



SOUTH CAROLINA REVENUE AND FISCAL AFFAIRS OFFICE
STATEMENT OF ESTIMATED FISCAL IMPACT
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Bill Number: H. 3691 Introduced on January 12, 2023
Author: G.M. Smith
Subject: Coroners – First Responders
Requestor: House Medical, Military, Public, and Municipal Affairs
RFA Analyst(s): Griffith
Impact Date: February 2, 2023

Fiscal Impact Summary

This bill allows a coroner or his designee to possess and administer an opioid antidote pursuant to the requirements of the South Carolina Overdose Prevention Act. The Department of Health and Environmental Control (DHEC) may promulgate regulations related to coroners possessing and administering opioid antidotes, and DHEC's Bureau of Drug Control must maintain data on the administering of opioid antidotes by coroners and their designees. Further, the bill specifies that a coroner is considered a public safety officer if killed in the line of duty.

Sections 1 and 2 of the bill will have no expenditure impact on DHEC because the agency is able to accomplish the additional responsibilities with existing staff and resources.

Section 3 of this bill will have no fiscal impact on the retirement plans administered by the Public Employee Benefit Authority (PEBA) for defining a coroner as a public safety officer for federal line of duty benefits for the Public Safety Officer Benefit Program under 34 U.S.C. Â§ 10281 et seq if killed in the line of duty.

Sections 1 and 2 of this bill will have an undetermined expenditure impact on county governments. DHEC has not yet promulgated regulations for the implementation of the bill, which includes training coroners to administer the antidote. However, one of the responding counties indicates that the bill could increase expenses for training and for the purchase of the opioid antidote but could not quantify the amount. Based upon the response from PEBA, we anticipate that Section 3 of the bill would affect federal benefits and will have no expenditure impact on county governments.

Explanation of Fiscal Impact

Introduced on January 12, 2023

State Expenditure

Sections 1 and 2

These sections of the bill allow a coroner or his designee to possess and administer an opioid antidote pursuant to the requirements of the South Carolina Overdose Prevention Act and if the coroner or his designee believe in good faith that the person is experiencing an opioid overdose. DHEC may promulgate regulations to ensure that coroners comply with all applicable

requirements for possession, administration, and disposal of the opioid antidote and administration device. This includes regulations for appropriate training for coroners or their designees.

Further, a coroner or his designee who administers an opioid antidote must report certain information to DHEC's Bureau of Emergency Medical Services (EMS) for inclusion in the prescription monitoring program. EMS must transmit the information to DHEC's Bureau of Drug Control, who shall maintain data on the administering of opioid antidotes by coroners and their designees.

Department of Health and Environmental Control. The bill charges DHEC with additional responsibilities. However, the agency will be able to accomplish these responsibilities using existing staff and resources. Therefore, there will be no expenditure impact on DHEC.

Section 3

This section of the bill specifies that a coroner is considered a public safety officer under 34 U.S.C. Â§ 10281 et seq if killed in the line of duty.

Public Employee Benefit Authority. PEBA indicates that defining a coroner as a public safety officer for federal line of duty benefits for the Public Safety Officer Benefit Program under 34 U.S.C. Â§ 10281 et seq if killed in the line of duty will have no fiscal impact to the retirement plans administered by the agency.

State Revenue

N/A

Local Expenditure

Sections 1 and 2

As previously mentioned, these sections allow a coroner or his designee to possess and administer an opioid antidote pursuant to the requirements of the South Carolina Overdose Prevention Act. The Revenue and Fiscal Affairs Office (RFA) surveyed all forty-six counties and received responses from five counties. Four of the responding counties indicate that any expenses will be minimal and can be managed with existing resources. The remaining responding county indicates that purchasing the opioid antidote and training its coroner to administer the antidote would increase expenses but could not quantify the amount. Since DHEC has not yet promulgated regulations for the implementation of these sections of the bill, which includes training coroners to administer the antidote, and due to the limited number of responses from county governments, the expenditure impact of Sections 1 and 2 on county governments is undetermined.

Section 3.

As previously referenced, this section of the bill specifies that a coroner is considered a public safety officer under 34 U.S.C. Â§ 10281 et seq if killed in the line of duty. Based upon the response from PEBA, we anticipate that this provision would impact federal benefits and would have no fiscal impact on county governments.

Local Revenue

N/A



Frank A. Rainwater, Executive Director