~~Indicates Matter Stricken~~

Indicates New Matter

COMMITTEE REPORT

March 8, 2018

**H. 4600**

Introduced by Reps. Huggins, Bedingfield, Alexander, Dillard, Douglas, Erickson, Fry, Henderson, Hewitt, Ridgeway, Spires, West, Norrell, Weeks, Rutherford and Atwater

S. Printed 3/8/18--H.

Read the first time January 10, 2018.

**THE COMMITTEE ON MEDICAL,**

**MILITARY, PUBLIC AND MUNICIPAL AFFAIRS**

To whom was referred a Bill (H. 4600) to amend the Code of Laws of South Carolina, 1976, by adding Section 44‑130‑70 so as to authorize certain community organizations to distribute opioid antidotes to a, etc., respectfully

**REPORT:**

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

Amend the bill, as and if amended, by striking SECTION 1 and inserting:

/ SECTION 1. Chapter 130, Title 44 of the 1976 Code is amended by adding:

“Section 44‑130‑70. (A) A prescriber acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antidote to a community distributor for the purpose of distributing the opioid antidote to:

(1) a person at risk of experiencing an opiate‑related overdose; or

(2) a caregiver of a person at risk of experiencing an opiate‑related overdose.

(B) A pharmacist may dispense an opioid antidote to a community distributor pursuant to a prescription or standing order issued in accordance with this section.

(C)(1) A community distributor acting in good faith may distribute an opioid antidote:

(a) obtained pursuant to a written prescription or standing order issued in accordance with this section; and

(b) 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 community distributor to distribute 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, and without the requirement for a pharmacist to dispense the opioid antidote.

(3) The Board of Medical Examiners and the Board of Pharmacy must appoint an advisory committee to advise and assist in the development of the joint protocol for their consideration. The membership of the committee must include, but not be limited to, a representative of the Department of Health and Environmental Control, a representative of the Department of Alcohol and Other Drug Abuse Services, and health care professionals licensed in the State.

(4) 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 community distributor, may be in a position to assist another individual during an overdose. (D) A community distributor that distributes 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.” /

Renumber sections to conform.

Amend title to conform.

LEON HOWARD for Committee.

**STATEMENT OF ESTIMATED FISCAL IMPACT**

**Explanation of Fiscal Impact**

**Updated for Additional Agency Response on February 7, 2018**

**State Expenditure**

This bill authorizes a community distributor to distribute an opioid antidote to a person at risk of experiencing an opioid-related overdose or to a caregiver of a person at risk of experiencing an opioid-related overdose. The opioid antidote may be distributed pursuant to a written prescription, a standing order by a prescriber, or pursuant to a written joint protocol issued by the Board of Medical Examiners and the Board of Pharmacy. A community distributor is defined as an organization, either public or private, which provides substance use disorder assistance and services, such as counseling, homeless services, advocacy, harm reduction, alcohol and drug screening, and treatment of individuals at risk of experiencing an opioid-related overdose. The Board of Medical Examiners and the Board of Pharmacy must issue a written joint protocol within six months of passage of this bill to authorize the distribution of an opioid antidote by a community distributor without a patient-specific written order or prescription. The Board of Medical Examiners and the Board of Pharmacy may appoint an advisory committee of health care professionals licensed in the state to advise and assist in the development of the joint protocol. This bill takes effect upon approval by the Governor.

**Department of Health and Environmental Control (DHEC).** DHEC indicates that this bill does not operationally or fiscally impact the department. Therefore, this bill will have no expenditure impact on the general fund, federal funds, or other funds.

**Department of Labor, Licensing, and Regulation (LLR).** This bill requires the Board of Medical Examiners and the Board of Pharmacy to issue a written joint protocol authorizing the distribution of an opioid antidote by a community distributor without a patient-specific written order or prescription. Advisory committee meetings for the purpose of issuing the joint protocol are expected to create the following other fund expenditures: per diem of $35 for each member, mileage reimbursement of 53.5 cents per mile for each member, and average court reporter fees of $2,156.15 per committee meeting. Because the number of committee members, number of meetings, and travel requirements for committee members are unknown, the annual expenditure impact on other funds is undetermined. This bill will have no impact on the general fund or federal funds. This fiscal impact statement has been updated based on a response from LLR.

**Introduced on January 10, 2018**

**State Expenditure**

This bill authorizes a community distributor to distribute an opioid antidote to a person at risk of experiencing an opioid-related overdose or to a caregiver of a person at risk of experiencing an opioid-related overdose. The opioid antidote may be distributed pursuant to a written prescription, a standing order by a prescriber, or pursuant to a written joint protocol issued by the Board of Medical Examiners and the Board of Pharmacy. A community distributor is defined as an organization, either public or private, which provides substance use disorder assistance and services, such as counseling, homeless services, advocacy, harm reduction, alcohol and drug screening, and treatment of individuals at risk of experiencing an opioid-related overdose. The Board of Medical Examiners and the Board of Pharmacy must issue a written joint protocol within six months of passage of this bill to authorize the distribution of an opioid antidote by a community distributor without a patient-specific written order or prescription. The Board of Medical Examiners and the Board of Pharmacy may appoint an advisory committee of health care professionals licensed in the state to advise and assist in the development of the joint protocol. This bill takes effect upon approval by the Governor.

**Department of Health and Environmental Control (DHEC).** DHEC indicates that this bill does not operationally or fiscally impact the department. Therefore, this bill will have no expenditure impact on the general fund, other funds, or federal funds.

**Department of Labor, Licensing, and Regulation (LLR).** The expenditure impact of this bill on LLR is pending, contingent upon a response from the agency.

Frank A. Rainwater, Executive Director

Revenue and Fiscal Affairs Office

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 44‑130‑70 SO AS TO AUTHORIZE CERTAIN COMMUNITY ORGANIZATIONS TO DISTRIBUTE OPIOID ANTIDOTES TO A PERSON AT RISK OF EXPERIENCING AN OPIOID-RELATED OVERDOSE OR TO A CAREGIVER OF SUCH A PERSON; AND TO AMEND SECTION 44‑130‑20, RELATING TO TERMS DEFINED IN THE SOUTH CAROLINA OVERDOSE PREVENTION ACT, SO AS TO ADD A DEFINITION FOR “COMMUNITY DISTRIBUTOR”.

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

SECTION 1. Chapter 130, Title 44 of the 1976 Code is amended by adding:

“Section 44‑130‑70. (A) A community distributor acting in good faith may distribute an opioid antidote pursuant to a written prescription or standing order by a prescriber.

(B)(1) A community distributor acting in good faith may distribute 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 community distributor to distribute 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, and without the requirement for a pharmacist to dispense the opioid antidote.

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

(4) 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 community distributer, may be in a position to assist another individual during an overdose.

(C) A community distributor that distributes an opioid in accordance with the provisions of this section is not as a result of an act or omission subject to civil or criminal liability.”

SECTION 2. Section 44‑130‑20 of the 1976 Code is amended to read:

“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) ‘Community distributor’ means an organization, either public or private, which provides substance use disorder assistance and services, such as counseling, homeless services, advocacy, harm reduction, alcohol and drug screening, and treatment to individuals at risk of experiencing an opioid‑related overdose.

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

~~(3)~~(4) ‘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)~~(5) ‘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)~~(6) ‘Medical assistance’ means professional medical services that are provided to a person experiencing a drug overdose.

~~(6)~~(7) ‘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)~~(8) ‘Pharmacist’ means an individual licensed pursuant to Chapter 43, Title 40 to engage in the practice of pharmacy.

~~(8)~~(9) ‘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 3. This act takes effect upon approval by the Governor.

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