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COMMITTEE REPORT

April 26, 2018

**H. 3820**

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

S. Printed 4/26/18--S.

Read the first time February 27, 2018.

**THE COMMITTEE ON EDUCATION**

To whom was referred a Bill (H. 3820) to amend Section 59‑32‑30, as amended, Code of Laws of South Carolina, 1976, relating to the public school comprehensive health education program, 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, by deleting all after the enacting words and inserting:

/ SECTION 1. Article 1, Chapter 103, Title 59 of the 1976 Code is amended by adding:

“Section 59‑103‑155. Any public or private institution of higher education in the State from which a student may earn a degree in a health care profession that allows the person to prescribe controlled substances listed in Schedules II, III, and IV in the State shall require for those programs that students complete coursework on the prescription and monitoring of Schedule II, III, and IV controlled substances, including coursework on the prescription of Schedule II controlled substances to treat or manage pain, and strategies that can be employed to recognize signs of and reduce the likelihood of patient addiction. These institutions of higher education shall coordinate with the state’s Commission on Higher Education, Board of Medical Examiners, Board of Dentistry, and Board of Nursing to develop the curriculum.”

SECTION 2. Section 59‑32‑20 of the 1976 Code is amended to read:

“Section 59‑32‑20. (A) Before August 1, 1988, the board, through the department, shall select or develop an instructional unit with separate components addressing the subjects of reproductive health education, family life education, pregnancy prevention education, and sexually transmitted diseases and make the instructional unit available to local school districts. The board, through the department, also shall make available information about other programs developed by other states upon request of a local school district.

(B) In addition to the provisions of subsection (A), before September 1, 2015, the board, through the department, shall select or develop instructional units in sexual abuse and assault awareness and prevention, with separate units appropriate for each age level from four‑year‑old kindergarten through twelfth grade.

(C) Before August 1, 2017, and through the cyclical review process, the board shall include instruction on alcohol and prescription drug abuse prevention, with an emphasis on the prescription drug epidemic and the connection between opioid abuse and addiction to other drugs, such as heroin, in the health standards. In addition, the board shall make available to districts a list of instructional materials that meet state standards. Districts shall continue to adopt or develop curriculum locally.”

SECTION 3. This act takes effect upon approval by the Governor. /

Renumber sections to conform.

Amend title to conform.

HARVEY S. PEELER, JR. for Committee.

**STATEMENT OF ESTIMATED FISCAL IMPACT**

**Explanation of Fiscal Impact**

**Amended by House Education and Public Works K-12 Subcommittee on April 19, 2017**

**Updated for Revised Analysis on May 3, 2017**

**State Expenditure**

This amended bill requires the State Board of Education to include instruction on prescription opioid abuse prevention as part of the instruction on comprehensive health education. The instruction must emphasize the prescription drug epidemic and the connection between opioid abuse and addiction to other drugs such as heroin. The State Board of Education must complete these requirements by August 1, 2017, through their cyclical review process for application beginning with the 2017-2018 school year.

The Department of Education indicates that the bill adds additional responsibilities in providing professional development materials and updates to the instructional unit on comprehensive health education, which can be managed within existing appropriations. Therefore, the bill would not have an expenditure impact on the general fund, other funds, or federal funds of the department.

**Local Expenditure**

This amended bill would increase local school district expenditures for comprehensive health education curriculum and supplies when implementing the updated instructional standards developed by the State Board of Education. Section 59-32-30 requires the local school districts to implement instruction based on the State Board of Education’s updated instructional standards on comprehensive health education. As amended in this bill, Section 59-32-20 will require districts to include prescription opioid abuse prevention instruction in the comprehensive health education curriculum.

Department of Education staff surveyed the eighty-one school districts for information on the amount of increased expenditures from this bill. Eight districts provided information. While two school districts indicated no expenditure impact, the other six provided an estimate of their expected increased expenditures. The eight responding school districts represent eight percent of the total statewide public school student population based on the FY 2015-16 135-day ADM count. Prorating these responses based on this student population measure suggests that local school districts expenditures would increase by $395,000 statewide in FY 2017-18.

**Amended by House Education and Public Works K-12 Subcommittee on April 19, 2017**

**State Expenditure**

This amended bill requires the State Board of Education to include instruction on prescription opioid abuse prevention as part of the instruction on comprehensive health education. The instruction must emphasize the prescription drug epidemic and the connection between opioid abuse and addiction to other drugs such as heroin. The State Board of Education must complete these requirements by August 1, 2017, through their cyclical review process for application beginning with the 2017-2018 school year.

The Department of Education indicates that the bill adds additional responsibilities in providing professional development materials and updates to the instructional unit on comprehensive health education, which can be managed within existing appropriations. Therefore, the bill would not have an expenditure impact on the general fund, other funds, or federal funds of the department.

**Local Expenditure**

This amended bill would increase local school district expenditures on comprehensive health education curriculum and supplies. Department of Education staff surveyed the eighty-one school districts for information on the amount of increased expenditures from this bill. Eight districts provided information. These districts represent eight percent of the student population based on the FY 2015-16 135-day ADM count. Prorating these responses based on this student population measure suggests that local school districts expenditures would increase by $395,000 statewide in FY 2017-18.

**Introduced on February 27, 2017**

**State Expenditure**

This bill requires a student receive 240 minutes of instruction on prescription opioid abuse prevention as part of the instruction on comprehensive health education during high school. The instruction must emphasize the prescription drug epidemic and the connection between opioid abuse and addiction to other drugs such as heroin.

The Department of Education indicates that the bill adds additional responsibilities in providing professional development materials and updates to the instructional unit on comprehensive health education, which can be managed within existing appropriations. Therefore, the bill would not have an expenditure impact on the general fund, other funds, or federal funds of the department.

**Local Expenditure**

This bill would increase local school district expenditures on comprehensive health education curriculum and supplies. Department of Education staff surveyed the eighty-one school districts for information on the amount of increased expenditures from this bill. Eight districts provided information. These districts represent eight percent of the student population based on the FY 2015-16 135-day ADM count. Prorating these responses based on this student population measure suggests that local school districts expenditures would increase by $395,000 statewide in FY 2017-18.

Frank A. Rainwater, Executive Director

Revenue and Fiscal Affairs Office

**A** **BILL**

TO AMEND SECTION 59‑32‑30, AS AMENDED, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO THE PUBLIC SCHOOL COMPREHENSIVE HEALTH EDUCATION PROGRAM, SO AS TO REQUIRE CERTAIN INSTRUCTION IN PRESCRIPTION OPIOID ABUSE PREVENTION IN GRADES NINE THROUGH TWELVE BEGINNING WITH THE 2017‑2018 SCHOOL YEAR.

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

SECTION 1. Section 59‑32‑20 of the 1976 Code is amended to read:

“Section 59‑32‑20. (A) Before August 1, 1988, the board, through the department, shall select or develop an instructional unit with separate components addressing the subjects of reproductive health education, family life education, pregnancy prevention education, and sexually transmitted diseases and make the instructional unit available to local school districts. The board, through the department, also shall make available information about other programs developed by other states upon request of a local school district.

(B) In addition to the provisions of subsection (A), before September 1, 2015, the board, through the department, shall select or develop instructional units in sexual abuse and assault awareness and prevention, with separate units appropriate for each age level from four‑year‑old kindergarten through twelfth grade.

(C) Before August 1, 2017, and through the cyclical review process, the board shall include instruction on prescription opioid abuse prevention, with an emphasis on the prescription drug epidemic and the connection between opioid abuse and addiction to other drugs, such as heroin, in the health standards. In addition, the board shall make available to districts a list of instructional materials that meet state standards. Districts shall continue to adopt or develop curriculum locally.”

SECTION 2. This act takes effect upon approval by the Governor and is applicable beginning with the 2017‑2018 School Year.

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