



**SOUTH CAROLINA REVENUE AND FISCAL AFFAIRS OFFICE**  
**STATEMENT OF ESTIMATED FISCAL IMPACT**  
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**Bill Number:** H. 4602 Introduced on January 10, 2018  
**Author:** Henderson  
**Subject:** Prescription Monitoring Program  
**Requestor:** House Medical, Military, Public, and Municipal Affairs  
**RFA Analyst(s):** A. Martin and Gable  
**Impact Date:** March 22, 2018 - Updated for Additional Agency Response

**Estimate of Fiscal Impact**

	<b>FY 2018-19</b>	<b>FY 2019-20</b>
<b>State Expenditure</b>		
General Fund	\$0	\$0
Other and Federal	\$35,360	\$7,500
Full-Time Equivalent Position(s)	0.00	0.00
<b>State Revenue</b>		
General Fund	\$0	\$0
Other and Federal	\$0	\$0
<b>Local Expenditure</b>	\$0	\$0
<b>Local Revenue</b>	\$0	\$0

**Fiscal Impact Summary**

This bill will increase Federal Funds expenditures by \$35,360 for FY 2018-19, and \$7,500 each year thereafter for updates to the Prescription Monitoring Program managed by the Department of Health and Environmental Control (DHEC). This fiscal impact statement has been updated based on a response from DHEC.

**Explanation of Fiscal Impact**

**Updated for Additional Agency Response**

**Introduced on January 10, 2018**

**State Expenditure**

This bill would require first responders, supervising physicians, or the pharmacist-in-charge in a hospital emergency department or other health care facility to submit a report to the Department of Health and Environmental Control’s Bureau of Drug Control (Drug Control) on any individual who is administered an opioid antidote when that person appears to be experiencing an opioid overdose. The report must be submitted electronically within 24 hours of administering the opioid antidote.

Once a report has been submitted, Drug Control must verify whether any prescription history of the person appears in the prescription monitoring program, and if so, document the date of the administration of the opioid antidote in the Prescription Monitoring Program so that it may be reviewed by a practitioner or authorized delegate. Additionally, Drug Control must maintain data on the administration of opioid antidotes including the frequency with which opioid

antidotes are administered by geographical location, first responder, and dispenser, where applicable.

As a result of this bill, DHEC will require upgrades to its EMS data system in order to link the reporting by first responders to the Prescription Monitoring Program. DHEC estimates the non-recurring cost for this upgrade to be \$35,360. The annual cost to maintain the EMS data system with this functionality is estimated to be \$7,500. DHEC received these estimates from their current EMS data system and Prescription Monitoring Program vendors based on the requirements of this bill. DHEC currently has a federal grant that provides funding for the Prescription Monitoring Program. Therefore, this bill will increase Federal Funds expenditures by \$35,360 for FY 2018-19, and \$7,500 for each year thereafter. However, it should be noted that the federal grant for this program is scheduled to end on August 31, 2019. This fiscal impact statement has been updated based on a response from DHEC.

**State Revenue**

N/A

**Local Expenditure and Revenue**

N/A

**Introduced on January 10, 2018**

**State Expenditure**

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The expenditure impact to the Department of Health and Environmental Control is pending, contingent upon a response from the agency.

**State Revenue**

N/A

**Local Expenditure and Revenue**

N/A



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Frank A. Rainwater, Executive Director