AMENDED--NOT PRINTED IN THE HOUSE

Amt. No. 1A (COUNCIL\VR\3819C005.CC.VR18)

April 19, 2018

**H. 3819**

Introduced by Reps. Bedingfield, Fry, Henderson, Huggins, Johnson, Hewitt, Crawford, Duckworth, King, Knight, Arrington, Forrester, Allison, Tallon, Hamilton, Felder, Elliott, Jordan, B. Newton, Martin, McCravy, Wheeler, Erickson, West, Lowe, Ryhal, Atwater, Willis, Jefferson, W. Newton, Thigpen, Bennett, Crosby, Long, Putnam, Cogswell and Henderson‑Myers

S. Printed 3/29/18--S.

Read the first time February 27, 2018.

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 44‑53‑363 SO AS TO ESTABLISH REQUIREMENTS RELATED TO PRESCRIBING OPIOID ANALGESICS TO MINORS.

Amend Title To Conform

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 44‑53‑363. (A) Except as provided in subsection (C), before issuing, for a minor, the first prescription in a single course of treatment for an opioid analgesic, regardless of whether the dosage is modified during that course of treatment, a prescriber shall:

(1) as part of the prescriber’s examination of the minor, assess whether the minor has ever suffered from or is currently suffering from a mental health or substance abuse disorder and whether the minor has taken or is currently taking prescription drugs for treatment of a mental health or substance abuse disorder;

(2) discuss with the minor and the minor’s parent, guardian, or another adult authorized to consent to the minor’s medical treatment all of the following:

(a) the risks of addiction and overdose associated with opioid analgesics;

(b) the increased risk of addiction to controlled substances of individuals suffering from both mental health and substance abuse disorders;

(c) the dangers of taking opioid analgesics with benzodiazepines, alcohol, or other central nervous system depressants;

(d) any other information in the patient counseling information section of the labeling for the opioid analgesic required pursuant to 21 C.F.R. 201.57(c)(18); and

(3) obtain written consent for the prescription from the minor’s parent, guardian, or, subject to subsection (E), another adult authorized to consent to the minor’s medical treatment.

(B) The prescriber shall record the consent required pursuant to subsection (A)(3) on a ‘Start Talking!’ consent form developed by the State Board of Medical Examiners. The form must be separate from any other document the prescriber uses to obtain informed consent for other treatment provided to the minor and must contain:

(1) the name and quantity of the opioid analgesic being prescribed and the amount of the initial dose;

(2) a statement indicating that a controlled substance is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse;

(3) a statement certifying that the prescriber discussed with the minor and the minor’s parent, guardian, or another adult authorized to consent to the minor’s medical treatment the matters described in subsection (A)(2);

(4) the number of refills, if any, authorized by the prescription; and

(5) the signature of the minor’s parent, guardian, or another adult authorized to consent to the minor’s medical treatment and the date of signing.

(C)(1) The requirements set forth in subsection (A) do not apply if the minor’s treatment with an opioid analgesic:

(a) is associated with or incident to a medical emergency;

(b) is associated with or incident to surgery, regardless of whether the surgery is performed on an inpatient or outpatient basis;

(c) is associated with pain management treatment for palliative care, cancer care, or hematological disorders including, but not limited to, sickle cell disease;

(d) is associated with the treatment of neonatal abstinence syndrome;

(e) is limited to liquid antitussive medication;

(f) in the prescriber’s professional judgment, fulfilling the requirements of subsection (A) would be a detriment to the minor’s health or safety;

(g) except as provided in subsection (D), the treatment is rendered in a hospital, emergency facility, ambulatory surgical facility, nursing home, pediatric respite care program, residential care facility, freestanding rehabilitation facility, or similar institutional facility;

(h) is ordered by a practitioner issuing a prescription for a Schedule II controlled substance to treat a hospice‑certified patient;

(i) is ordered by a practitioner issuing a prescription for a Schedule II controlled substance that does not exceed a five‑day supply for a patient; or

(j) is ordered by a practitioner prescribing a Schedule II controlled substance for a patient with whom the practitioner has an established relationship for the treatment of a chronic condition; however, the practitioner must review the patient’s controlled substance history maintained in the prescription drug monitoring program at least every three months.

(2) The requirements of subsection (A) do not apply to a prescription for an opioid analgesic that a prescriber issues to a minor at the time of discharge from a facility or other location described in subsection (C)(1)(g).

(D) The exemption provided pursuant to subsection (C)(1)(g) does not apply to treatment rendered in a prescriber’s office that is located on the premises of or adjacent to a facility or other location described in that subsection.

(E) If the individual who signs the consent form required pursuant to subsection (A)(3) is another adult authorized to consent to the minor’s medical treatment, the prescriber shall prescribe not more than a single, seventy‑two hour supply and indicate on the prescription the quantity that is to be dispensed pursuant to the prescription.

(F) A signed ‘Start Talking!’ consent form obtained pursuant to this section must be maintained in the minor’s medical record.

(G)(1) As used in this section:

(a) ‘Another adult authorized to consent to the minor’s medical treatment’ means an adult to whom a minor’s parent or guardian has given written authorization to consent to the minor’s medical treatment.

(b) ‘Medical emergency’ means a situation that in a prescriber’s good faith medical judgment creates an immediate threat of serious risk to the life or physical health of a minor.

(c) ‘Minor’ means an individual under eighteen years of age who is not emancipated.

(2) For purposes of this section, an individual under eighteen years of age is emancipated only if the individual has married, has entered the armed services of the United States, has become employed and self‑sustaining, or otherwise has become independent from the care and control of the individual’s parent, guardian, or custodian.”

SECTION 2. This act takes effect six months after approval by the Governor.

‑‑‑‑XX‑‑‑‑