



Amendments to the South Carolina Compassionate Care Act



- The bona fide physician-patient relationship now mirrors the definition under 40-47-113, which is part of the standard for doctors to issue a prescription.
- The list of qualifying conditions is scaled back. Instead of HIV/AIDS, ALS, idiopathic pulmonary fibrosis, Parkinson's, neural-tube defects, and severe, debilitating pain, a person may qualify if they have a neurological disease or disorder or “any chronic or debilitating disease or medical condition for which an opioid is currently or could be prescribed by a physician based on generally accepted standards of care.” Cancer would only qualify if it requires treatment, and severe nausea would only qualify if it is associated with end-of-life or hospice care or causes the person to be bed-bound or home-bound — nausea would not qualify if the patient is pregnant.
- Physicians must specify if the condition will last less than a year or the patient would benefit from cannabis for a shorter time frame, so their card can expire earlier.
- Caregivers are limited to one patient unless they are a first-degree relative, or if they are a medical professional, and in either case the cap is five. In addition, a healthcare facility may serve as caregivers and serve all their patients. In the case of such a facility, the department will develop rules, including to ensure individuals who may administer cannabis have adequate qualifications and to require those individuals to register with the department.
- The definition of physician is now based on the definition in the Health Professions section, with a requirement that they be allowed to prescribe medications. In addition, they must be authorized to prescribe medication.
- Correctional facilities cannot allow medical cannabis. (Previously, they could choose not to allow it.)
- Smoking cannabis is defined and prohibited. Smoking is punishable by a fine of up to \$150.
- An individual who sells marijuana or who is otherwise convicted of a criminal violation of the law will have their ID card permanently revoked and will not be allowed to obtain a new one.
- Within 12 months of issuing a first recommendation — and before issuing a 16th recommendation even if a shorter time has elapsed — a physician must complete a three-hour CME approved by the state before the department will accept any more.
- Additional information may be stored “electronically” in an ID card.
- All cultivation center applicants must have their security plans evaluated by SLED, which includes facility access, alarms, ID systems, 24-hour camera systems inside and outside, and both the department and the law enforcement get access to the video feed.

- Law enforcement can inspect anywhere where marijuana is grown, packaged, or processed, without a warrant.
- Dispensaries have to contract with a pharmacist, physician's assistant, nurse practitioner, or clinical nurse specialist, who has to complete a medical cannabis CME. He or she has to be available to consult with patients if needed, which can be by video. The medical professional can work for more than one facility. In addition, anyone who dispenses cannabis must take an approved educational course.
- Medical cannabis would be subject to a retail sales tax of 6% — mirroring the rate for OTC medications. After covering administrative costs, the revenue generated from fees and taxes will be allocated to SLED (50%), education (25%), and the General Fund (25%). The funds distributed to law enforcement will be distributed by SLED and will be divided between SLED and the 46 sheriffs offices.