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Indicates New Matter

AMENDED--NOT PRINTED IN THE HOUSE

Amt. No. 2 (3958C001.BH.AHB22.docx)

Amt. No. 3 (3958C002.BH.AHB22.docx)

March 10, 2022

**H. 3958**

Introduced by Reps. McGarry, Yow, Dabney, B. Newton, Bennett, Bustos, Haddon, Erickson, McCabe, Bryant, Robinson, Huggins, Ott, Ballentine, Oremus, Anderson, T. Moore, Long, Pope, Felder, Ligon, B. Cox, Morgan, Lucas, McKnight, Simrill, J.L. Johnson, Matthews and Jones

S. Printed 2/17/22--H.

Read the first time February 23, 2021.

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 17‑5‑135 SO AS TO PROVIDE THAT A CORONER MAY ACT AS A FIRST RESPONDER UNDER CERTAIN CIRCUMSTANCES; AND TO AMEND SECTION 44‑130‑20, AS AMENDED, RELATING TO DEFINITIONS APPLICABLE TO THE “SOUTH CAROLINA OVERDOSE PREVENTION ACT” SO AS TO INCLUDE A CORONER IN THE DEFINITION OF THE TERM “FIRST RESPONDER”.

Amend Title To Conform

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

SECTION 1. Article 3, Chapter 5, Title 17 of the 1976 Code is amended by adding:

“Section 17‑5‑135. A coroner or his designee may possess and administer an opioid antidote pursuant to the requirements of the South Carolina Overdose Prevention Act. The coroner must comply with all of the requirements of Section 44‑130‑60 and is entitled to immunity from civil or criminal liability or professional disciplinary action when administering an opioid antidote to a person he believes in good faith is experiencing an opioid overdose.”

SECTION 2. Chapter 130, Title 44 of the 1976 Code is amended by adding:

“Section 44-130-70. (A) A coroner or coroner’s designee may administer an opioid antidote if the coroner or coroner’s designee believes in good faith that the person is experiencing an opioid overdose.

(B) The coroner or coroner’s designee must comply with all applicable requirements for possession, administration, and disposal of the opioid antidote and administration device. The department may promulgate regulations to implement this section, including appropriate training for coroners or coroners’ designees who carry or have access to an opioid antidote.

(C) A coroner, or coroner’s designee who administers an opioid antidote in accordance with the provisions of this section to a person whom the coroner or coroner’s designee believes in good faith is experiencing an opioid overdose is not by an act or omission subject to civil or criminal liability or to professional disciplinary action.

(D)(1) A coroner or coroner’s designee who administers an opioid antidote as provided in this section shall report to the department's Bureau of Emergency Medical Services 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; and

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

(2) A coroner or coroner’s designee shall submit the information required pursuant to item (1) electronically or by facsimile to the Bureau of Emergency Services within thirty days of administration. The Bureau of Emergency Medical Services shall transmit the information to the department's Bureau of Drug Control.

(3)(a) If a coroner, or coroner’s designee 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. If no history exists, then Drug Control shall confirm that the antidote was administered in response to a verified opioid overdose. If the antidote was administered in error, then Drug Control shall document the error.

(b) Drug Control also shall maintain data on the administering of opioid antidotes by coroners or coroners’ designees including, but not limited to, the frequency with which coroners or coroners’ designees administer opioid antidotes by geographic location, coroner or coroner’s designee, and dispenser.”

SECTION 3. Section 17‑5‑510 of the 1976 Code is amended to read:

“Section 17‑5‑510. In counties which have both a coroner and a medical examiner:

(1) the coroner has the ultimate responsibility for carrying out the duties required by this article;

(2) the medical examiner’s duties must be specified in an annual written contract between the county governing body and the medical examiner; and

(3) a coroner is considered a public safety officer under 34 U.S.C. § 10281 et seq., if killed in the line of duty.”

SECTION 4. Section 17‑5‑510 of the 1976 Code is amended to read:

“Section 17‑5‑510. In counties which have both a coroner and a medical examiner:

(1) the coroner has the ultimate responsibility for carrying out the duties required by this article;

(2) the medical examiner’s duties must be specified in an annual written contract between the county governing body and the medical examiner; and

(3) a coroner is considered a public safety officer under 34 U.S.C. § 10281 et seq., if killed in the line of duty.”

SECTION 5. Nothing in this act may be construed as creating or granting benefits in addition to those which a coroner or coroner’s designee specifically may be entitled to by law.

SECTION 6. This act takes effect upon approval by the Governor.

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