

1. Attendance:

- a. Jessica Seel, Mandy Halloran, Reba Landry, coDsmith93@gmail.com, Mary Trunk, Ebony Deloach, Beth Franco, Bill Lindsey, Margaret Alewine, McKenzie Watson, Megan Szalwinski, Annie Foster, Becca Smith Hill, Rebecca Pruitt, Sicilia Randazzo, Ella Augustine, AGarrick, Angela Bone, Betty Fulk, DaAsia Hamilton, Jennifer Almeda-Garrett, Joyce Davis, Larry Wanger, Mike Leach, Nikki Brown, Russell Morrison, Karla Buru, Steven Ferrufino, Valarie Bishop

2. Meeting notes:

a. Introductions:

- i. The meeting began with introductions from various participants, including new members. New members who participated in introductions included Rebecca Pruitt, Sicilia Randazzo, Becca Smith Hill, Ella Augustine, Betty Fulk, and Ebony Deloach. Mandy Halloran welcomed everyone and underscored the organization's dedication to consumer-led initiatives, encouraging the inclusion of individuals with lived experience with disabilities.

b. Presentation by Jessica Seel, Director of Behavioral Health Initiatives & Workforce Development of the [SC \(South Carolina\) Office of Rural Health](#):

- i. Jessica provided a comprehensive overview of the Office of Rural Health's background, mission, and current activities. She discussed the historical focus on recruiting and retaining rural healthcare providers and the evolving definition of rural areas in South Carolina. Jessica also highlighted the challenges faced in addressing healthcare disparities.
- ii. Jessica presented a comprehensive overview of the multifaceted Community Health Transformation Initiatives, detailing the team's work in areas such as behavioral health, interagency collaboration, and recovery-friendly workplaces in specific counties. She emphasized the importance of addressing stigma and policy challenges related to behavioral health in South Carolina and discussed the development and implementation of a behavioral health simulation as a tool for raising awareness and fostering dialogue. Additionally, she highlighted the team's efforts to create a train-the-trainer curriculum to empower communities to utilize the simulation independently. In the meeting, the group also discussed

the complexities of the payment structure for behavioral health, and the importance of raising awareness about 988 as a mental health crisis resource.

c. Committee Updates:

i. Mary Trunk: Accessibility, Education, and Integration Subcommittee:

Two of our committees have merged to form one committee. They have come up with talking points for their subcommittee members to get the word out to other organizations and recruit members. Their goals include improving the understanding of healthcare disparities for people with disabilities, identifying contributors to healthcare disparities, enhancing provider knowledge of disability rights laws, increasing the disability community's awareness of health care rights, and finally, monitoring the accessibility of patient health care portals and offering feedback to health care organizations whose portals are not accessible to all of their patients. The talking points will be sent out to their committee members soon and they will review them at their next meeting.

- ii. McKenzie Watson and Mandy Halloran: McKenzie shared that the Systems Planning Committee had a productive meeting two weeks ago. Right now, they are focused on gathering consumer stories related to medical rationing to put in our medical rationing policy that includes people with disabilities. Mandy added that we will have more specific information about this committee's direction soon and provided background for those not familiar with the idea of medical rationing. It's a large issue and it is a problem for people in the disability community specifically because there's bias in healthcare. An example of this was during COVID when healthcare providers made assumptions and judgments on who should receive life-saving care versus those who shouldn't. And we found that physicians, nurses, and providers have biases against disability. They see someone with a severe disability, and they assume that their quality of life or their life isn't as valuable as someone without a disability and so they would not get that lifesaving or life sustaining care. It is an important issue, and we're going to work specifically in our state to ensure there are guidelines.

d. Announcements from task force members:

- i. The group discussed the South Carolina Medical Freedom Act (SB 975), with Reba Landry providing a comprehensive overview of the

act's key components, including its stance on vaccine and gene therapy mandates, as well as its implications for public health emergency declarations and quarantine protocols. The discussion also delved into the reasoning behind the act's title, shedding light on the desire to uphold individual freedom in vaccination and quarantine decisions.