The following bills were enacted by the General Assembly during the 2020 legislative session and may impact the Board of Nursing and/or the Board of Nursing licensees:

**Pharmacist-Administered Flu Vaccine to Persons under 12 years old, H.4663/Act 158**

The Act amends state law requirements to allow pharmacists to administer flu vaccines to persons under twelve (12) pursuant to a protocol issued by the Board of Medical Examiners. The Joint Pharmacist Administered Vaccine Committee must submit recommendations to the Board of Medical Examiners no later than three (3) months after the effective date of the Act.

Effective date: September 28, 2020

**Amendments to Electronic-Prescribing Exemptions, H.4938/Act 160**

In 2019, the General Assembly enacted Act 65 to mandate practitioners electronically prescribe controlled substances, with exceptions, by January 1, 2021. This 2020 Act amends the 2019 law to add exemptions from electronic prescribing for hospice care programs, home fusion pharmacies, a patient who is receiving services from a facility established pursuant to Section 44-11-10, and a practitioner who issues an oral authorization in the case of an emergency.

Effective date: January 1, 2021

**CRNA Minimum Education, S.455/Act 139**

Act 139 included a section to amend the minimum education requirements for licensure as a Certified Registered Nurse Anesthetist (CRNA). Specifically, the Act amends S.C. Code Section 40-33-20(19)(a) to provide that a CRNA is an advanced practice registered nurse (APRN) who has successfully completed an advanced, organized formal CRNA education program at “a minimum” of the master’s level accredited by the national accrediting organization of this specialty area and that is recognized by the board. The Act also amends Section 40-33-34(A)(3)(b) to further provide that an APRN applicant shall furnish evidence satisfactory to the board that the applicant graduated with “a minimum” of a master’s degree from a formal CRNA education program for nurse anesthetists accredited by the national accreditation organization of the CRNA specialty.

Effective date: May 26, 2020
Emergency prescription refill increased to a fourteen-day supply or thirty-day supply based on packaging, S.16/Act 117

The Act increased the amount of a prescription a pharmacist may dispense as an emergency refill from a ten-day supply to a fourteen-day supply, or a thirty-day supply depending on the medication packaging. Specifically, the Act amends Section 40-43-86(P) to authorizes a pharmacist who receives a request for a prescription refill and is unable to obtain refill authorization from the prescriber, to dispense once within a twelve-month period, an emergency refill of up to a fourteen-day supply of the prescribed medication under the following conditions: the prescription is not for a controlled substance; the medication is essential to the maintenance of life or the continuation of therapy; continuing the therapy for up to fourteen days will produce no undesirable health consequences or cause physical or mental discomfort; the pharmacist properly records the dispensing; and the dispensing pharmacist notifies the prescriber of the refill and the amount of the refill no later than ten days after the refill is dispensed. The Act further provides that in the event that a pharmacist is unable to dispense an emergency refill for the time period specified in this subsection due to the medication’s packaging, the pharmacist is permitted to dispense up to a thirty-day quantity of the medication so long as the requirements contained in the subsection are otherwise met.

Effective date: March 24, 2020

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.