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Indicates New Matter

COMMITTEE REPORT

March 8, 2018

**H. 4602**

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

S. Printed 3/8/18--H. [SEC 3/9/18 3:12 PM]

Read the first time January 10, 2018.

**THE COMMITTEE ON MEDICAL,**

**MILITARY, PUBLIC AND MUNICIPAL AFFAIRS**

To whom was referred a Bill (H. 4602) to amend the Code of Laws of South Carolina, 1976, by adding Section 44‑130‑70 so as to require hospital emergency department physicians and pharmacists to submit certain, 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) If a person is administered an opioid antidote in a hospital emergency department or other health care facility and the supervising physician diagnoses the patient as having experienced an opioid overdose, the supervising physician, the supervising physician’s authorized delegate, or the institutional pharmacy’s pharmacist‑in‑charge shall report to the department’s Bureau of Drug Control information regarding the opioid antidote administered for inclusion in the prescription monitoring program. The information submitted must include:

(1) date the opioid antidote was administered;

(2) dosage of opioid antidote administered and route of administration; and

(3) name, address, and date of birth of the person to whom the opioid antidote was administered, if available.

(B) The supervising physician, the supervising physician’s authorized delegate, or the institutional pharmacy’s pharmacist‑in‑charge shall submit the information required pursuant to subsection (A) electronically to Drug Control within three business days after a discharge diagnosis of an opioid overdose and administration of an opioid antidote.

(C)(1) After a supervising physician, the supervising physician’s authorized delegate, or the institutional pharmacy’s pharmacist‑in‑charge submits the name, address, and date of birth of a person to whom an opioid antidote was administered as required by subsection (A), Drug Control shall verify whether any prescription history of the person appears in the prescription monitoring program and, if prescription history exists, shall document for review by a practitioner or an authorized delegate the date on which the opioid antidote was administered to the person.

(2) Drug Control also shall maintain data on the administering of opioid antidotes as required by this section including, but not limited to, the frequency with which opioid antidotes are administered in hospital emergency departments as required pursuant to subsection (A) and other health care facilities by geographic location.” /

Renumber sections to conform.

Amend title to conform.

LEON HOWARD for Committee.

**STATEMENT OF ESTIMATED FISCAL IMPACT**

**Explanation of Fiscal Impact**

**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.

The expenditure impact to the Department of Health and Environmental Control 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 REQUIRE HOSPITAL EMERGENCY DEPARTMENT PHYSICIANS AND PHARMACISTS TO SUBMIT CERTAIN INFORMATION TO THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL (DHEC) FOR INCLUSION IN THE PRESCRIPTION MONITORING PROGRAM WHEN A PERSON IS ADMINISTERED AN OPIOID ANTIDOTE; TO AMEND SECTION 44‑130‑60, RELATING TO THE AUTHORITY OF FIRST RESPONDERS TO ADMINISTER OPIOID ANTIDOTES, SO AS TO REQUIRE FIRST RESPONDERS TO SUBMIT CERTAIN INFORMATION TO DHEC FOR INCLUSION IN THE PRESCRIPTION MONITORING PROGRAM; TO AMEND SECTION 44‑53‑1640, AS AMENDED, RELATING TO THE PRESCRIPTION MONITORING PROGRAM, SO AS TO REQUIRE THE PROGRAM TO MONITOR THE ADMINISTERING OF OPIOID ANTIDOTES BY FIRST RESPONDERS AND IN EMERGENCY HEALTH CARE SETTINGS; AND TO AMEND SECTION 44‑53‑1645, RELATING TO THE REQUIREMENT OF PRACTITIONERS TO REVIEW A PATIENT’S CONTROLLED SUBSTANCE PRESCRIPTION HISTORY BEFORE PRESCRIBING A SCHEDULE II CONTROLLED SUBSTANCE, SO AS TO ALSO REQUIRE A REVIEW OF ANY INCIDENTS IN WHICH THE PATIENT HAS BEEN ADMINISTERED AN OPIOID ANTIDOTE BY A FIRST RESPONDER OR IN AN EMERGENCY HEALTH CARE SETTING.

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) If a person is administered an opioid antidote in a hospital emergency department or other health care facility when the person appears to be experiencing an opioid overdose, the supervising physician or institutional pharmacy’s pharmacist‑in‑charge shall report to the department’s Bureau of Drug Control information regarding the opioid antidote administered for inclusion in the prescription monitoring program. The information submitted must include:

(1) date the opioid antidote was administered;

(2) dosage of opioid antidote administered and route of administration; and

(3) name, address, and date of birth of the person to whom the opioid antidote was administered, if available.

(B) The supervising physician or institutional pharmacy’s pharmacist‑in‑charge shall submit the information required pursuant to subsection (A) electronically to Drug Control within twenty‑four hours of administering the opioid antidote.

(C)(1) After a supervising physician or institutional pharmacy’s pharmacist‑in‑charge submits the name, address, and date of birth of a person to whom an opioid antidote was administered as required by subsection (A), Drug Control shall verify whether any prescription history of the person appears in the prescription monitoring program and, if prescription history exists, shall document for review by a practitioner or an authorized delegate the date on which the opioid antidote was administered to the person.

(2) Drug Control also shall maintain data on the administering of opioid antidotes as required by this section including, but not limited to, the frequency with which opioid antidotes are administered in hospital emergency departments and other health care facilities by geographic location.”

SECTION 2. Section 44‑130‑60 of the 1976 Code is amended by adding an appropriately lettered subsection at the end to read:

“( )(1) A first responder who administers an opioid antidote as provided in this section shall report to the department’s Bureau of Drug Control information regarding the opioid antidote administered for inclusion in the prescription monitoring program. The information submitted must include:

(a) date the opioid antidote was administered;

(b) dosage of opioid antidote administered and route of administration;

(c) name, address, and date of birth of the person to whom the opioid antidote was administered, if available; and

(d) dispenser from which the opioid antidote was obtained.

(2) A first responder shall submit the information required pursuant to item (1) electronically to Drug Control within seventy‑two hours of administration.

(3)(a) If a first responder submits the name, address, and date of birth of a person to whom an opioid antidote was administered, Drug Control shall verify whether any prescription history of the person appears in the prescription monitoring program and, if prescription history exists, shall document for review by a practitioner or an authorized delegate the date on which the opioid antidote was administered to the person.

(b) Drug Control also shall maintain data on the administering of opioid antidotes by first responders including, but not limited to, the frequency with which first responders administer opioid antidotes by geographic location, first responder, and dispenser.”

SECTION 3. Section 44‑53‑1640(A) of the 1976 Code, as last amended by Act 91 of 2017, is further amended to read:

“(A) The Department of Health and Environmental Control, Bureau of Drug Control shall establish and maintain a program to monitor the prescribing and dispensing of all Schedule II, III, and IV controlled substances by professionals licensed to prescribe or dispense these substances in this State and the administering of opioid antidotes pursuant to Sections 44‑130‑60 and 44‑130‑70.”

SECTION 4. Section 44‑53‑1645(A) of the 1976 Code, as added by Act 91 of 2017, is amended to read:

“A practitioner, or the practitioner’s authorized delegate, shall review a patient’s controlled substance prescription history and history of the administering of an opioid antidote to the patient pursuant to Section 44‑130‑60 or 44‑130‑70, as maintained in the prescription monitoring program, before the practitioner issues a prescription for a Schedule II controlled substance. If an authorized delegate reviews a patient’s controlled substance prescription history and history of the administering of an opioid antidote to the patient as provided in this subsection, the practitioner must consult with the authorized delegate regarding the prescription and opioid antidote administering history before issuing a prescription for a Schedule II controlled substance. The consultation must be documented in the patient’s medical record.”

SECTION 5. This act takes effect upon approval by the Governor.

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