COMMITTEE REPORT

March 4, 2021

**S. 571**

Introduced by Senators Shealy and Hutto

S. Printed 3/4/21--S.

Read the first time February 17, 2021.

**THE COMMITTEE ON MEDICAL AFFAIRS**

To whom was referred a Bill (S. 571) to amend Article 3, Chapter 53, Title 44 of the 1976 Code, relating to narcotics and controlled substances, by adding Section 44‑53‑361, to require, 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, on page 2, by striking lines 11 through 13 and inserting:

/information required by subsections (A)(2) and (3) may be subject to discipline by the appropriate licensing board. This /

Amend the bill further, as and if amended, on page 2, by striking line 18 and inserting:

/SECTION 2. This act takes effect ninety days after approval by the Governor. /

Renumber sections to conform.

Amend title to conform.

DANIEL B. VERDIN III for Committee.

**A** **BILL**

TO AMEND ARTICLE 3, CHAPTER 53, TITLE 44 OF THE 1976 CODE, RELATING TO NARCOTICS AND CONTROLLED SUBSTANCES, BY ADDING SECTION 44‑53‑361, TO REQUIRE PRESCRIBERS TO OFFER A PRESCRIPTION FOR NALOXONE TO A PATIENT UNDER CERTAIN CIRCUMSTANCES, AND FOR OTHER PURPOSES.

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

SECTION 1. Article 3, Chapter 53, Title 44 of the 1976 Code is amended by adding:

“Section 44‑53‑361. (A) A prescriber shall:

(1) offer a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to a patient if one or more of the following conditions are present:

(a) the prescription dosage for the patient is fifty or more morphine milligram equivalents of an opioid medication per day;

(b) an opioid medication is prescribed concurrently with a prescription for benzodiazepine; or

(c) the patient presents with an increased risk for overdose, including a patient with a history of overdose, a patient with a history of substance use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant;

(2) consistent with the existing standard of care, provide education to patients receiving a prescription pursuant to item (1) on overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression; and

(3) consistent with the existing standard of care, provide education on overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to one or more persons designated by the patient or, for a patient who is a minor, to the patient’s parent or guardian.

(B) A prescriber who fails to offer a prescription, as required by subsection (A)(1), or fails to provide the education and use information required by subsections (A)(2) and (3) must be referred to the appropriate licensing board solely for the imposition of administrative sanctions deemed appropriate by that board. This section does not create a private right of action against a prescriber and does not limit a prescriber’s liability for negligent failure to diagnose or treat a patient.”

SECTION 2. This act takes effect upon approval by the Governor.

‑‑‑‑XX‑‑‑‑