



S.C. Compassionate Care Act — S. 423 Summary

The S.C. Compassionate Care Act would create a well-regulated medical cannabis program to allow seriously ill individuals to register to use medical cannabis when recommended by their physicians and dispensed by a therapeutic cannabis pharmacy. Thirty-eight states — including Alabama, Arkansas, Louisiana, and Mississippi — give their residents this medical freedom.

The Compassionate Care Act does **not** allow cannabis smoking or raw (flower or leaf) cannabis. [Here is a summary of its key provisions, as passed by the S.C. Senate:](#)

Qualifying for the Program: To qualify, patients must have at least one qualifying medical condition, a written certification issued by a physician with whom they have a bona fide relationship, and a registration card from the health department.

- The bill's qualifying conditions are cancer; multiple sclerosis; a neurological disease or disorder (including epilepsy); sickle cell anemia; PTSD; autism; Crohn's disease; ulcerative colitis; cachexia; a condition causing a person to be homebound that includes severe or persistent nausea; terminal illness; a chronic medical condition causing severe and persistent muscle spasms; or a chronic medical condition for which an opioid is or could be prescribed based on standards of care. The condition must also be debilitating to the individual patient.
 - Special documentation is required for PTSD and alternatives to opioids.
 - The bill would create a Medical Cannabis Advisory Board, composed largely of doctors and pharmacists, to consider petitions to add or delete qualifying conditions.
 - ID cards typically must be renewed annually. If the patient is expected to recover within a year, or no longer needs cannabis, the physician must make a notation, so it expires earlier.
 - Patients cannot use medical cannabis — or receive an ID card to do so — if they hold a job in public safety, commercial transportation, or involving commercial machinery.
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Physicians:

- Certifying physicians must complete a cannabis-specific continuing medical education course.
 - Before certifying patients, physicians must conduct a thorough in-person evaluation, including a history of illness, past medical history, and alcohol and substance use history.
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Limitations:

- Smoking cannabis remains illegal, as are raw cannabis and paraphernalia for smoking.
 - Patients and caregivers would not be allowed to grow their own cannabis.
 - A physician may specify the amount of cannabis products their patient could obtain in each 14-day period. Or the physician could choose to have a default limit of 1,600 milligrams of THC in ingested products (such as edibles), 8,200 milligrams in oils for vaporization, and 4,000 milligrams in topicals, such as lotions.
 - Patients may not drive, operate a boat, train, or aircraft, or undertake any task that would be negligent or entail professional malpractice while impaired by cannabis.
 - Cardholders and medical cannabis establishment staffers who break the law can have their ID cards revoked and, where applicable, face civil and/or criminal penalties.
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Medical Cannabis Access:

- Medical cannabis products would be dispensed by therapeutic cannabis pharmacies, overseen by a pharmacist-in-charge, and licensed by the Board of Pharmacy and DHEC. Rules will govern pharmacist consultations, including before cannabis is first dispensed to a patient.
 - Pharmacists must complete continuing education on medical cannabis, including related to dosing, modes of administration, potential interactions, and cannabinoid profiles.
 - After a merit-based, scored application process, DHEC will license 15 cultivation centers, 30 processing facilities, one therapeutic cannabis pharmacy for every 20 pharmacies in the state (about 65), five testing labs, and four transporters. The application review process will consider location, background and qualifications, and business and security plans. The act also requires DHEC to license a variety of business models, and to avoid excessive market concentration. No county can have more than three therapeutic cannabis pharmacies.
 - Processing facilities will make products such as oils, consumable medicines, and salves.
 - Independent testing laboratories will identify the amount of cannabinoids in cannabis products and test for pesticides, bacteria, and other contaminants.
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Safeguards and Security:

- DHEC will create regulations, including for seed-to-sale tracking, odor mitigation, recordkeeping, oversight, security, health and safety, transportation, employee training, capital requirements, and packaging and labeling. DHEC will also restrict advertising, logos, and signage and ensure businesses have discreet, medical appearances. Cultivation centers' security must include perimeter intrusion detection systems and a 24-hour surveillance system accessible to law enforcement and DHEC. In addition to DHEC, the Board of Pharmacy will develop regulations for therapeutic cannabis pharmacies.
- Each medical cannabis staffer must be licensed by the state and undergo a background check.
- Cannabis will be dispensed with a safety information flyer, including advice about possible risks, the need to safeguard cannabis from children, and noting federal law.
- Cannabis could only be grown and processed by licensees in a secure, enclosed facility, using a seed-to-sale tracking system with approved security plans.
- Medical cannabis businesses may not be located within 1,000 feet of a school.
- DHEC may inspect anywhere cannabis is grown, packaged, or processed.
- A 24-hour secure verification system will enable law enforcement to verify ID cards.

- Cannabis packaging must be child-resistant. Edibles could not resemble commercially sold candies or be shaped like cartoons, toys, animals, or people. DHEC will regulate flavors.
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Local Control: Localities may regulate the location, hours, and number of medical cannabis businesses. They could also completely prohibit dispensaries from operating in them.

Legal Protections:

- Patients could apply to DHEC to designate a caregiver to assist them with the medical use of cannabis, such as by picking up their cannabis from a dispensary.
 - The bill protects registered patients and caregivers, medical cannabis establishment staff, state-chartered banks, attorneys, accountants, pharmacists, and doctors from arrest, prosecution, or penalties for actions allowed by the bill.
 - Provides patients protections from discrimination in child custody and organ transplants.
 - Employers may continue to prohibit employees from working while under the influence or using cannabis at or during work. Private employers could fire patients who test positive.
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Program Costs:

- DHEC will determine fees for cardholders and medical cannabis businesses, which will be set in an amount to cover expenses of the program without generating a surplus.
 - The bill does not create any medical cannabis-specific taxes. It also does not create any exemptions for medical cannabis from standard taxes. Any generally applicable taxes — such as income taxes and sales taxes — would apply, as they do for other businesses and products.
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Sunset: Expires five years after the first therapeutic cannabis sales unless it is re-enacted.