~~Indicates Matter Stricken~~

Indicates New Matter

AMENDED

May 31, 2016

**H. 5193**

Introduced by Rep. Huggins

S. Printed 5/31/16--S.

Read the first time May 3, 2016.

**A** **BILL**

TO AMEND SECTION 44‑130‑30, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO PRESCRIPTIONS AND STANDING ORDERS FOR OPIOID ANTIDOTES, SO AS TO AUTHORIZE THE PRESCRIPTION AND DISPENSING OF OPIOID ANTIDOTES PURSUANT TO A NONPATIENT‑SPECIFIC STANDING ORDER IN CERTAIN CIRCUMSTANCES.

Amend Title To Conform

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

SECTION 1. Section 44-130-40 of the 1976 Code, as added by Act 54 of 2015, is amended to read:

“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)(1) A pharmacist acting in good faith and exercising reasonable care as a pharmacist may dispense an opioid antidote pursuant to a written joint protocol issued by the Board of Medical Examiners and the Board of Pharmacy.

(2) Not later than six months after passage of this act, the Board of Medical Examiners and the Board of Pharmacy must issue a written joint protocol to authorize a pharmacist to dispense an opioid antidote without a patient‑specific written order or prescription to a person at risk of experiencing an opioid‑related overdose or to a caregiver of such a person.

(3) The protocol must address, at a minimum, the following:

(a) the information that the pharmacist must provide to a person at risk or to a caregiver including, but not limited to, the information required by Section 44‑130‑30(B)(1);

(b) the documentation that the pharmacist must maintain regarding the dispensing of the opioid antidote and confirming that the required information was provided to the person at risk or to the caregiver;

(c) notification of the person’s designated physician or primary care provider that an opioid antidote has been dispensed to that person;

(d) any education or training requirements that the Board of Medical Examiners and the Board of Pharmacy determine to be necessary for a pharmacist to dispense an opioid antidote pursuant to the joint protocol;

(e) guidelines for determining whether an individual is in a position to assist another individual during an overdose and thus may function as a caregiver; and

(f) any other provisions determined by the Board of the Medical Examiners and the Board of Pharmacy to be necessary or appropriate for inclusion in the protocol, including any reporting requirements.

(4) A pharmacist may not delegate the dispensing of an opioid antidote pursuant to this subsection to a pharmacy intern or a pharmacy technician.

(5)(a) All records required by this subsection must be maintained in the pharmacy for a period of at least ten years from the date that the opioid antidote was last dispensed.

(b) All documentation, records, and copies required by this subsection may be stored electronically.

(6) A pharmacist dispensing an opioid antidote pursuant to this subsection must maintain a current copy of the protocol at the pharmacy where the opioid antidote is dispensed.

(7) The Board of Medical Examiners and the Board of Pharmacy may appoint an advisory committee of healthcare professionals licensed in this State to advise and assist in the development of the joint protocol for their consideration.

(8) For purposes of this subsection, ‘caregiver’ means a person who is not at risk of an opioid overdose but who, in the judgment of the pharmacist, may be in a position to assist another individual during an overdose and who has received patient overdose information as required by the joint protocol.

(C) 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.

(D) The Veterans Equal Access Amendment to the Military Construction and Veterans Affairs Appropriations passed by the United States Congress provides that: ‘Notwithstanding any other provision of law, the Secretary of Veterans Affairs shall authorize physicians and other health care providers employed by the Department of Veterans Affairs to provide recommendations and opinions to veterans who are residents of states with state marijuana programs regarding the participation of veterans in such state marijuana programs.’ The Department of Health and Environmental Control is directed to study: (1) the possibility that a person experiencing an opioid‑related overdose would be decreased if access to cannabis was legally permitted; and (2) the extent to which states have latitude by federal law for a Veterans Affairs’ physician licensed in the State of South Carolina to provide a written certification that a veteran would benefit from the use of marijuana for medicinal purposes rather than being prescribed opioids. DHEC shall provide the General Assembly a report on the findings by January 1, 2017.”

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

‑‑‑‑XX‑‑‑‑