

South Carolina General Assembly
122nd Session, 2017-2018

A201, R219, S918

STATUS INFORMATION

General Bill

Sponsors: Senators Peeler, Malloy, Hembree and M.B. Matthews

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Introduced in the Senate on January 23, 2018

Introduced in the House on April 5, 2018

Last Amended on May 9, 2018

Passed by the General Assembly on May 9, 2018

Governor's Action: May 15, 2018, Signed

Summary: Opioid prescriptions, limits, prescription report cards

HISTORY OF LEGISLATIVE ACTIONS

Date	Body	Action Description with journal page number
1/23/2018	Senate	Introduced and read first time (Senate Journal-page 13)
1/23/2018	Senate	Referred to Committee on Medical Affairs (Senate Journal-page 13)
3/20/2018	Senate	Committee report: Favorable with amendment Medical Affairs (Senate Journal-page 6)
3/21/2018		Scrivener's error corrected
3/28/2018	Senate	Read second time (Senate Journal-page 36)
3/29/2018	Senate	Committee Amendment Adopted
3/29/2018	Senate	Amended (Senate Journal-page 14)
3/29/2018	Senate	Read third time and sent to House (Senate Journal-page 14)
3/29/2018	Senate	Roll call Ayes-44 Nays-0 (Senate Journal-page 14)
4/3/2018		Scrivener's error corrected
4/5/2018	House	Introduced and read first time (House Journal-page 10)
4/5/2018	House	Referred to Committee on Judiciary (House Journal-page 10)
4/18/2018	House	Committee report: Favorable with amendment Judiciary (House Journal-page 91)
4/24/2018	House	Amended (House Journal-page 32)
4/24/2018	House	Read second time (House Journal-page 32)
4/24/2018	House	Roll call Yeas-112 Nays-0 (House Journal-page 39)
4/25/2018	House	Read third time and returned to Senate with amendments (House Journal-page 35)
5/9/2018	Senate	House amendment amended (Senate Journal-page 127)
5/9/2018	Senate	Roll call Ayes-43 Nays-0 (Senate Journal-page 127)
5/9/2018	Senate	Returned to House with amendments (Senate Journal-page 127)
4/25/2018		Scrivener's error corrected
5/9/2018	House	Concurred in Senate amendment and enrolled (House Journal-page 135)
5/9/2018	House	Roll call Yeas-91 Nays-0 (House Journal-page 136)
5/14/2018		Ratified R 219
5/15/2018		Signed By Governor
5/23/2018		Effective date See Act
5/31/2018		Act No. 201

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VERSIONS OF THIS BILL

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(A201, R219, S918)

AN ACT TO AMEND SECTION 44-53-360, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO PRESCRIPTIONS, SO AS TO ESTABLISH LIMITATIONS FOR INITIAL OPIOID PRESCRIPTIONS; BY ADDING SECTION 44-53-1655 SO AS TO REQUIRE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL TO PROVIDE PRESCRIPTION REPORT CARDS TO PRACTITIONERS; AND TO AMEND SECTION 44-53-1650, RELATING TO CONFIDENTIALITY OF PRESCRIPTION MONITORING PROGRAM DATA, SO AS TO PROVIDE AN EXCEPTION FOR PURPOSES OF PRACTITIONER PRESCRIPTION REPORT CARDS.

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

Initial opioid prescriptions, acute and postoperative pain

SECTION 1. Section 44-53-360 of the 1976 Code is amended by adding an appropriately lettered subsection at the end to read:

“(1) Initial opioid prescriptions for acute pain management or postoperative pain management must not exceed a seven-day supply, except when clinically indicated for cancer pain, chronic pain, hospice care, palliative care, major trauma, major surgery, treatment of sickle cell disease, treatment of neonatal abstinence syndrome, or medication-assisted treatment for substance use disorder. Upon any subsequent consultation for the same pain, the practitioner may issue any appropriate renewal, refill, or new opioid prescription.

(2) This subsection does not apply to opioid prescriptions issued by a practitioner who orders an opioid prescription to be wholly administered in a hospital, nursing home, hospice facility, or residential care facility.

(3) A practitioner who acts in accordance with the limitation on prescriptions as set forth in this subsection is immune from any civil liability or disciplinary action from the practitioner’s professional licensing board.

(4) As used in this subsection:

(A) ‘Acute pain’ means pain that a practitioner reasonably expects to last for three months or less, whether resulting from disease, accident, intentional trauma, or other cause. The term does not include ‘chronic pain’ or pain being treated as part of cancer care, chronic care, hospice care, palliative care, major trauma, major surgery, treatment of

sickle cell disease, treatment of neonatal abstinence syndrome, or medication-assisted treatment for substance use disorder.

(B) ‘Chronic pain’ means pain that typically lasts for longer than three months or that lasts beyond the time of normal tissue healing.

(C) ‘Postoperative pain’ means acute pain experienced immediately after a surgical procedure.

(D) ‘Surgical procedure’ means a procedure performed for the purpose of altering the human body by incision or destruction of tissues as part of the practice of medicine such as diagnostic or therapeutic treatment of conditions or disease processes by use of instruments and includes lasers, ultrasound, ionizing, radiation, scalpels, probes, or needles that cause localized alteration or transportation of live human tissue by cutting, burning, vaporizing, freezing, suturing, probing, or manipulating by closed reduction for major dislocations and fractures, or otherwise altering by any mechanical, thermal, light-based, electromagnetic, or chemical means.”

Practitioner prescription report cards

SECTION 2. Article 15, Chapter 53, Title 44 of the 1976 Code is amended by adding:

“Section 44-53-1655. (A) The department shall develop and maintain as part of the prescription monitoring program a system to provide prescription report cards to practitioners to inform the practitioner about certain prescribing trends. The report card must provide, at a minimum:

(1) a comparison of the practitioner’s number of prescriptions issued per month by therapeutic class code or by specific substances to peer averages by specialty throughout the State;

(2) a comparison of the practitioner’s number of milligrams prescribed per month by therapeutic class code or by specific substances to peer averages by specialty throughout the State;

(3) the total number of patients receiving ninety morphine milligram equivalents (MMEs) or more a day;

(4) the total number of patients receiving opioid medications for thirty days or more;

(5) the total number of patients receiving opioids and benzodiazepines medications at the same time;

(6) the total number of patients issued prescriptions from three or more practitioners;

(7) the total number of patients filling prescriptions at three or more pharmacies;

(8) the total number of patients with controlled substance prescriptions whose dispensing dates overlap;

(9) the total number of patients obtaining refills on their prescriptions more than one week early; and

(10) the total number of prescription drug monitoring program queries made by the practitioner and a ratio of the queries to the number of patients or prescriptions issued.

The report card also must provide data on the number of practitioners registered against which the comparisons of items (1) and (2) are being made and any other demographic data relating to the pool of practitioners and may include regional or nationwide prescribing comparison data that would be useful to the practitioner. Prescription report cards, data, documents, records, and any other information accessed or compiled in preparing prescription report cards, are confidential and not subject to discovery, subpoena, or introduction into evidence in any civil action, unless confidentiality is waived by the practitioner.

(B) The department shall coordinate with the Board of Medical Examiners and any other appropriate professional boards as part of the development and implementation of a prescription report card program. The department may contract with another agency of the State or with a private vendor, as necessary, to ensure effective operation of the report card program, as provided in Section 44-53-1660, and may apply for public or private grants or other funding to develop, implement, and maintain the program.”

Prescription monitoring program confidentiality exceptions

SECTION 3. Section 44-53-1650(D) of the 1976 Code is amended by adding an appropriately numbered item at the end to read:

“() a practitioner in a prescription report card provided to practitioners in accordance with Section 44-53-1655.”

Time effective

SECTION 4. SECTION 2 is effective six months after the effective date of this act. All other SECTIONS are effective upon approval by the Governor.

Ratified the 14th day of May, 2018.

Approved the 15th day of May, 2018.
