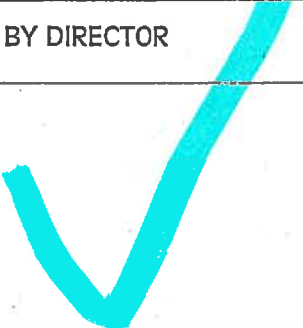


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singletary/Amick	7-24-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000044	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 8-2-13
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Does this need
to be logged?
Theresa
Annie
7/23/13

Yes but bulk of
replies should be
that ~~as~~ as Dr.
Rout noted, this
falls under
DHFC + Director
Templeton's
guidance. BS

FAX

Attention: Ms. B.Z. Giese

Mr. Anthony Keck

SC Dept of Health and Human Services

From: Dr. Jennifer Root

528-7566, roxane1@sc.rr.com

July 20, 2013

Dear Ms. Mann,

I recently received notice from my children's school that:

"In accordance with the SC Nurse Practice Act and the Medical Practice Act, beginning in AUGUST, 2013, a healthcare provider's original signature (not a stamped or faxed signature) will be required for ALL medication administration at East Point Academy Primary and Elementary. This includes: prescription medications, non-prescription/over-the-counter medications, topical medications, eye drops, cough drops and herbal medications."

I was quite shocked and surprised to receive this, as I am a practicing physician and to my knowledge neither the Medical Practice act nor the Nurse Practice act controls access to over the counter medications by requiring physician prescriptions. I placed several phone calls concerning this new policy within the school system and I was informed by the office of the SC Superintendant that this new policy had been created by DHEC.

In most circumstances, the provision of over the counter medications by schools (and others) has been seen as an In Loco Parentis act. Since a parent can purchase and medicate their child with no outside entity controlling this act, the school has been acting as an agent of the parent in providing this medication with parental consent. DHEC has apparently changed their interpretation of the practice acts to force parents to get what boils down to prescriptions from physicians so their child can receive Tylenol at school.

All references to medications within these acts and opinions (BON AO#52) are usually joined in language by references to the 'prescribing physician'. DHEC interprets this to mean that ALL medications must be approved by a prescribing physician. I, however, take the opposite interpretation that the medications referred to in statute must be references to prescription medications since they are the only medications requiring a prescribing physician.

(Statute) A. Definitions

1.


Administration of medications

2.

: The administration of medications includes the acts of preparing and giving drugs in accordance with the orders of a licensed, authorized advanced practice registered nurse (i.e., nurse practitioner, certified nurse midwife, clinical nurse specialist), or a physician, dentist, or other authorized licensed prescribing provider as to drug, dosage, route and frequency; observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy; intervening when emergency care is required as a result of drug therapy; appropriately instructing the student regarding the medication; recognizing accepted prescribing limits and reporting deviations to the prescribing advanced practice registered nurse, physician, dentist, or other authorized licensed prescribing provider.

The only reference specifically to over the counter medications within the BON advisory opinion is in reference to possible training topics for the RN instructing unlicensed school personnel. Interestingly enough, DHEC statute (59-63-80, sec A91)) defines medications as medication which is prescribed. By their own statute, it does not include medications that are NOT prescribed.

One of my three children takes prescription medication at lunchtime so I have been jumping through the hoops of getting the DHEC paperwork completed each August... although the very presence of the prescription drug bottle with the prescribing physicians information, my son's name, the drug, dosage, and route clearly printed on the bottle is already evidence of physician approval and prescription. But I pay my co-pay and go get the 'original signature'. If I am lucky I can schedule one of his regularly scheduled visits in July or early August so I can kill two birds with one stone. Now I get to go through this process with two more children who do not take prescription medications and have no other reason to go to their doctor's office... all in the name of being able to receive Tylenol or Motrin at school.

We do not have enough primary care providers in this state as it is to deal with the burden of true illness and disease in this State without clogging the system with the healthy, and with the recent expansion of the pediatric population on Medicaid in this state the shortage will worsen. The new policy created by DHEC places a financial burden upon parents (both with insurance and without), and I do not see HHS being overjoyed at having to pay for thousands of completely unnecessary visits to doctors offices for non prescription medication approval. 

A worse result of this new policy, in my mind, are the multitudes of parents who will not go through the process (i.e. pay for) of getting these signatures. These children will then be left at school with fevers, headaches, sprains, etcetera, and unable to get basic over the counter medications, resulting in a completely avoidable access to care issue. Most parents cannot drop what they are doing at work immediately to respond to their children's pain or fevers during the school day. I know that I cannot. Is this policy truly in the best interests of the children?

I know that LLR is currently working on the rule making as it pertains to epinephrine injections within the schools without prescription or prior diagnosis. I would ask that you also address whether or not LLR believes that the references to medications within Nursing Statute is inclusive of over the counter (non prescriptions) medications. I find it hard to fathom that my six year old child can walk into a store and purchase Tylenol, yet somehow it suddenly becomes dangerous for the school nurse to give that six year old a dose of the same after parental approval.

Sincerely,

Jennifer Root, MD



cc. Ms. Catherine Templeton, DHEC

Mr. Anthony Keck, HHS