

2019 Legislative Update Board of Dentistry

The following bills were enacted by the General Assembly during the 2019 legislative session and may impact the Board of Dentistry and/or the Board of Dentistry licensees:

Opioid Antidote Included in Prescription Monitoring Program and Mandatory Electronic Prescribing of Controlled Substances, [H.3728/Act 65](#)

The Act requires DHEC's Bureau of Drug Control to include the administration of opioid antidotes within the Prescription Monitoring Program (PMP). A practitioner or the practitioner's authorized delegate who must review a patient's controlled substance prescription history, must also review the history of the administration of an opioid antidote to the patient. Pursuant to the Act, if a person is administered an opioid antidote in a hospital emergency department or other health care facility and the supervising physician diagnoses the patient as having experienced an opioid overdose, a health care facility must report the administration to the DHEC Bureau of Drug Control for inclusion in the PMP. Similarly, a first responder who administers an opioid antidote shall report to the DHEC Bureau of Emergency Medical Services information regarding the opioid antidote administration for inclusion in the PMP. The Act also requires a practitioner to electronically prescribe controlled substance prescriptions, with listed exceptions.

Effective date: January 1, 2021

Medical Malpractice Liability Joint Underwriting Association, [H.3760/Act 67](#)

Effective on January 1, 2020, the Patients' Compensation Fund shall merge into the South Carolina Medical Malpractice Association. The surviving entity is the Joint Underwriting Association and referred to as the South Carolina Medical Malpractice Association. The board of directors for the South Carolina Medical Malpractice Association shall include four medical providers after consultation with the South Carolina Medical Association, South Carolina Hospital Association, the South Carolina Nurses Association and the South Carolina Dental Association.

Any licensed health care provider is entitled to apply to the association for coverage.

As of January 1, 2020, all insurers authorized to write on a direct basis bodily injury liability insurance, with exceptions, must pay an assessment equal to their proportional share of twenty percent of the accumulated deficit of the joint underwriting association. Beginning on January 1, 2020, a uniform assessment of not less than two percent and not more than six percent of the net-written premium must be assessed against each member of the association in order to eliminate the accumulated deficits of the association and the fund. Assessments must cease when both accumulated deficits have been fully eliminated or on December 31, 2035, or whichever occurs first. Also beginning on January 1, 2020, a surcharge on premiums shall be

assessed on association policyholders equal to the assessment percentage amount on members. The Act provides additional details on these assessments and includes definitions.

Effective date: May 16, 2019, with some provisions taking effect at a later date.

Pharmacists may dispense 90 day prescription refills, [S.463/Act 38](#)

The Act provides that unless a prescriber has specified on a prescription that dispensing the prescription for a maintenance medication in an initial amount followed by periodic refills is medically necessary, “a pharmacist may exercise his professional judgment, in consultation with the patient, to dispense up to a ninety-day supply of medication per refill up to the total number of dosage units as authorized by the prescriber on the original prescription.”

This law does **not** apply to any scheduled medications, any psychotherapeutic drugs, or any medications requiring reporting to PMP.

In consulting with the patient, the pharmacist must use readily available, existing mechanisms such as online claim adjudication and inform the patient of any cost changes of the proposed dispensing change.

Additionally, if the pharmacist is presenting the patient with an option to not use an available benefit plan, then the pharmacist must inform the patient that any amounts paid would potentially not apply to the deductibles or other out-of-pocket calculations of his benefit plan.

The Act shall not be construed to supersede or invalidate any third party payor agreement, in whole or in part, between a third party payor and a retail pharmacy.

Disclaimer: This legislative update is not intended as legal advice. LLR is providing this legislative update to notify licensees of recently enacted legislation that may impact his or her practice area or license. This legislative update provides only a high level overview of enacted legislation and licensees are urged to review the entire enacted legislation, which is available in the hyperlinks above.