Bill Number:	H. 3824 Amended by the Senate on May 4, 2017
Author:	Henderson
Subject:	Prescription Drug Handling and Pharmacy Practices
Requestor:	Senate Medical Affairs
RFA Analyst(s):	Gable
Impact Date:	May 5, 2017

Estimate of Fiscal Impact

	FY 2017-18	FY 2018-19
State Expenditure		
General Fund	$0	$0
Other and Federal	$0	$0
Full-Time Equivalent Position(s)	0.00	0.00
State Revenue		
General Fund	$0	$0
Other and Federal	$0	$0
Local Expenditure	$0	$0
Local Revenue	$0	$0

Fiscal Impact Summary
This amended bill would have no expenditure impact on the General Fund, Federal Funds, or Other Funds. The Department of Health and Environmental Control already maintains the prescription monitoring program. The Department of Labor, Licensing and Regulation has procedures in place to verify that educational requirements are completed by license applicants and the SC Board of Pharmacy is not given any new or altered responsibilities.

Explanation of Fiscal Impact

Amended by the Senate on May 4, 2017
State Expenditure
Sections 1 through 7 of the amended bill require practitioners authorized to prescribe controlled substances, or their delegate, to review a patient's controlled substance prescription history, maintained in the prescription monitoring program, before issuing a prescription for a Schedule II controlled substance. Consultations between practitioner and delegate must be recorded in the patient's medical record. Exceptions to this review requirement are allowed for treating hospice-certified patients or patients in a skilled nursing facility, for chronic pain treatment under certain circumstances, and for supplies of less than five days. An exception is also allowed when treatment is imperative and the practitioner is unable to access the prescription monitoring program, provided that this situation is documented in the patient's medical record. Violations of the review requirements are to be reported to the appropriate board for disciplinary action. Further, a practitioner is defined as an individual authorized pursuant to state and federal law to prescribe controlled substances.

Sections 8 and 9 require dentists, optometrists, physician assistants, podiatrists, and pharmacists to complete at least two hours of continuing education every two years related to the approved procedures for prescribing and monitoring controlled substances listed in Schedules II, III, and IV.

Sections 10 through 12 grant a supervising pharmacist the authority to authorize a certified pharmacy technician to perform certain duties. These duties include receiving and initiating verbal phone orders, conducting one time prescription refills, and checking a technician's refill of medications if the medication is administered by a licensed health care professional in an institution profession, among other duties. The bill specifies that the duties listed are not all inclusive for what a supervising pharmacist may authorize a certified pharmacy technician to perform. Further, the pharmacist-in-charge is required to develop and implement policies and procedures specifying the duties to be performed by pharmacy technicians. A policy must include that one pharmacist may supervise no more than four pharmacy technicians, and no more than two non-state certified pharmacy technicians. Additionally, a pharmacy technician is exempt from continuing education requirements while enrolled in a pharmacy technician program, during the first renewal period following a successful completion of the program, and for the first renewal period following initial registration.

Section 13 designates a renal dialysis facility (RDF) as an agent for its patients for the purpose of receiving dispensed legend drugs or devices from a pharmacy if certain criteria are met. The criteria include that the legend drug or device must be dispensed to the RDF by a licensed pharmacy pursuant to a valid prescription issued by a licensed practitioner, the drug is not a controlled substance, the patient has the choice to receive the drug or device from the RDF at his home or from another agent, and the RDF maintains policies and procedures on how to receive, store, maintain, and return any drug or device not delivered to a patient, among other criteria.

Section 14 changes the quantity of a prescription a pharmacist may refill in an emergency from a seventy-two hour supply to a ten day supply. The prescription may not be for a controlled substance, and the medication must be essential to the maintenance of life or the continuation of therapy. The pharmacist must also notify the prescriber of the emergency refill within ten days after the emergency refill is provided.

Department of Health and Environmental Control (DHEC). The department reports that this amended bill would have no expenditure impact on the General Fund, Other Funds, or Federal Funds as the agency already maintains the prescription monitoring program. The primary impact of this amended bill is on practitioners prescribing controlled substances who must comply with the new requirements.

Department of Labor, Licensing and Regulation. The department reports that this amended bill would have no expenditure impact on the General Fund, Other Funds, or Federal Funds as regulatory procedures are already in place that would allow the various boards to verify the educational requirements imposed in sections 8 and 9 of the amended bill. Additionally, there are no new or altered responsibilities placed on the SC Board of Pharmacy as a result of the amended bill.

State Revenue
N/A

Local Expenditure
N/A

Local Revenue
N/A

Introduced February 22, 2017
State Expenditure
This bill requires practitioners authorized to prescribe controlled substances, or their delegate, to review a patient's controlled substance prescription history, maintained in the prescription monitoring program, before issuing a prescription for a Schedule II controlled substance. Consultations between practitioner and delegate must be recorded in the patient's medical record. Exceptions to this review requirement are allowed for treating hospice-certified patients or patients in a skilled nursing facility, for chronic pain treatment under certain circumstances, and for supplies of less than five days. An exception is also allowed when treatment is imperative and the practitioner is unable to access the prescription monitoring program, provided that this situation is documented in the patient's medical record. Violations of the review requirements are to be reported to the appropriate board for disciplinary action.

The bill requires dentists, optometrists, physician assistants, podiatrists, and pharmacists to complete at least two hours of continuing education related to the approved procedures for prescribing and monitoring controlled substances listed in Schedules II, III, and IV.

Department of Health and Environmental Control. The department reports that this bill would have no expenditure impact on the General Fund, Federal Funds, or Other Funds as the agency already maintains the prescription monitoring program. The primary impact of this bill is on practitioners prescribing controlled substances who must comply with the new requirements.

Department of Labor, Licensing and Regulation. The department reports that this bill would have no expenditure impact on the General Fund, Federal Funds, or Other Funds as regulatory procedures are already in place that would allow the various boards to verify that the educational requirements imposed by the bill have been completed by licensees.

State Revenue
N/A

Local Expenditure
N/A

Local Revenue
N/A

Frank A. Rainwater, Executive Director