COMMITTEE REPORT

May 21, 2015

**H. 3083**

Introduced by Reps. Huggins, Kennedy, Clary, Corley, Weeks, Whipper and Gilliard

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Read the first time April 29, 2015.

**THE COMMITTEE ON MEDICAL AFFAIRS**

To whom was referred a Bill (H. 3083) to amend the Code of Laws of South Carolina, 1976, so as to enact the “South Carolina Overdose Prevention Act” by adding Chapter 130 to Title 44 so as, etc., respectfully

**REPORT:**

That they have duly and carefully considered the same and recommend that the same do pass:

HARVEY S. PEELER, JR. for Committee.

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, SO AS TO ENACT THE “SOUTH CAROLINA OVERDOSE PREVENTION ACT” BY ADDING CHAPTER 130 TO TITLE 44 SO AS TO PROVIDE CERTAIN PROFESSIONALS AND OTHER INDIVIDUALS PROTECTION FROM CIVIL AND CRIMINAL LIABILITY AND PROFESSIONAL DISCIPLINE FOR PRESCRIBING, DISPENSING, OR ADMINISTERING AN OPIOID ANTIDOTE TO INDIVIDUALS AT RISK OF AN OPIOID OVERDOSE, TO REQUIRE PROVISION OF INSTRUCTIONAL INFORMATION TO NONHEALTH CARE PROFESSIONALS ADMINISTERING OPIOID ANTIDOTES AND DOCUMENTATION OF RECEIPT OF THE INSTRUCTION, TO PROVIDE FOR FUNDING AND FOR GRANTS TO ORGANIZATIONS TO SUPPORT OPIOID OVERDOSE PREVENTION AND AWARENESS PROJECTS, TO CLARIFY THAT THE PROVISIONS OF THE CHAPTER DO NOT RELIEVE LAW ENFORCEMENT AND EMERGENCY RESPONDERS OF THEIR LEGAL RESPONSIBILITIES TO RESPOND TO MEDICAL EMERGENCIES AND CRIMINAL CONDUCT, AND FOR OTHER PURPOSES.

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

SECTION 1. Title 44 of the 1976 Code is amended by adding:

“CHAPTER 130

South Carolina Overdose Prevention Act

Section 44‑130‑10. This chapter may be cited as the ‘South Carolina Overdose Prevention Act’.

Section 44‑130‑20. For purposes of this chapter:

(1) ‘Caregiver’ means a person who is not at risk of an opioid overdose but who, in the judgment of a physician, may be in a position to assist another individual during an overdose and who has received patient overdose information as required by Section 44‑130‑30 on the indications for and administration of an opioid antidote.

(2) ‘Department’ means the Department of Health and Environmental Control.

(3) ‘Drug overdose’ means an acute condition including, but not limited to, physical illness, coma, mania, hysteria, or death resulting from the consumption or use of a controlled substance or other substance with which a controlled substance was combined and that a layperson would reasonably believe to require medical assistance.

(4) ‘First responder’ means an emergency medical services provider, a law enforcement officer, or a fire department worker directly engaged in examining, treating, or directing persons during an emergency.

(5) ‘Medical assistance’ means professional medical services that are provided to a person experiencing a drug overdose.

(6) ‘Opioid antidote’ means naloxone hydrochloride or other similarly acting drug approved by the United States Food and Drug Administration for the treatment of an opioid overdose.

(7) ‘Pharmacist’ means an individual licensed pursuant to Chapter 43, Title 40 to engage in the practice of pharmacy.

(8) ‘Prescriber’ means a physician licensed pursuant to Chapter 47, Title 40, an advanced practice registered nurse licensed pursuant to Chapter 33, Title 40 and prescribing in accordance with the requirements of that chapter, and a physician assistant licensed pursuant to Article 7, Chapter 47, Title 40 and prescribing in accordance with the requirements of that article.

Section 44‑130‑30. (A) A prescriber acting in good faith and exercising reasonable care as a prescriber may issue a written prescription for an opioid antidote to:

(1) a person who is at risk of experiencing an opioid‑related overdose; or

(2) a caregiver for a person who is at risk of experiencing an opioid overdose whom the prescriber has not personally examined.

(B)(1) The prescriber must provide to the person or the caregiver overdose information addressing the following:

(a) opioid overdose prevention and recognition;

(b) opioid antidote dosage and administration;

(c) the importance of calling 911 emergency telephone service for medical assistance with an opioid overdose; and

(d) care for an overdose victim after administration of the opioid antidote.

(2) The prescriber must document in the medical record that the opioid overdose information required by this subsection has been provided to the person or the caregiver.

(C) A prescriber acting in good faith and exercising reasonable care may issue a standing order for a first responder to possess an opioid antidote for administration to a person whom the first responder believes to be experiencing an opioid‑related overdose.

(D) A prescriber who issues a written prescription or a standing order for an opioid antidote in accordance with the provisions of this section is not as a result of an act or omission subject to civil or criminal liability or to professional disciplinary action.

Section 44‑130‑40. (A) A pharmacist acting in good faith and exercising reasonable care as a pharmacist may dispense an opioid antidote pursuant to a written prescription or standing order by a prescriber.

(B) A pharmacist dispensing an opioid antidote in accordance with the provisions of this section is not as a result of an act or omission subject to civil or criminal liability or to professional disciplinary action.

Section 44‑130‑50. (A) A caregiver may in an emergency administer, without fee, an opioid antidote to a person whom the caregiver believes in good faith is experiencing an opioid overdose if the caregiver has received the opioid overdose information provided for in Section 44‑130‑30.

(B) A caregiver who administers an opioid antidote in accordance with the provisions of this section is not subject to civil or criminal liability.

Section 44‑130‑60. (A) A first responder may administer an opioid antidote in an emergency if the first responder believes in good faith that the person is experiencing an opioid overdose.

(B) The first responder must comply with all applicable requirements for possession, administration, and disposal of the opioid antidote and administration device. The department may promulgate regulations to implement this section, including appropriate training for first responders who carry or have access to an opioid antidote.

(C) A first responder who administers an opioid antidote in accordance with the provisions of this section to a person whom the first responder believes in good faith is experiencing an opioid overdose is not by an act or omission subject to civil or criminal liability or to professional disciplinary action.”

SECTION 2. This act takes effect upon approval by the Governor.

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