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RECALLED

April 22, 2010

**H. 3393**

Introduced by Reps. Spires, Clyburn, Herbkersman, Hosey, Jefferson, Knight, Long, D.C. Smith, J.R. Smith, Williams, Forrester, A.D. Young, Huggins and Hiott

S. Printed 4/22/10--H.

Read the first time January 29, 2009.

**STATEMENT OF ESTIMATED FISCAL IMPACT**

ESTIMATED FISCAL IMPACT ON GENERAL FUND EXPENDITURES:

$0 (No additional expenditures or savings are expected)

ESTIMATED FISCAL IMPACT ON FEDERAL & OTHER FUND EXPENDITURES:

See Below

**EXPLANATION OF IMPACT:**

Department of Labor, Licensing and Regulation

The department reports that this bill would have no impact on the state general fund. Any costs associated with the activities of the Joint Committee would be covered by the fees collected by the Board of Pharmacy and the Board of Medical Examiners.

**SPECIAL NOTES:**

The Board of Economic Advisors is the appropriate entity to address any revenue impact associated with this bill.

*Approved By:*

Harry Bell

Office of State Budget

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 40‑43‑190 SO AS TO ESTABLISH A JOINT COMMITTEE WITH MEMBERS FROM THE BOARD OF MEDICAL EXAMINERS AND BOARD OF PHARMACY TO ASSIST THESE BOARDS IN ESTABLISHING A PROTOCOL AUTHORIZING PHARMACISTS TO ADMINISTER CERTAIN VACCINES WITHOUT AN ORDER OF A PRACTITIONER; BY ADDING SECTION 40‑43‑200 SO AS TO REQUIRE THE STATE BOARD OF PHARMACY AND THE BOARD OF MEDICAL EXAMINERS TO ISSUE A JOINT WRITTEN PROTOCOL AUTHORIZING PHARMACISTS TO ADMINISTER CERTAIN VACCINATIONS WITHOUT AN ORDER OF A PRACTITIONER; AND TO AMEND SECTION 40‑43‑86, AS AMENDED, RELATING TO, AMONG OTHER THINGS, VARIOUS PHARMACY FACILITY, STAFFING, AND PRESCRIPTION REQUIREMENTS, SO AS TO INCREASE THE MAXIMUM AMOUNT OF A LEGEND DRUG THAT A PHYSICIAN IN CHARGE OF AN EMERGENCY ROOM MAY DISPENSE FROM A SEVENTY‑TWO HOUR SUPPLY TO A ONE HUNDRED FORTY‑FOUR HOUR SUPPLY.

Whereas, the primary purpose of this act is to help reduce the incidence of vaccine-preventable diseases by expanding access. This act is intended to promote, preserve, and protect the public health and safety and to prepare for the threat of pandemic influenza by expanding access to vaccinations. Now, therefore,

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

SECTION 1. Chapter 43, Title 40 of the 1976 Code is amended by adding:

“Section 40‑43‑190. (A) There is created a Joint Pharmacist Administered Vaccines Committee as an advisory committee to the Board of Pharmacy and the Board of Medical Examiners which consists of five members. Two members of the Board of Medical Examiners and two members of the Board of Pharmacy shall serve on the committee; one member of the Department of Health and Environmental Control’s Immunization Division also shall serve on the committee.

(B) The committee shall meet at least once annually and at other times as may be necessary. Three members constitute a quorum for all meetings. At its initial meeting, and at the beginning of each year thereafter, the committee shall elect from its membership a chairman to serve for a one year term.

(C) The committee shall assist and advise the Board of Medical Examiners and the Board of Pharmacy in establishing a written protocol for the purpose of authorizing pharmacists to administer certain vaccinations without an order of a practitioner.

Section 40‑43‑200. (A) Notwithstanding any other provision of law, the Board for Pharmacy and the Board of Medical Examiners shall issue a joint written protocol authorizing pharmacists to administer certain vaccinations without an order of a practitioner. The written protocol must provide that:

(1) A pharmacist seeking authorization for the prescriptive authority of vaccines must successfully complete a course of training accredited by the Accreditation Council for Pharmacy Education or a similar health authority or professional body approved by the board. Training must comply with current CDC guidelines and must include study materials, hands‑on training, and techniques for administering vaccines and must provide instruction and experiential training in the following content areas:

(a) mechanisms of action for vaccines, contraindication, drug interaction, and monitoring after vaccine administration;

(b) standards for pediatric, adolescent, and adult immunization practices;

(c) basic immunology and vaccine protection;

(d) vaccine‑preventable diseases;

(e) recommended immunization schedules;

(f) vaccine storage management;

(g) biohazard waste disposal and sterile techniques;

(h) informed consent;

(i) physiology and techniques for vaccine administration;

(j) pre‑vaccine and post‑vaccine assessment and counseling;

(k) immunization record management;

(l) management of adverse events, including identification, appropriate response, documentation, and reporting;

(m) reimbursement procedures and vaccine coverage by federal, state, and local entities.

(B) A pharmacist exercising prescriptive authority for vaccines must maintain a current copy of the protocol for vaccine prescriptive authority issued pursuant to this section.

(C) Informed consent must be documented in accordance with the written protocol for vaccine prescriptive authority issued pursuant to this section by the board, and a record of such consent must be maintained in the pharmacy for a period of at least three years.”

SECTION 2. Section 40‑43‑86(X)(1) of the 1976 Code, as last amended by Act 340 of 2000, is further amended to read:

“(1) Physicians who are in charge or who directly supervise the operation of emergency rooms may dispense legend drugs in order to meet the immediate needs of the patient. The amount dispensed may not exceed an amount equal to a ~~seventy‑two~~ one hundred forty‑four hour supply. Records of drugs dispensed must be maintained. A valid physician‑patient relationship shall exist between the emergency room physician and the patient before dispensing legend drugs in the emergency room.”

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

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