DISCLAIMER

The South Carolina Legislative Council is offering access to the South Carolina Code of Laws on the Internet as a service to the public. The South Carolina Code on the General Assembly's website is now current through the 2015 session. The South Carolina Code, consisting only of Code text, numbering, history, and Effect of Amendment, Editor’s, and Code Commissioner’s notes may be copied from this website at the reader's expense and effort without need for permission.

The Legislative Council is unable to assist users of this service with legal questions. Also, legislative staff cannot respond to requests for legal advice or the application of the law to specific facts. Therefore, to understand and protect your legal rights, you should consult your own private lawyer regarding all legal questions.

While every effort was made to ensure the accuracy and completeness of the South Carolina Code available on the South Carolina General Assembly's website, this version of the South Carolina Code is not official, and the state agencies preparing this website and the General Assembly are not responsible for any errors or omissions which may occur in these files. Only the current published volumes of the South Carolina Code of Laws Annotated and any pertinent acts and joint resolutions contain the official version.

Please note that the Legislative Council is not able to respond to individual inquiries regarding research or the features, format, or use of this website. However, you may notify the Legislative Services Agency at LSA@scstatehouse.gov regarding any apparent errors or omissions in content of Code sections on this website, in which case LSA will relay the information to appropriate staff members of the South Carolina Legislative Council for investigation.

CHAPTER 130

South Carolina Overdose Prevention Act

Editor’s Note

Former Chapter 130, titled The South Carolina Seniors’ Prescription Drug Program Act, was repealed by 2006 Act No. 233, Section 2, eff February 21, 2006.

Former Section 44‑130‑10 was entitled “Short title” and was derived from 2000 Act No. 387, Part II, Section 47A; 2000 Act No. 406.

Former Section 44‑130‑20 was entitled “Definitions” and was derived from 2000 Act No. 387, Part II, Section 47A; 2000 Act No. 406.

Former Section 44‑130‑30 was entitled “Prescription drug program created” and was derived from 2000 Act No. 387, Part II, Section 47A; 2000 Act No. 406.

Former Section 44‑130‑40 was entitled “Administration of program; what program may include; information from other agencies” and was derived from 2000 Act No. 387, Part II, Section 47A; 2000 Act No. 406.

Former Section 44‑130‑50 was entitled “Eligibility requirements” and was derived from 2000 Act No. 387, Part II, Section 47A. Former Section 44‑130‑60 was entitled “Maintenance of data to evaluate cost effectiveness; semiannual reports” and was derived from 2000 Act No. 387, Part II, Section 47A.

Former Section 44‑130‑70 was entitled “Expansion of program” and was derived from 2000 Act No. 387, Part II, Section 47A.

Former Section 44‑130‑80 was entitled “Program funding” and was derived from 2000 Act No. 387, Part II, Section 47A.

**SECTION 44‑130‑10.** Short title.

 This chapter may be cited as the “South Carolina Overdose Prevention Act”.

HISTORY: 2015 Act No. 54 (H.3083), Section 1, eff June 3, 2015.

**SECTION 44‑130‑20.** Definitions.

 For purposes of this chapter:

 (1) “Caregiver” means a person who is not at risk of an opioid overdose but who, in the judgment of a physician, may be in a position to assist another individual during an overdose and who has received patient overdose information as required by Section 44‑130‑30 on the indications for and administration of an opioid antidote.

 (2) “Department” means the Department of Health and Environmental Control.

 (3) “Drug overdose” means an acute condition including, but not limited to, physical illness, coma, mania, hysteria, or death resulting from the consumption or use of a controlled substance or other substance with which a controlled substance was combined and that a layperson would reasonably believe to require medical assistance.

 (4) “First responder” means an emergency medical services provider, a law enforcement officer, or a fire department worker directly engaged in examining, treating, or directing persons during an emergency.

 (5) “Medical assistance” means professional medical services that are provided to a person experiencing a drug overdose.

 (6) “Opioid antidote” means naloxone hydrochloride or other similarly acting drug approved by the United States Food and Drug Administration for the treatment of an opioid overdose.

 (7) “Pharmacist” means an individual licensed pursuant to Chapter 43, Title 40 to engage in the practice of pharmacy.

 (8) “Prescriber” means a physician licensed pursuant to Chapter 47, Title 40, an advanced practice registered nurse licensed pursuant to Chapter 33, Title 40 and prescribing in accordance with the requirements of that chapter, and a physician assistant licensed pursuant to Article 7, Chapter 47, Title 40 and prescribing in accordance with the requirements of that article.

HISTORY: 2015 Act No. 54 (H.3083), Section 1, eff June 3, 2015.

**SECTION 44‑130‑30.** Prescriber may issue written prescription for opioid antidote; overdose information; standing order for first responder; immunity.

 (A) A prescriber acting in good faith and exercising reasonable care as a prescriber may issue a written prescription for an opioid antidote to:

 (1) a person who is at risk of experiencing an opioid‑related overdose; or

 (2) a caregiver for a person who is at risk of experiencing an opioid overdose whom the prescriber has not personally examined.

 (B)(1) The prescriber must provide to the person or the caregiver overdose information addressing the following:

 (a) opioid overdose prevention and recognition;

 (b) opioid antidote dosage and administration;

 (c) the importance of calling 911 emergency telephone service for medical assistance with an opioid overdose; and

 (d) care for an overdose victim after administration of the opioid antidote.

 (2) The prescriber must document in the medical record that the opioid overdose information required by this subsection has been provided to the person or the caregiver.

 (C) A prescriber acting in good faith and exercising reasonable care may issue a standing order for a first responder to possess an opioid antidote for administration to a person whom the first responder believes to be experiencing an opioid‑related overdose.

 (D) A prescriber who issues a written prescription or a standing order for an opioid antidote in accordance with the provisions of this section is not as a result of an act or omission subject to civil or criminal liability or to professional disciplinary action.

HISTORY: 2015 Act No. 54 (H.3083), Section 1, eff June 3, 2015.

**SECTION 44‑130‑40.** Pharmacist may dispense opioid antidote; immunity.

 (A) A pharmacist acting in good faith and exercising reasonable care as a pharmacist may dispense an opioid antidote pursuant to a written prescription or standing order by a prescriber.

 (B) A pharmacist dispensing an opioid antidote in accordance with the provisions of this section is not as a result of an act or omission subject to civil or criminal liability or to professional disciplinary action.

HISTORY: 2015 Act No. 54 (H.3083), Section 1, eff June 3, 2015.

**SECTION 44‑130‑50.** Caregiver may administer opioid antidote; immunity.

 (A) A caregiver may in an emergency administer, without fee, an opioid antidote to a person whom the caregiver believes in good faith is experiencing an opioid overdose if the caregiver has received the opioid overdose information provided for in Section 44‑130‑30.

 (B) A caregiver who administers an opioid antidote in accordance with the provisions of this section is not subject to civil or criminal liability.

HISTORY: 2015 Act No. 54 (H.3083), Section 1, eff June 3, 2015.

**SECTION 44‑130‑60.** First responder may administer opioid antidote; immunity.

 (A) A first responder may administer an opioid antidote in an emergency if the first responder believes in good faith that the person is experiencing an opioid overdose.

 (B) The first responder must comply with all applicable requirements for possession, administration, and disposal of the opioid antidote and administration device. The department may promulgate regulations to implement this section, including appropriate training for first responders who carry or have access to an opioid antidote.

 (C) A first responder who administers an opioid antidote in accordance with the provisions of this section to a person whom the first responder believes in good faith is experiencing an opioid overdose is not by an act or omission subject to civil or criminal liability or to professional disciplinary action.

HISTORY: 2015 Act No. 54 (H.3083), Section 1, eff June 3, 2015.