furnish information relating to the background and qualifications of all such nominees at least two (2) weeks prior to the meeting at which an election or appointment is scheduled to take place. The Committee shall also nominate Directors *Emeriti*.

Section 6.5. Review Committee. The Board of Directors shall appoint at least three (3) Directors to

the Review Committee to perform the functions described in Section 8.4.

Section 6.6. Additional Committees. Subject to the requirements of this Section 6, the Board of Directors may from time to time create additional standing or *ad hoc* committees with such powers and duties as the Board of Directors may prescribe. The creation of additional committees and the appointment of members to such committees must be approved by the greater of (i) a majority of the Directors in office when the action is taken or (ii) the majority of the number of Directors fixed as provided in Section 3.1 of these Bylaws.

Section 6.7. Term of Office. Each member of a committee shall serve as a member until the next April meeting of the Board of Directors and until his successor is appointed unless the committee shall be sooner terminated.

Section 6.8. Chairman. One member of each committee shall be appointed chairman by the person or persons authorized to appoint the members of the committee. The chairman of the Executive Committee shall be the Chairman of the Board of Directors.

Section 6.9. Vacancies. Vacancies in the membership of any committee may be filled by appointments made in the same manner as provided in the case of the original appointments.

Section 6.10. Quorum. A majority of the whole committee shall constitute a quorum and the act of a majority of the members present at a meeting at which a quorum is present shall be the act of the committee.

Section 6.11. Rules. Subject to the requirements of this Section 6, each committee may adopt rules for its own government not inconsistent with these Bylaws or with the rules adopted by the Board of Directors.

Section 6.12. Committee Minutes. Committees shall keep minutes of their proceedings and submit them to the next succeeding meeting of the Board of Directors for approval.

ARTICLE VII

Finances; Reports

Section 7.1. Funds.

(a) The current funds of the FRD shall be deposited in such bank or banks, in such types of accounts, and subject to such deposit and withdrawal procedures as may be directed by the Board of Directors by resolution. Reserve funds of the FRD shall be invested in such kinds and types of securities as may be directed by the Board of Directors by resolution, subject to the provisions of these Bylaws.

(b) All gifts to the FRD or other income not otherwise designated by the donor shall go into the general fund of the FRD in accordance with the general purpose of the FRD.

(c) The Board of Directors may from time to time provide procedures for the establishment of special or designated funds to be administered by the Board of Directors under the condition of their creation in accordance with the Articles of Incorporation.

Section 7.2. Income and Disbursements. All income, including contributions, received by the FRD

shall be deposited by the Treasurer in a special account or accounts in such banks, trust companies, or other depositories as the Board of Directors may select. All disbursements shall be made under a proper authority of the Board of Directors. All contributions to and disbursements from the FRD shall be recorded by the Treasurer and such records shall be subject to examination at any reasonable time, upon request, by any director.

Section 7.3. Budget. An itemized statement of the proposed operating income and expenditures for the following year shall be prepared by the Treasurer and submitted to the Board of Directors prior to the commencement of each fiscal year of the FRD; a copy of such budget shall be provided to the Board of Trustees of MUSC prior to the commencement of each fiscal year of the FRD. When approved by the Board of Directors, such budget shall be the only authorization for expenditures for operating expenses of the FRD subject to subsequent changes made by the Board of Directors and the provisions of Section 7.4 below.

Section 7.4. Administration of the Budget. The Treasurer is authorized to make commitments for budgeted operating expenses. Checks or vouchers in payment of approved expenditures shall be signed in accordance with Section 7.5.

Section 7.5. Checks, Drafts, Etc. All checks, drafts, or orders for the payment of money, notes, or other evidences of indebtedness issued in the name of the FRD shall be signed by such officer or officers, agent or agents of the FRD and in such manner as shall from time to time be provided by resolution of the Board of Directors. In the absence of such provision by the Board such instrument shall be signed by the Treasurer or an Assistant Treasurer and countersigned by the Chairman or such other officer as the Board of Directors may designate.

Section 7.6. Audit. A qualified firm of certified public accountants shall be designated as auditors by the Board of Directors prior to the FRD's close of business for each fiscal year to audit and examine the books of account of the FRD, and to certify and report in writing to the Board of Directors the annual balances and condition of such books as prepared at the close of the fiscal year. The compensation of the auditors shall be determined by agreement between the Board of Directors and the auditing firm at the time of its employment.

Section 7.7. The Fiscal Year. The fiscal year of the FRD shall be July 1 to June 30 of the succeeding year but may be altered by resolution of the Board of Directors.

Section 7.8. Reports; Other Information. A detailed annual report of the work and financial condition of the FRD, including an audited financial statement and management letter, shall be made by the Chairman annually and shall be transmitted to the Board of Directors and to the Chairman of the Board of Trustees of MUSC. All books and records of the FRD shall be available for review and/or audit by MUSC or any person acting on its behalf. By the last day of the fifth month following the close of tax year, the FRD shall provide a written notice to the President of MUSC and the Chairman of the MUSC Board of Trustees, describing the type and amount of support provided by the FRD to MUSC during the prior tax year, a copy of the Corporation's Form 990 that was most recently filed as of the date the notification is provided, and a copy of the FRD's governing documents, as most recently amended, to the extent not previously provided.

ARTICLE VIII

Investments

Section 8.1. Investments. In extension and not in limitation of the common law and statutory powers of Directors, and subject to the provisions of Section 8.4, the Directors shall have the discretionary power to invest and reinvest the principal and income of the FRD in such property, real, personal and mixed, and in such manner as they shall deem proper, and from time to time to change investments as they shall deem advisable; to invest in or retain any stocks, shares, bonds, notes, obligations, or personal or real property

(including without limitation any interests in or obligation of any corporation, association, business trust, investment trust, common trust fund, or investment company) although some or all of the property so acquired or retained is of a kind or size which but for this express authority would not be considered proper; provided, however, that the Directors shall not invest the property of the FRD in such a manner as to violate Section 501(c)(3) of the Internal Revenue Code. No principal or income, however, shall be loaned, directly or indirectly, to any Director or to anyone else, corporate or otherwise, who has at any time made a contribution to the FRD, nor to anyone except on the basis of an adequate interest and with adequate security. Additionally, the Board of Directors shall have the power, and it shall be considered within the scope of their duties, to serve as trustees of any trust of which the FRD is a named beneficiary.

Section 8.2. Purchase and Sale of Securities. Subject to the provisions of Section 8.4, unless otherwise ordered by resolution of the Board of Directors, the Chairman and the Treasurer are authorized and empowered jointly to buy and sell stock and other investments held or owned by the FRD, for such consideration as should meet their approval, and to that end they are further authorized to execute all bills of sale, transfers, assignments, and other writings necessary or convenient for effectuating such purposes. The Chairman and the Treasurer are further authorized to give or have given the proper notices of any such action, have all such dispositions registered and noted on the books and records of this or any other corporation or partnership where required, and to do all other things necessary or convenient to accomplish such purchases or sales.

Section 8.3. Voting Securities Owned by the FRD. Unless otherwise ordered by resolution of the Board of Directors, the Treasurer shall have full authority on behalf of the FRD to attend, to act, and to vote at any meeting of the stockholders, bondholders, or other security holders of any corporation, trust, or association in which the FRD may hold securities. At any such meeting the Treasurer shall possess all of the rights and powers incident to the ownership of such securities, which, as owner thereof, the FRD might have possessed if present, including the authority to delegate such authority to a proxy. The Board of Directors may, by resolution, confer like authority upon any other person or persons.

Section 8.4. Acquisition and Disposal of Investments or Property. No investment shall be made by the FRD, through payment in cash, contribution of property or otherwise, in any joint venture, partnership, corporation, limited liability company, or other entity, excepting routine investments of cash in money market accounts or mutual funds, nor shall any such investment or any property obtained directly or indirectly from MUSC be disposed of (other than a disposition back to MUSC), unless:

(a) such investment or property has a readily ascertainable fair market value and the consideration given by the FRD is at least equal to the fair market value of the consideration received by the FRD in the transaction; or

(b) the Board of Directors or a committee thereof composed entirely of Board members who do not have a conflict of interest with respect to the arrangement or transaction and established for the purpose of reviewing such acquisitions and dispositions (the "Review Committee") shall have made a good faith determination prior to engaging in the transaction either (i) that based upon appropriate data or other documentation as to the fair market value of the transaction, the consideration given by the FRD is at least equal to the fair market value of the consideration received by the FRD in the transaction, or (ii) that the transaction is in furtherance of a public purpose; and such transaction shall have been approved by the Board of Directors or the Review Committee, as applicable, by resolution setting forth the specific basis for its approval.

ARTICLE IX

Execution of Contracts and Deeds

Except as otherwise provided by resolution of the Board of Directors authorizing the execution thereof, all contracts, deeds, mortgages, pledges, transfers, and other written instruments binding upon the FRD shall be executed on behalf of the FRD by the Chairman or other such officer as the Board of Directors may designate. All agreements between MUSC and the FRD for the provision of goods or services, or the transfer of assets shall be in writing.

ARTICLE X

Conflicts of Interest

The Board of Directors shall implement and enforce the Conflicts of Interest Policy attached to these Bylaws as Appendix A. No modification or amendment to such policy shall be made without complying with Section 4.8 of these Bylaws.

ARTICLE XI

Confidential Information

In accepting appointment as a Director, Directors agree to hold in confidence information concerning MUSC intellectual property, FRD activities and relationships, or other information provided to them which is described orally or in writing as confidential, and is more fully described in a confidentiality agreement to be executed by each Director.

ARTICLE XII

Indemnification

Each Director and officer of the Board of Directors of the FRD now or hereafter becoming a member or officer shall be indemnified against any and all claims and liabilities to which he has or shall become subject by reason of serving or having served as a member or officer of the Board of Directors, or by reason of any action alleged to have been taken, omitted or neglected by him as such member or officer; and such member and officer shall be reimbursed for all legal expenses reasonably incurred by him in connection with any such claim or liability; provided, however, that no such person shall be indemnified against or be reimbursed for any expenses incurred in connection with any claim or liability arising out of his own willful misconduct or gross negligence.

ARTICLE XIII

Staff

Section 13.1. Executive Director. The Executive Director shall be the chief executive officer of the FRD and shall be responsible for the day to day operation of the affairs of the FRD and shall in concert with the FRD Board of Directors be responsible for the growth and development of the FRD. The Executive Director shall be appointed by and be responsible to the FRD Board of Directors.

Section 13.2. Additional Staff. Other staff shall be recruited and hired by the Executive Director as needed.

Section 13.3. Salaries. The salaries and benefits of the Executive Director shall be set by the Board

of Directors. The salaries and benefits of all other staff members shall be fixed by the Executive Director. Such salaries and benefits shall be reasonable in amount and shall be reviewed periodically by the Board of Directors with appropriate data as to comparability and the Board shall document its conclusions as to reasonableness of the compensation.

ARTICLE XIV

Restriction

The FRD may receive as its sources of income, gifts, bequests from wills, and restricted and unrestricted use of monies or properties of any kind or description from any and all sources, but no gift, bequest or devise of any such property shall be received and accepted if it be for other than charitable purposes as limited to and including charitable, scientific, literary, or other educational purposes within the meaning of those terms as used in Section 501(c)(3) of the Internal Revenue Code or as shall, in the opinion of the Board of Directors, jeopardize the federal income tax exemption of the FRD pursuant to Section 501(c)(3) of the Internal Revenue Code.

ARTICLE XV

Prohibition

No part of the net earnings of the FRD shall inure to the benefit of or be distributable to its members, Directors, officers, or other persons, except that the FRD shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof. No substantial part of the activities of the FRD shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the FRD shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Bylaws, the FRD shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code (or the corresponding provision of any future United States Internal Revenue Law), or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code (or the corresponding provision of any future United States Revenue Law).

ARTICLE XVI

Dissolution

Dissolution of the FRD must be approved in accordance with Section 4.8 of these Bylaws. Upon dissolution of the FRD consistent with law, the remaining assets of the FRD shall be distributed to MUSC or some other nonprofit exempt organization within the meaning of Section 501(c)(3) of the Internal Revenue Code, dedicated to the support of MUSC, as determined by the Board of Trustees of MUSC. If no such organization is then in existence, such assets shall be transferred pursuant to the direction of the court of common pleas of the county in which the principal office of MUSC is then located, to such other nonprofit exempt organization as in the judgment of the court most similarly serves the same purposes as the FRD.

ARTICLE XVII

Separate Organization

Although the intention of the FRD is to cooperate, augment and aid, in the ways previously enumerated, the educational, research, clinical and other programs of MUSC, it is here and now to be clearly stated that the FRD is a separate organization to be operated under its own charter and certificate of incorporation as laid down in the law of South Carolina for this and similar eleemosynary and educational trusts and foundations.

ARTICLE XVIII

Amendments

Except as otherwise provided in Section 4.8, the Board of Directors shall have the power to make, alter, amend and repeal the Bylaws of the FRD by affirmative vote of a majority of the Board of Directors provided, however, that the action is proposed at a regular or special meeting of the Board of Directors and adopted at a subsequent regular quarterly meeting except as otherwise provided by law, and; provided, further that the provisions of Article II, Article XVI or this Article XVIII may not be amended without the prior approval of the President's Council of MUSC.

Medical University of South Carolina
COLLEGE OF DENTAL MEDICINE
ABBREVIATED CURRICULUM VITAE

Date: July 7th, 2020

Name: Haberland Last Christel First Maria Middle

Citizenship and/or Visa Status: US Citizen

Office Address: _____ Telephone: _____

Education: (Baccalaureate and above)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
<u>Universidad Francisco Marroquin, Guatemala</u>	<u>02/88- 12/90</u>	<u>BS/ 05/91</u>	<u>Dentistry</u>
<u>Universidad Francisco Marroquin, Guatemala</u>	<u>01/91- 09/94</u>	<u>DDS/ 09/94</u>	<u>Dentistry</u>
<u>The Ohio State University School of Dentistry</u>	<u>01/95- 03/98</u>	<u>MS 03/98</u>	<u>Oral and Maxillofacial Pathology</u>
<u>The Ohio State University School of Dentistry</u>	<u>04/98-06/00</u>	<u>DDS (Advance Standing)06/00</u>	<u>Dentistry</u>

Graduate Medical Training: (Chronological)

	<u>Place</u>	<u>Dates</u>
Internship		

Residencies or Postdoctoral:

	<u>Place</u>	<u>Dates</u>
<u>Oral and Maxillofacial Pathology</u>	<u>The Ohio State University School of Dentistry, Columbus OH</u>	<u>01/95- 03/98</u>
<u>Pediatric Dentistry</u>	<u>Yale-New Haven Hospital/Yale School of Medicine, New Haven CT</u>	<u>07/07-06/09</u>

Board Certification:

<u>American Board of Oral and Maxillofacial Pathology</u>	<u>Date: 09/10</u>
<u>American Board of Pediatric Dentistry</u>	<u>Date: 10/03</u>
	<u>Date:</u>

Licensure:

<u>Florida Dental License (DN16141)</u>	<u>Date: 03/2003- Present</u>
<u>Connecticut Dental License (10093)</u>	<u>Date: 07/2009-12/2018</u>
<u>Massachusetts Dental License (21441)</u>	<u>Date: 09/2005-09/2007</u>
<u>Pennsylvania Dental License (DS-031401-L)</u>	<u>Date: 08/2000-08/2003</u>
<u>Ohio Dental License (21268)</u>	<u>08/2000-08/2002</u>

Faculty appointments: (Begin with initial appointment)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
<u>03/2003-06/2005</u>	<u>Assistant Professor</u>	<u>Kornberg School of Dentistry, Temple University, PA</u>	<u>Oral Pathology, Medicine and Surgery</u>
<u>05/2010- 05/2014</u>	<u>Clinical Assistant Professor</u>	<u>Yale-New Haven Hospital/ Yale School of Medicine</u>	<u>Department of Dentistry/ Pediatric Dentistry</u>
<u>07/2011- 03/2018</u>	<u>Clinical Assistant Instructor</u>	<u>Yale School of Medicine</u>	<u>Department of Pathology</u>
<u>06/2015-03/2018</u>	<u>Clinical Associate Professor</u>	<u>Yale-New Haven Hospital/ Yale School of Medicine</u>	<u>Department of Dentistry/ Pediatric Dentistry</u>
<u>06/2015-03/2018</u>	<u>Program Director</u>	<u>Yale-New Haven Hospital /Yale School of Medicine</u>	<u>Department of Dentistry/ Pediatric Dentistry</u>

First Appointment to MUSC: Rank _____ Date: _____

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: David W Zaas, M.D., M.B.A.

Date: 4/21/2020

Citizenship and/or Visa Status:

Office Address:

Telephone:

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1994	Yale University, New Haven, CT	B.A.	Biology
1998	Northwestern University Medical School	M.D.	Medicine
2008	Duke University	M.B.A.	Business Administration

Graduate Medical Training: *(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident	The Johns Hopkins Hospital Internal Medicine	1998 - 2001
Fellow	Duke University Medical Center - Pulmonary and Critical Care	2001 - 2002
Fellow	Duke University Medical Center - Pulmonary and Critical Care	2003 - 2005

Board Certification:

Licensure:

State of North Carolina Medical License

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2002 - 2003	Instructor	Johns Hopkins Hospital Osler Medical Service	
2005 - 2008	Instructor	Duke University School of Medicine	Division of Pulmonary, Allergy & Critical Care Medicine
2008 - 2011	Assistant Professor	Duke University School of Medicine	Division of Pulmonary, Allergy & Critical Care Medicine
2011 - 2018	Associate Professor	Duke University School of Medicine	Division of Pulmonary, Allergy & Critical Care Medicine
2019 - Present	Associate Professor with Tenure	Duke University School of Medicine	Division of Pulmonary, Allergy & Critical Care Medicine

First Appointment to MUSC:

Rank:

Date:

Medical University of South Carolina
COLLEGE OF DENTAL MEDICINE
ABBREVIATED CURRICULUM VITAE

Date: July 7th, 2020

Name: Haberland Last Christel First Maria Middle

Citizenship and/or Visa Status: US Citizen

Office Address: _____ Telephone: _____

Education: (Baccalaureate and above)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
<u>Universidad Francisco Marroquin, Guatemala</u>	<u>02/88- 12/90</u>	<u>BS/ 05/91</u>	<u>Dentistry</u>
<u>Universidad Francisco Marroquin, Guatemala</u>	<u>01/91- 09/94</u>	<u>DDS/ 09/94</u>	<u>Dentistry</u>
<u>The Ohio State University School of Dentistry</u>	<u>01/95- 03/98</u>	<u>MS 03/98</u>	<u>Oral and Maxillofacial Pathology</u>
<u>The Ohio State University School of Dentistry</u>	<u>04/98-06/00</u>	<u>DDS (Advance Standing)06/00</u>	<u>Dentistry</u>

Graduate Medical Training: (Chronological)

	<u>Place</u>	<u>Dates</u>
Internship		

Residencies or Postdoctoral:

	<u>Place</u>	<u>Dates</u>
<u>Oral and Maxillofacial Pathology</u>	<u>The Ohio State University School of Dentistry, Columbus OH</u>	<u>01/95- 03/98</u>
<u>Pediatric Dentistry</u>	<u>Yale-New Haven Hospital/Yale School of Medicine, New Haven CT</u>	<u>07/07-06/09</u>

Board Certification:

<u>American Board of Oral and Maxillofacial Pathology</u>	<u>Date: 09/10</u>
<u>American Board of Pediatric Dentistry</u>	<u>Date: 10/03</u>
	<u>Date:</u>

Licensure:

<u>Florida Dental License (DN16141)</u>	<u>Date: 03/2003- Present</u>
<u>Connecticut Dental License (10093)</u>	<u>Date: 07/2009-12/2018</u>
<u>Massachusetts Dental License (21441)</u>	<u>Date: 09/2005-09/2007</u>
<u>Pennsylvania Dental License (DS-031401-L)</u>	<u>Date: 08/2000-08/2003</u>
<u>Ohio Dental License (21268)</u>	<u>08/2000-08/2002</u>

Faculty appointments: (Begin with initial appointment)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
<u>03/2003-06/2005</u>	<u>Assistant Professor</u>	<u>Kornberg School of Dentistry, Temple University, PA</u>	<u>Oral Pathology, Medicine and Surgery</u>
<u>05/2010- 05/2014</u>	<u>Clinical Assistant Professor</u>	<u>Yale-New Haven Hospital/ Yale School of Medicine</u>	<u>Department of Dentistry/ Pediatric Dentistry</u>
<u>07/2011- 03/2018</u>	<u>Clinical Assistant Instructor</u>	<u>Yale School of Medicine</u>	<u>Department of Pathology</u>
<u>06/2015-03/2018</u>	<u>Clinical Associate Professor</u>	<u>Yale-New Haven Hospital/ Yale School of Medicine</u>	<u>Department of Dentistry/ Pediatric Dentistry</u>
<u>06/2015-03/2018</u>	<u>Program Director</u>	<u>Yale-New Haven Hospital /Yale School of Medicine</u>	<u>Department of Dentistry/ Pediatric Dentistry</u>

First Appointment to MUSC: Rank _____ Date: _____

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Ronald E. Acierno, Ph.D.

Date: 7/23/2020

Citizenship and/or Visa Status: USA

Office Address: 99 Jonathan Lucas Street , Charleston, SC, 29425, USA Telephone: 843-792-2945

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1989	University of Virginia	B.A.	Psychology
1993	Nova Southeastern University	M.S.	Clinical Psychology
1996	Nova Southeastern University	Ph.D.	Clinical Psychology

Graduate Medical Training: (*Chronological*)

Board Certification:

Licensure:

State of South Carolina #693

Date: 1997

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1996 - 1998	Research Associate	Medical University of South Carolina	Psychiatry and Behavioral Sciences
1998 - 1999	Instructor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
1999 - 2002	Assistant Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2002 - 2009	Associate Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2009 - 2014	Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2012 - 2019	Professor	Medical University of South Carolina	College of Graduate Studies
2014 - 2019	Professor	Medical University of South Carolina	DEPARTMENT OF NURSING OPERATING
2014 - 2019	Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2019 - 2021	Adjunct Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences

First Appointment to MUSC:

Rank: Research Associate

Date: 1996

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: David M. French, M.D.

Date: 7/23/2020

Citizenship and/or Visa Status: USA

Office Address:

Telephone:

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1993	Swarthmore College		Biochemistry
1995	Cornell University	B.S.	Biochemistry
1996	SUNY Health Sciences Center at Syracuse		Paramedic Program
2002	University of North Carolina at Chapel Hill	M.D.	Medicine

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Emergency Medicine Residency	Carolinas Medical Center, Charlotte, NC	2002 - 2005
EMS Fellowship	Carolinas Medical Center, Charlotte, NC	2005 - 2006

Board Certification:

Diplomate of Emergency Medicine	Date: Current
Advanced Trauma Life Support	Date: Current
Advanced Cardiac Life Support	Date: Current
Pediatric Advanced Life Support	Date: Current
Board Certified EMS Physician (ABEM #37281)	Date: Current

Licensure:

State of Texas Medical Board	Date: Current
DEA Registration	Date: Current
State of South Carolina Medical Board (License #36256)	Date: Current
SC DHEC Registration	Date: Current
Texas DPS Registration	Date: Inactive
State of New York Medical Board	Date: Inactive
State of North Carolina Medical Board	Date: Inactive

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
2006 - 2007	Assistant Professor	Albany Medical Center	Emergency Medicine
2013 - 2018	Assistant Professor	Medical University of South Carolina	Emergency Medicine
2019 - 2020	Associate Professor	Medical University of South Carolina	Emergency Medicine
2020 - 2023	Affiliate Associate Professor	Medical University of South Carolina	Emergency Medicine

First Appointment to MUSC:

Rank: Assistant Professor

Date: 2013

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Harry G Morse, M.D.

Date: 6/16/2020

Citizenship and/or Visa Status:

Office Address:

Telephone:

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1971	Trinity College	B.A.	
1976	Emory University	M.D.	

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Internal Medicine Intern	University of Oregon School of Medicine	1976 - 1977

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Internal Medicine Resident	University of Oregon School of Medicine	1980 - 1982

Board Certification:

American Board of Internal Medicine (Lifetime Certification) Date: 1982

American Board of Internal Medicine - Critical Care Medicine Date: 1986

Licensure:

State of Oregon Medical License (Inactive) Date: 1977

State of South Carolina Medical License Date: 1982

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1982 - 1984	Instructor	MUSC - Anderson	Family Medicine
1982 - 1986	Adjunct Instructor	Medical University of South Carolina	COM Faculty From AHEC Division of Family Medicine
1984 - 1990	Assistant Professor	MUSC - Anderson	Family Medicine
1986 - 1990	Assistant Professor	MUSC - Anderson	Medicine
1990 - 2004	Associate Professor	MUSC - Anderson	Family Medicine
1990 - 2004	Associate Professor	MUSC - Anderson	Medicine Division of General Internal Medicine
2004 - 2009	Clinical Professor	MUSC - Anderson	Medicine Division of General Internal Medicine
2004 - 2009	Professor	MUSC - Anderson	Family Medicine
2010 - 2020	Professor	MUSC - Anderson	COM Faculty From AHEC Division of Medicine
2010 - 2020	Professor	MUSC - Anderson	COM Faculty From AHEC Division of Family Medicine
2020 - 2023	Professor	MUSC - Anderson	Family Medicine
2020 - 2023	Professor	MUSC - Anderson	COM Faculty From AHEC Division of Family Medicine
2020 - 2023	Professor	MUSC - Anderson	COM Faculty From AHEC Division of Medicine

First Appointment to MUSC:

Rank: Instructor

Date: 1982

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Christine B. Turley, M.D., F.A.A.P.

Date: 12/17/2019

Citizenship and/or Visa Status:

Office Address:

Telephone: (803) 576-5925

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1984	University of South Florida	B.S.	Biology
1988	University of Miami School of Medicine	M.D.	Medicine

Graduate Medical Training: *(Chronological)*

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Pediatric Internship	Jackson Memorial Hospital/University of Miami, Miami, FL	06/1988 - 06/1989

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Pediatric Residency	Jackson Memorial Hospital/University of Miami, Miami, FL	07/1989 - 06/1991

Board Certification:

American Board of Pediatrics Date: 11/1991

National Board of Medical Examiners Date: 3/1989

Licensure:

South Carolina

Texas

Florida

Date: (inactive)

Colorado

Date: (inactive)

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
09/1997 - 09/2004	Assistant Professor	The University of Texas Medical Branch	Pediatrics Division of General Academic Pediatrics
09/2003	Scientist	The University of Texas Medical Branch	Sealy Center for Vaccine Development
09/2004 - 09/2009	Associate Professor	The University of Texas Medical Branch	Pediatrics Division of General Academic Pediatrics
09/2009 - 09/2012	Professor	The University of Texas Medical Branch	Pediatrics Division of General Academic Pediatrics
09/2012 - Present	Professor	University of South Carolina School of Medicine	Clinical Pediatrics
2013 - 2019	Adjunct Professor	Medical University of South Carolina	Pediatrics Division of General Pediatrics
2019 - Present	Research Professor	Medical University of South Carolina	Pediatrics Division of General Pediatrics

First Appointment to MUSC:

Rank: Adjunct Professor

Date: 2013

Medical University of South Carolina
 COLLEGE OF DENTAL MEDICINE
 ABBREVIATED CURRICULUM VITAE

Date: October 25, 2017

Name: Hipp Cynthia Lea-Hardin
 Last First Middle

Citizenship and/or Visa Status: Citizen

Office Address: 173 Ashley Avenue BS 347 MSC 507 Telephone: 843-792-3916
 Charleston, SC 29425

Education: *(Baccalaureate and above)*

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
<u>University of Notre Dame</u>	<u>4</u>	<u>B.S.</u>	<u>Chemistry</u>
<u>Univeristy Of Iowa</u>	<u>4</u>	<u>D.D.S.</u>	<u>Dentistry</u>
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Medical Training: *(Chronological)*

	<u>Place</u>	<u>Dates</u>
Internship	_____	_____
	_____	_____
	_____	_____

	<u>Place</u>	<u>Dates</u>
Residencies or Postdoctoral:	_____	_____
	<u>Pediatric Dentistry, University of Kentucky</u>	<u>1988-1990</u>
	<u>Medical University of South Carolina, Clinical Research, MSCR</u>	<u>2005-2007</u>
	_____	_____
	_____	_____

Board Certification: American Board of Pediatric Dentistry Date: April 1997
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____

Licensure: Iowa #7317 Date: current
South Carolina General #3217 Date: current
South Carolina Pediatric Dentistry #435 Date: current
 _____ Date: _____

Faculty appointments: *(Begin with initial appointment)*

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
<u>1989-1990</u>	<u>Clinical Preceptor</u>	<u>University of Kentucky</u>	<u>Pediatric Dentistry</u>
<u>1990-1992</u>	<u>Assistant Professor</u>	<u>University of Kentucky</u>	<u>Oral Health Practice</u>
<u>1992-1998</u>	<u>Assistant Professor</u>	<u>Medical University of South Carolina</u>	<u>Ped. Dentistry & Orthodontics</u>
<u>1997-2008</u>	<u>Extramural Rotation Preceptor</u>	<u>University of North Carolina/Chapel Hill</u>	_____
<u>1998-2017</u>	<u>Associate Professor</u>	<u>Medical University of South Carolina</u>	<u>Ped. Dentistry & Orthodontics</u>
<u>2017</u>	<u>Associate Professor</u>	<u>Medical University of South Carolina</u>	<u>Pediatric Dentistry</u>
<u>1995-2003/2008-present</u>	<u>Clinic Director, Pediatric Dentistry Resident Clinic</u>	<u>Medical University of South Carolina</u>	<u>Pediatric Dentistry</u>
<u>2015-2017</u>	<u>Interim Chair</u>	<u>Medical University of South Carolina</u>	<u>Pediatric Dentistry & Orthodontics</u>
<u>1997-2003</u>	<u>Post- Graduate Program</u>	<u>Medical Unviersity of South Carolina</u>	<u>Pediatric Dentistry</u>

2008-present
2017-present

Director
Chair

Medical Univerty of South Carolina

Pediatric Dentistry

First Appointment to MUSC: Rank Assistant Professor

Date: 1992

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Alexander Awgulewitsch, Ph.D.

Date: 4/22/2020

Citizenship and/or Visa Status:

Office Address: 96 Jonathan Lucas Street, Suite 912, MSC 637, Charleston, SC, 29425, USA Telephone: 843-792-8946

Education: *(Baccalaureate and above)*

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1979	Bielefeld University, Germany	Teacher's Diploma	Biology and Physical Education
1984	University of Dusseldorf	Ph.D.	Molecular Genetics

Graduate Medical Training: *(Chronological)*

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Post-Doctoral Associate	Yale University, New Haven, CT	1984 - 1988

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1988 - 1992	Assistant Professor	Medical University of South Carolina	Biochemistry and Molecular Biology
1992 - 1993	Associate Professor	Medical University of South Carolina	Biochemistry and Molecular Biology
1993 - 2020	Associate Professor	Medical University of South Carolina	Medicine Division of Rheumatology
1994 - 2020	Associate Professor	Medical University of South Carolina	Dermatology and Dermatologic Surgery
2005 - Present	Full Member	Medical University of South Carolina	College of Graduate Studies
2014 - 2020	Associate Professor	Medical University of South Carolina	Regenerative Medicine and Cell Biology

First Appointment to MUSC:

Rank: Assistant Professor

Date: 1988

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Deepak Bastia, Ph.D.

Date: 6/18/2020

Citizenship and/or Visa Status:

Office Address: 173 Ashley Avenue, P.O. Box 250509, Charleston, SC,
29425

Telephone:

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1963	Utkal University, India	B.S.	Biology and Chemistry
1965	IARI, New Delhi, India	M.S.	Cytogenetics
1971	University of Chicago	Ph.D.	Biology

Graduate Medical Training: (*Chronological*)

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1971 - 1972	Research Associate	Princeton University, Princeton, New Jersey	
1972 - 1974	Research Associate	University of Colorado, Boulder, Colorado	
1974 - 1977	Research Fellow	Yale University, New Haven, Connecticut	
1977 - 1979	Assistant Professor	University of Alabama, Birmingham, Alabama	Department of Microbiology
1979 - 1985	Assistant Professor	Duke University Medical Center, Durham, North Carolina	Department of Microbiology and Immunology
1985 - 2001	Professor	Duke University Medical Center, Durham, North Carolina	Department of Microbiology and Immunology
2001 - 2009	Professor	Medical University of South Carolina	Biochemistry and Molecular Biology
2003 - Present	Full Member	Medical University of South Carolina	College of Graduate Studies Basic Sciences
2009 - 2011	Professor	Medical University of South Carolina	Division of Biochemistry and Molecular Biology
2011 - Present	Professor	Medical University of South Carolina	Biochemistry and Molecular Biology

First Appointment to MUSC:

Rank: Professor

Date: 2001

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: David A. Griesemer, M.D.

Date: 6/18/2020

Citizenship and/or Visa Status:

Office Address:

Telephone:

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1972	Johns Hopkins University	B.A.	Human Biology
1976	Johns Hopkins School of Medicine	M.D.	Medicine

Graduate Medical Training: (*Chronological*)

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Pediatrics Residency	Johns Hopkins University	1976 - 1978
Child Neurology Fellowship	University of Michigan	1982 - 1985

Board Certification:

American Board of Psychiatry and Neurology- Child Neurology- #821	Date: 1992
American Society of Neurorehabilitation- #376	Date: 1993
American Board of Psychiatry and Neurology- Clinical Neurophysiology- #828	Date: 1997-2007
Pediatric Advanced Life Support	Date: 2012

Licensure:

Arizona Medical License	Date: 1985-present
South Carolina Medical License	Date: 1993-present
Massachusetts Medical License	Date: 2010-2014
North Carolina Medical License	Date: 2013-present
Drug Enforcement Administration Registration	Date: 2016-2019

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1990 - 1993	Clinical Assistant Professor	University of Arizona College of Medicine	Pediatrics and Neurology
1993 - 1997	Assistant Professor	Medical University of South Carolina	Neurology
1993 - 1997	Assistant Professor	Medical University of South Carolina	Pediatrics
1997 - 2002	Associate Professor	Medical University of South Carolina	Neurology
1997 - 2002	Associate Professor	Medical University of South Carolina	Pediatrics
2002 - 2004	Professor	Medical University of South Carolina	Neurology
2002 - 2010	Professor	Medical University of South Carolina	Pediatrics Division of General Pediatrics
2003 - 2010	Associate Member	Medical University of South Carolina	College of Graduate Studies
2004 - 2010	Professor	Medical University of South Carolina	Neuroscience Division of Neurology
2010 - 2013	Adjunct Professor	Medical University of South Carolina	Neuroscience Division of Neurology
2010 - 2014	Professor	Tufts University School of Medicine	Pediatrics and Neurology
2014 - 2017	Adjunct Professor	University of North Carolina Chapel Hill	Pediatrics
2014 - Present	Professor	Carolinas Healthcare System	Pediatrics
2018 - 2020	Professor	Medical University of South Carolina	Neurology
2018 - 2020	Professor	Medical University of South Carolina	Pediatrics Division of Pediatric Neurology
2020 - Present	Professor	Medical University of South Carolina	Pediatrics Division of Pediatric Neurology

First Appointment to MUSC:

Rank: Assistant Professor

Date: 1993

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Kathryn M Magruder, Ph.D.

Date: 7/23/2020

Citizenship and/or Visa Status: U.S.

Office Address: 67 President Street MSC 250861, Charleston, SC, 29425 Telephone: 843 789-7280

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1971	Duke University	B.A.	Psychology
1975	University of North Carolina at Chapel Hill	M.P.H.	Epidemiology
1978	University of North Carolina at Chapel Hill	Ph.D.	Epidemiology

Graduate Medical Training: (*Chronological*)

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1979 - 1991	Adjunct Assistant Professor	UNC-Chapel Hill, School of Public Health	Epidemiology
1982 - 1991	Assistant Professor	Duke University Medical Center	Community & Family Medicine Sciences
1987 - 1990	Adjunct Assistant Professor	Duke University Medical Center	Health Administration
1991 - 1994	Assistant Consulting Professor	Duke University Medical Center	Community and Family Medicine
1994 - 1999	Associate Consulting Professor	Duke University Medical Center	Community and Family Medicine
1999 - 2009	Associate Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2001 - 2009	Associate Professor	Medical University of South Carolina	Biostatistics and Epidemiology
2001 - Present	Full Member	Medical University of South Carolina	College of Graduate Studies Medicine
2009 - 2012	Professor	Medical University of South Carolina	Division of Biostatistics and Epidemiology
2009 - 2020	Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences
2013 - 2020	Professor	Medical University of South Carolina	Public Health Sciences
2020 - Present	Professor	Medical University of South Carolina	Psychiatry and Behavioral Sciences

First Appointment to MUSC:

Rank: Associate Professor

Date: 1999

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: Bruce W. Usher, Sr., M.D.

Date: 7/23/2020

Citizenship and/or Visa Status:

Office Address: 25 Courtenay Drive , Charleston, SC, 29425

Telephone: 843-876-4789

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1962	Davidson College	B.S.	
1966	Medical University of South Carolina	M.D.	

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
Intern, Internal Medicine	Madigan General Hospital	1966 - 1967

<u>Residencies or Postdoctoral</u>	<u>Place</u>	<u>Dates</u>
Resident, Internal Medicine	Brooke Army Hospital, San Antonio, Texas	1967 - 1969
Fellow, Cardiology	Brooke Army Hospital, San Antonio, Texas	1970 - 1972

Board Certification:

American Board of Internal Medicine	Date: 1972
American Board of Internal Medicine: Cardiovascular Disease	Date: 1974

Licensure:

South Carolina	Date: 1966
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Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1975 - 1979	Assistant Professor	Medical University of South Carolina	Medicine
09/1975 - Present	Cardiologist	Ralph H. Johnson Veterans Hospital	
1979 - 1989	Associate Professor	Medical University of South Carolina	Medicine Division of Cardiology
1989 - 2020	Professor	Medical University of South Carolina	Medicine Division of Cardiology
2020 - Present	Professor	Medical University of South Carolina	Medicine Division of Cardiology

First Appointment to MUSC:

Rank: Assistant Professor

Date: 1975

Medical University of South Carolina

College Of Medicine

ABBREVIATED CURRICULUM VITAE

Name: John E. Vena, Ph.D.

Date: 7/23/2020

Citizenship and/or Visa Status:

Office Address: Department of Epidemiology and Biostatistics, University of Georgia College of Public Health, Brick S. Miller Building, Room 105, 101 Buck Telephone: 706-583-8202 Road , Athens, GA, 30602

Education: (*Baccalaureate and above*)

<u>Year Earned</u>	<u>Institution</u>	<u>Degree</u>	<u>Field of Study</u>
1975	St. Bonaventure University	B.S.	Biology
1976	State University College at Buffalo	M.S.	Natural Sciences
1980	State University College at Buffalo	Ph.D.	Epidemiology

Graduate Medical Training: (*Chronological*)

Board Certification:

Licensure:

Faculty Appointments:

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1981 - 1987	Assistant Professor	University at Buffalo School of Medicine	Social and Preventive Medicine
1987 - 1994	Associate Professor	University at Buffalo School of Medicine	Social and Preventive Medicine
08/1994 - 08/2003	Professor	University at Buffalo School of Medicine	Social and Preventive Medicine
02/1995 - 08/2003	Research Professor	Roswell Park Cancer Institute	Experimental Pathology Division of Epidemiology Division
08/2003 - 07/2008	Professor	University of South Carolina School of Public Health	Epidemiology & Biostatistics
12/2003 - 08/2008	Associated Faculty	University of South Carolina	School of the Environment
08/2008 - Present	Professor	University of Georgia College of Public Health	Epidemiology & Biostatistics
2014 - 2020	Professor	Medical University of South Carolina	Public Health Sciences
2020 - Present	Professor	Medical University of South Carolina	Public Health Sciences

First Appointment to MUSC:

Rank: Professor

Date: 2014

Medical University of South Carolina
College of Pharmacy
ABBREVIATED CURRICULUM VITAE

First Appointment to MUSC: Rank

Associate Professor

Date: 1994

Medical University of South Carolina
College of Pharmacy
ABBREVIATED CURRICULUM VITAE

Name: White Roger L
Last First Middle

Citizenship and/or Visa
Status: _____

Office Address: Medical University of South Carolina Telephone: n/a
College of Pharmacy
280 Calhoun Street, MSC 141
Room QF219

Education: (*Baccalaureate and above*)

<u>Institution</u>	<u>Years attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
Medical College of Virginia/Virginia Commonwealth University	1983	Pharm.D.	Pharmacy
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduate Medical Training: (*Chronological*)

<u>Internship</u>	<u>Place</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____

<u>Residencies or Postdoctoral:</u>	<u>Place</u>	<u>Dates</u>
	Infectious Diseases Pharmacotherapy, University of Connecticut	1983-1985
	_____	_____
	_____	_____

Board Certification: _____ Date: _____
 Licensure: _____ Date: _____

Faculty appointments: (*Begin with initial appointment*)

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1983-1985	Assistant Clinical Professor of Pharmacy	University of Connecticut Storrs, Connecticut	Pharmacy
1985-1991	Assistant Professor,	Medical University of South Carolina College of Pharmacy	_____
1994-2020	Member Graduate Faculty	Medical University of South Carolina	_____
1991- 1998	Associate Professor w/Tenure	Medical University of South Carolina	Hospital and Clinical Pharmacy
2000-2001	Chair - Professor	Medical University of South Carolina	Pharmaceutical Sciences

Medical University of South Carolina

College of Pharmacy

ABBREVIATED CURRICULUM VITAE

2004-2015	Professor w/tenure	SCCP, Medical University of South Carolina Campus	Drug Discovery & Biomedical Sciences
2015-2020	Professor w/Tenure	College of Pharmacy Medical University of South Carolina	

Total Number of Publications in peer-reviewed journals: _____

First Appointment to MUSC: Rank Assistant Professor

Date: 1985

MSBS Program Modification Summary

The attached Program modification to modify the tracks of the MS Biomedical Sciences academic program to better align them with the PhD Biomedical Sciences degrees has received approval by the Education Advisory Council. This change is primarily administrative and will allow better linking of pre-doctorate and doctorate level training (affording better acceleration to PhD for MS graduates as well as better stop out options for PhD students who may have barriers to completing the degree).

PROGRAM MODIFICATION PROPOSAL FORM

Name of Institution: **Medical University of South Carolina**

Briefly state the nature of the proposed modification (e.g., adding a new concentration, extending the program to a new site, curriculum change, etc.): **The modification is proposed to better align the concentrations available for the MS Biomedical Sciences degree at MUSC with the comparable PhD degrees. This alignment will allow students who are on track for transitioning to the PhD to better reflect the focus of expertise; and it will allow current PhD students who wish to stop-out with the MS Biomedical Sciences degree to reflect the expertise they have acquired. Thus, the proposal seeks to:**

- deactivate one concentration
- add one new concentration
- rename one concentration

These changes (1) fill a need that benefits students and their career pursuits, (2) do not present any redundant competition with other institutions, (3) do not require additional resources at MUSC, and (4) do not present additional costs to students. MUSC confirms that the program modification is a necessary and valuable change, despite disruptions in higher education caused by COVID-19.

Current Name of Program (include degree designation and all concentrations, options, and tracks):

Master of Science in Biomedical Sciences, CIP=26.0102 with nine concentrations:

GM.MBS.ANAT	MS in Biomedical Science - Anatomy & Cell Biology
GM.MBS.BIOIN	MS in Biomedical Science - Biomedical Informatics
GM.MBS.BIOST	MS in Biomedical Science - Biostatistics
GM.MBS.BMB	MS in Biomedical Science - Biochemistry & Molecular Biology
GM.MBS.EPI	MS in Biomedical Science - Epidemiology
GM.MBS.MBIM	MS in Biomedical Science - Microbiology & Immunology
GM.MBS.NEURO	MS in Biomedical Science - Neuroscience
GM.MBS.PATH	MS in Biomedical Science - Experimental Pathology & Laboratory Medicine
GM.MBS.PCOL	MS in Biomedical Science - Cell & Molecular Pharmacology & Experimental Therapeutics

Proposed Name of Program (include degree designation and all concentrations, options, and tracks):

Master of Science in Biomedical Sciences, CIP=26.0102 with nine concentrations:

GM.MBS.ANAT	MS in Biomedical Science – Regenerative Medicine & Cell Biology (RMCB)
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(RENAME TRACK)	
GM.MBS.BIOIN	MS in Biomedical Science – Biomedical Informatics Omit this track (no students are enrolled in this track)
ADD NEW TRACK	MS in Biomedical Science – Molecular and Cellular Biology and Pathology (MCBP)
GM.MBS.BIOST	MS in Biomedical Science – Biostatistics (B)
GM.MBS.BMB	MS in Biomedical Science - Biochemistry & Molecular Biology (BMB)
GM.MBS.EPI	MS in Biomedical Science – Epidemiology (E)
GM.MBS.MBIM	MS in Biomedical Science - Microbiology & Immunology (MI)
GM.MBS.NEURO	MS in Biomedical Science – Neuroscience (N)
GM.MBS.PATH	MS in Biomedical Science - Experimental Pathology & Laboratory Medicine (EPLM)
GM.MBS.PCOL	MS in Biomedical Science - Cell & Molecular Pharmacology & Experimental Therapeutics (CMPET)

Program Designation:

- Associate's Degree
 Master's Degree
 Bachelor's Degree: 4 Year
 Specialist
 Bachelor's Degree: 5 Year
 Doctoral Degree: Research/Scholarship (e.g., Ph.D. and DMA)
 Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., Pharm.D., and M.D.)

Does the program currently qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

- Yes
 No

If No, should the program be considered for supplemental Palmetto Fellows and LIFE Scholarship awards?

- Yes
 No

Proposed Date of Implementation: **Fall 2020**

CIP Code: **26.0102**

Current delivery site(s) and modes: **Medical University of South Carolina, 50501**

Proposed delivery site(s) and modes: **No change**

Program Contact Information (name, title, telephone number, and email address):

Paula Traktman, PhD

Dean, College of Graduate Studies

Hirschmann Endowed Professor, Department of Biochemistry and Molecular Biology

Medical University of South Carolina

(843) 876-2405

traktman@musc.edu

Institutional Approvals and Dates of Approval:

College of Graduate Studies Council: 04/15/2020

Education Advisory Council: 06/22/2020

Provost's Council: MM/DD/YY

Background Information

Provide a detailed description of the proposed modification, including target audience, centrality to institutional mission, and relation to strategic plan.

The proposed modification is a change that will facilitate students' progress in the MS Biomedical Sciences degree to the PhD (if desired and eligible) and will facilitate efficiency and clarity for PhD students at MUSC who elect (or otherwise need) to stop out (aka off-ramp) with a MS Biomedical Sciences degree. The MS Biomedical Sciences concentrations (MUSC has one MS Biomedical Sciences degree with multiple concentrations) were developed historically separate from the individual PhD degree programs the university offers in biomedical sciences fields. With improved organization, communication, and accountability that has occurred to support students' timely progress in their degree programs, it was revealed that those efforts would be facilitated by better aligning the concentrations of the MS Biomedical Sciences degree with the specific PhD degrees the university offers.

	Track to be changed	Rationale
GM.MBS.ANAT (RENAME TRACK)	Regenerative Medicine & Cell Biology (RMCB)	This track name change simply reflects the current name of the department which offers it, so that they are consistent to avoid confusion.
GM.MBS.BIOIN	Biomedical Informatics - Deactivate	No students have pursued this concentration. For students enrolled in the Joint PhD MUSC/Clemson Biomedical Data Science Informatics program who elect to stop out, they may apply for the MS BDSI program offered by Clemson University. We elect NOT to offer this as a concentration at MUSC since it would unnecessarily compete with the degree that Clemson offers.
NEW TRACK	Molecular and Cellular Biology and Pathology (MCPB)	This new track creates an MS track option for the largest MUSC PhD program, Molecular and Cellular Biology and Pathology. It will utilize the same faculty as the PhD program, and MS students will attend related existing seminar courses. This track will also allow PhD students in this program who opt to earn a terminal MS degree to do so without changing tracks.

Assessment of Need

Provide an assessment of the need for the program modification for the institution, the state, the region, and beyond, if applicable.

The changes proposed for the MS in Biomedical Sciences are primarily needed to update track availability and names to be consistent with current offerings.

Transfer and Articulation

Identify any special articulation agreements for the modified proposed program. Provide the articulation agreement or Memorandum of Agreement/Understanding.

Not applicable.

Description of the Program

Projected Enrollment						
Year	Fall Headcount		Spring Headcount		Summer Headcount	
	New	Total	New	Total	New	Total
2020	8	8	0	8	0	8
2021	8	16	0	16	0	16
2022	8	16	0	16	0	16
2023	8	16	0	16	0	16

How the enrollment projections were calculated: The MS Biomedical Sciences degree (with nine tracks) is an existing program. Students are only allowed to enroll as new students in the Fall. Students may graduate at the end of any semester. Enrollment projections represent average enrollments over the last 3 years in all tracks (appx 1 student per track annually). The program length ranges from 6-9 semesters on average. In the projected enrollment table above, we model a six semester completion timeline (2 years), with Fall of 2020 showing enrollment in the program as if it was a new program with new tracks.

MS in Biomedical Science Curriculum

Year	Term	Course	Credits	Did/Exp	Concentrations required to take each course									
					RMCB	MCBP	BMB	MI	N	EPLM	CMPET	B	E	
1	F	CGS 765	3	D	x	x	x	x	x	x	x			
		CGS 766	4	D	x	x	x	x	x	x	x			
		CGS 767	3	D	x	x	x	x	x	x	x			
		CGS 768	2	D	x	x	x	x	x	x	x			
		CGS 970	1	Exp	x	x	x	x	x	x	x			
			BMTRY 700	4	D								x	x
			BMTRY 706	3	D								x	
			BMTRY 736	3	D								x	x
			BMTRY 776	1	D								x	x
			PHGEN 706	3	D									x
			(13-14 cr)											
1	Sp	CGS 770	2	D	x	x	x	x	x	x	x	x	x	
		MCBP724	1	D		x								
		BMB 730	1	D			x							
		NSCS 730	8	D					x					
		PATH 700	1	D							x			
		BMTRY 701	4	D									x	x
		BMTRY 707	3	D									x	
		BMTRY 747	3	D									x	x
		BMTRY 776	1	D									x	x

		BMTRY 970	1	Exp								X	X
		CELL 970	1-7	Exp	x								
		MCBP 970	1-6	Exp		x							
		BMB 970	1-6	Exp			x						
		MBIM 970	1-7	Exp				x					
		NSCS 970	1	Exp					x				
		PCOL 970	1-7	Exp						x			
		PATH 970	1-6	Exp							x		
		Electives	5	D									x
			(9 cr)										
1	Su	CGS 762	1	D	x	x	x	x	x	x	x		
		CELL 970	8	Exp	x								
		MCBP 970	8	Exp		x							
		BMB 970	8	Exp			x						
		MBIM 970	8	Exp				x					
		NSCS 970	8	Exp					x				
		PCOL 970	8	Exp						x			
		PATH 970	8	Exp							x		
		BMTRY 970	9	Exp								x	x
		Electives	0-6	D									
			(9 cr)										
2	F	MCBP724	1	D		x							
		BMB 730	1	D			x						
		PATH 700	1	D							x		
		CELL 970	9	Exp	x								
		MCBP 970	8	Exp		x							
		BMB 970	8	Exp			x						
		MBIM 970	9	Exp				x					
		NSCS 970	9	Exp					x				
		PCOL 970	9	Exp						x			
		PATH 970	8	Exp							x		
		BMTRY 970	9	Exp								x	x
		Electives	0-6	D									
			(9 cr)										
2	Sp	MCBP724	1	D		x							
		BMB 730	1	D			x						
		PATH 700	1	D							x		
		CELL 970	9	Exp	x								
		MCBP 970	8	Exp		x							
		BMB 970	8	Exp			x						
		MBIM 970	9	Exp				x					
		NSCS 970	9	Exp					x				
		PCOL 970	9	Exp						x			
		PATH 970	8	Exp							x		

		BMTRY 970	9	Exp									x	x
			(9 cr)											
	Total		49-50 cr											

Curriculum Changes

Courses Eliminated from Program	Courses Added to Program	Core Courses Modified
None	MCBP*724 - Seminar in Molecular & Cell Biology and Pathology	None

New Courses

MCBP*724 Seminar in Molecular & Cell Biology and Pathology

MCBP Seminar Series. Students give a short seminar based on their own research to their peers and to their graduate committee members. Students are required to give at least two formal seminars during their training. The MCBP External Seminar Series invites leading scientists from the United States and foreign countries to present their work to both students and faculty in the MCBP Program. These seminars are on a broad range of topics representing each of the six divisions within the MCBP Program. Importantly, students have the opportunity to meet informally with the speakers over lunch. 1 credit.

(This course is new to MS in Biomedical Sciences program, not new to the College of Graduate Studies)

Similar Programs in South Carolina offered by Public and Independent Institutions

Identify the similar programs offered and describe the similarities and differences for each program.

While other institutions in the state offer MS and PhD degrees in biomedical science areas, the changes we propose are to better support current and future MUSC students (i.e., both those pursuing a MS Biomedical Sciences degree and those pursuing a PhD in the biomedical sciences). It is a change that promotes better alignment within our own institution; therefore, we posit that the other concentrations available in MS biomedical sciences academic programs are minimally relevant to this program modification proposal.

Program Name and Designation	Total Credit Hours	Institution	Similarities	Differences
Master of Science in Biomedical Science (M.S.B.S.)	36-48	University of South Carolina - Columbia	Both programs offer the opportunity to focus on research and produce an original thesis that can serve as the basis for transitioning into a terminal degree program, but the MUSC degree is exclusively focused on research and all students are required to work in a lab environment.	The program tracks of the MUSC degree are organized around the primary academic sub-fields that are represented in our Ph.D. program (see above). The organization of our M.S. program recognizes its direct relationship with our terminal degree program in Biomedical Sciences. All tracks are research-focused, all require lab-work, and all students write a thesis. The program tracks of the USC degree are grouped more generally around the broad categories of research (thesis), academic (non-thesis), and industry (applied).
Master of Science in Biomedical Data Science and Informatics (M.S. B.D.S.I)	44-46	Clemson University	MUSC currently offers an M.S.B.S. program track in Biomedical Informatics that is similar in overall scope to Clemson’s M.S. B.D.S.I degree, but this application seeks to eliminate that similarity by eliminating the program track.	MUSC proposes to remove the M.S. B.S. track that bears similarity to Clemson’s M.S. B.D.S.I degree. The remaining MUSC M.S. B.S. tracks are organized under CIP code 26.0102: Biomedical Sciences. Clemson’s MS BDSI degree is offered through their School of Computing, and is officially

				designated as an informatics degree. In other words, while the degrees have similar overall scope, they are built on different academic architectures.
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Faculty

State whether new faculty, staff or administrative personnel are needed to implement the program modification; if so, discuss the plan and timeline for hiring the personnel. Provide a brief explanation of any personnel reassignment as a result of the proposed program modification.

There are no new faculty, staff or administrative personnel needs anticipated as a result of these proposed changes.

Resources

Identify new library, instructional equipment and facilities needed to support the modified program.

Library Resources: none

Equipment: none

Facilities: none

Impact on Existing Programs

Will the proposed program impact existing degree programs or services at the institution (e.g., course offerings or enrollment)? If yes, explain

Yes

No

Financial Support

Estimated Sources of Financing for the New Costs						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Tuition Funding	n/a	n/a	n/a	n/a	n/a	n/a
Program-Specific Fees	n/a	n/a	n/a	n/a	n/a	n/a
Special State Appropriation	n/a	n/a	n/a	n/a	n/a	n/a
Reallocation of Existing Funds	n/a	n/a	n/a	n/a	n/a	n/a
Federal, Grant, or Other Funding	n/a	n/a	n/a	n/a	n/a	n/a
Total	n/a	n/a	n/a	n/a	n/a	n/a
Estimated New Costs by Year						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Program Administration and Faculty and Staff Salaries	0	0	0	0	0	0
Facilities, Equipment, Supplies, and Materials	0	0	0	0	0	0
Library Resources	0	0	0	0	0	0
Other (specify)	0	0	0	0	0	0
Total	0	0	0	0	0	0
Net Total (i.e., Sources of Financing Minus Estimated New Costs)	n/a	n/a	n/a	n/a	n/a	n/a

Budget Justification

Provide a brief explanation for all new costs and sources of financing identified in the Financial Support table.

Not applicable.

Evaluation and Assessment

Program Objectives	Student Learning Outcomes Aligned to Program Objectives	Methods of Assessment
Outcome 1: Program performs well on dashboard indices of quality		
1.1	Percentage of students employed in a science-related career or pursuing further education within 6 months of graduating.	Survey of graduates.
1.2	Percentage of students who graduate within 3 years.	Percentage of students who graduate within 150% of program length (target is 90%). 3 years is 150% of program length.
Outcome 2: Evidence of ability to think independently at a level appropriate for a master's level scientist.		
2.1	Percentage of students rated at 3 or better (3, 2, 1) on the item on the 2nd year evaluation related to exhibiting the ability to think independently.	Each student is evaluated by his/her thesis progress committee; the evaluation following the student's completion of his/her 2nd year in the program is a good indicator of progress in the program. The evaluation includes items relevant to the learning objectives above, and the committee assigns the student a value on a 6-point scale (6=Poor, 1=Excellent) for each item. These results are used to determine each student's progress and areas for improvement
2.2	Percentage of students rated as "meets or exceeds expectations" on each of the Cognitive Skills elements assessed by the Oral Defense rubric.	The Oral defense Rubric is a standardized and comprehensive rubric is employed by members of the student's thesis committee in reviewing the student's oral thesis defense, conducted near the end of the student's tenure in the program. The rubric evaluates the student on abilities in three domains: (1) Quality of the Presentation; (2) Cognitive Skills; and (3) Response to Questions. Each domain consists of several elements on which the student is rated as either "does not meet expectations," "meets expectations," or exceeds expectations" for a Master's level biomedical scientist (rubric attached). This measure tracks student ratings in the Quality of

		Presentation domain. Our target is for 100% of students to score as meets or exceeds expectations for all elements of the Cognitive Skills domain.
Outcome 3: Design, complete, and defend a rigorous scientific research project.		
3.1	Percentage of students rated at 3 or better (3, 2, 1) on the item on the 2nd year evaluation related to evidence of progress on thesis research.	Each student is evaluated by his/her thesis progress committee; the evaluation following the student's completion of his/her 2nd year in the program is a good indicator of progress in the program. The evaluation includes items relevant to the learning objectives above, and the committee assigns the student a value on a 6 point scale (6=Poor, 1=Excellent) for each item. These results are used to determine each student's progress and areas for improvement.
3.2	Percentage of students achieving candidacy by November 1st of the second year in the program (~14 months after matriculation).	Students achieve candidacy by successfully writing and orally defending before a committee of faculty a Plan of Research for their MS thesis project, as indicated by signatures of all committee members on a College of Graduate Studies "Admission to Candidacy" form. Students who withdraw prior to candidacy to matriculate into a PhD or professional program prior to Nov 1st of their second year of the program are excluded from this measure.
3.3	Percentage of students rated as "meets or exceeds expectations" on the Overall Assessment row of the oral Defense rubric.	The Oral defense Rubric is a standardized and comprehensive rubric employed by members of the student's thesis committee in reviewing the student's oral thesis defense, conducted near the end of the student's tenure in the program. The rubric evaluates the student on abilities in three domains: (1) Quality of the Presentation; (2) Cognitive Skills; and (3) Response to Questions. Each domain consists of several elements on which the student is rated as either "does not meet expectations," "meets expectations," or "exceeds expectations" for a Master's level

		biomedical scientist. The rubric also contains an Overall Assessment row, where the students receive a rating on the same scale for his/her overall defense. Our target is for 90% of students who defend to score as meets or exceeds expectations for the Overall Assessment. Students must meet expectations to graduate. Those who do not meet expectations on their first attempt are allowed one more attempt after a mandatory waiting period.
Outcome 4: Demonstrate appropriate laboratory skills		
4.1	Percent of students rated at 3 or better (3,2,1) on the item on the 2nd year evaluation related to laboratory skills	Each student is evaluated by his/her thesis progress committee; the evaluation following the student's completion of his/her 2nd year in the program is a good indicator of progress in the program. The evaluation includes items relevant to the learning objectives above, and the committee assigns the students a value on a 6 point scale (6=Poor, 1=Excellent) for each item. These results are used to determine each student's progress and areas for improvement
4.2	Percentage of students completing an Individual Development Plan within one year of matriculation.	The Individual Development Plan used by College of Graduate Studies (CGS) students is an adaptation of the myIDP skills assessment promoted by American Association for the Advancement of Science (AAAS) to assess an individual's strengths and weaknesses. Results of this self-assessment are used to formulate a plan to establish goals, resources, milestones and responsibilities towards achieving the career objective with the student's mentor and advisory committee.
Outcome 5: Demonstrate strong communication skills (orally and written)		
5.1	Percentage of students rated as "meets or exceeds expectations" on the Quality of Presentation attribute assessed on the Oral Defense rubric.	The Oral defense Rubric is a standardized and comprehensive rubric is employed by members of the student's thesis committee in reviewing the student's oral thesis defense, conducted near the end

		<p>of the student's tenure in the program. The rubric evaluates the student on abilities in three domains: (1) Quality of the Presentation; (2) Cognitive Skills; and (3) Response to Questions. Each domain consists of several elements on which the student is rated as either "does not meet expectations," "meets expectations," or exceeds expectations" for a Master's level biomedical scientist (rubric attached). This measure tracks student ratings in the Quality of Presentation domain. Our target is for 80% of students to score as meets or exceeds expectations for all elements of the Quality of Presentation domain.</p>
5.2	<p>Percentage of students rated as "meets or exceeds expectations" on the Responses to Questions attribute assessed on the Oral Defense rubric.</p>	<p>The Oral defense Rubric is a standardized and comprehensive rubric is employed by members of the student's thesis committee in reviewing the student's oral thesis defense, conducted near the end of the student's tenure in the program. The rubric evaluates the student on abilities in three domains: (1) Quality of the Presentation; (2) Cognitive Skills; and (3) Response to Questions. Each domain consists of several elements on which the student is rated as either "does not meet expectations," "meets expectations," or exceeds expectations" for a Master's level biomedical scientist (rubric attached). This measure tracks student ratings in the Quality of Presentation domain. Our target is for 80% of students to score as meets or exceeds expectations for all elements of the Responses to Questions domain.</p>
5.3	<p>Percentage of students who have presented their work at a scientific conference prior to graduation.</p>	<p>Assessed for all students who graduated in the previous year. Scientific conferences can include MUSC Research Day.</p>

Will any the proposed modification impact the way the program is evaluated and assessed? If yes, explain.

Yes

No

Will the proposed modification affect or result in program-specific accreditation? If yes, explain; and, if the modification will result in the program seeking program-specific accreditation, provide the institution's plans to seek accreditation, including the expected timeline.

Yes

No

Will the proposed modification affect or lead to licensure or certification? If yes, identify the licensure or certification.

Yes

No

Explain how the program will prepare students for this licensure or certification.

If the program is an Educator Preparation Program, does the proposed certification area require national recognition from a Specialized Professional Association (SPA)? If yes, describe the institution's plans to seek national recognition, including the expected timeline.

Yes

No. Not applicable

MUSC Foundation for Research Development
Statements of Financial Position

	5/31/2020	5/31/2019
Assets		
Cash and cash equivalents	\$526,734	\$116,012
Cash and cash equivalents - held for others	\$767,963	\$703,991
Accounts receivable - Licensees, net of allowance	\$160,957	\$130,850
Accounts receivable - MUSC & affiliates	\$352,394	\$646,732
Prepaid expenses	\$32,891	\$22,208
Investments	\$397,405	\$386,342
Investments - illiquid	\$84,881	\$0
Property and equipment, net	\$32,550	\$35,664
Total Assets	\$2,355,774	\$2,041,799
Liabilities and Net Assets		
Liabilities		
Accounts payable	\$49,603	\$85,377
Accounts payable - MUSC	\$227,944	\$216,962
Lease payable	\$7,105	\$1,446
Due to MUSCP (UMA) - accrued personnel expenses	\$192,145	\$80,246
Unearned revenue and deposits	\$21,037	\$37,439
Funds held for others	\$767,963	\$703,991
Total Liabilities	\$1,265,796	\$1,125,462
Net Assets		
Unrestricted	\$1,037,742	\$836,926
Board designated for technology development	\$52,236	\$79,411
Total Net Assets	\$1,089,978	\$916,337
Total Liabilities and Net Assets	\$2,355,774	\$2,041,799

**MUSC Foundation for Research Development
Income Statement**

Eleven Months Ended May 31, 2020

	Period ended 5/31/2020			FY20 Budget
	Actual	Budget	Variance	
Revenues				
Support from MUSC Office of Provost	\$1,283,333	\$1,283,333	\$0	\$1,400,000
Royalties	\$726,586	\$994,138	(\$267,552)	\$1,084,514
License fees	\$40,500	\$94,915	(\$54,415)	\$132,715
Distributions to MUSC, inventors, departments and labs	(\$522,048)	(\$781,055)	\$259,007	(\$852,060)
License fees and royalties, net of distributions	\$245,037	\$307,998	(\$62,960)	\$365,169
Patent prosecution prior years recovery - current year deals	\$8,602	\$0	\$8,602	\$0
Investment income	\$18,827	\$20,533	(\$1,706)	\$22,400
Miscellaneous income	\$25,068	\$18,333	\$6,734	\$20,000
Other revenues - program services (non-FRD)	\$12,300	\$0	\$12,300	\$0
Total Revenues	\$1,593,168	\$1,630,198	(\$37,030)	\$1,807,569
Expenses				
Personnel	\$1,169,369	\$1,174,217	\$4,848	\$1,280,964
Patent prosecution	\$331,643	\$337,929	\$6,286	\$368,650
Professional fees	\$39,900	\$27,500	(\$12,400)	\$30,000
Administrative expenses				
IT maintenance - software and hardware	\$20,002	\$14,667	(\$5,336)	\$16,000
Telephone	\$4,806	\$5,500	\$694	\$6,000
Travel - Non-employee	\$8,062	\$16,958	\$8,897	\$18,500
Travel - Employee	\$12,280	\$27,768	\$15,487	\$30,292
Professional development-conferences & continuing edu	\$8,539	\$21,083	\$12,544	\$23,000
Office supplies, support and equipment	\$14,092	\$18,333	\$4,241	\$20,000
Real property rental	\$50,778	\$45,833	(\$4,945)	\$50,000
Lease payments	\$4,068	\$8,250	\$4,182	\$9,000
Insurance	\$14,243	\$14,025	(\$218)	\$15,300
Dues, memberships, subscriptions and sponsorships	\$10,069	\$10,285	\$216	\$11,220
Special activities	\$20,570	\$18,700	(\$1,870)	\$20,400
Depreciation expense	\$9,878	\$10,060	\$183	\$10,975
Bad debt expense	\$0	\$0	\$0	\$9,190
Total Administrative expenses	\$177,388	\$211,463	\$34,075	\$239,877
Other expenses - program services (non-FRD)	\$2,513	\$0	(\$2,513)	\$0
Total Expenses	\$1,720,813	\$1,751,109	\$30,296	\$1,919,491
NET SURPLUS/(DEFICIT)	(\$127,646)	(\$120,911)	(\$6,734)	(\$111,922)