South Carolina Academy of Family Physicians
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2026 LEGISLATIVE SESSION RECAP

The regular 2026 session ended May 14, but the House and Senate failed to agree on a sine die resolution due to conflict over issues including Congressional redistricting. Without a resolution, lawmakers can take up any legislation rather than being limited by a sine die resolution and the Governor can call special sessions and he did so. The House quickly passed H. 5683, which proposed major changes to Congressional districts aimed at shifting all seven seats to Republican representation. The Senate Judiciary Committee advanced the bill, but after extended debate, the Senate voted to continue the bill—effectively halting any redistricting effort for the 2026 election cycle.

The General Assembly still has not finished work on H. 5126, the FY 2026–27 budget, and a final budget may not be in place by July 1. To prevent a funding gap, legislators passed S. 769, a continuing resolution to keep state government operating.

The 2026 session was the second year of a two-year cycle, therefore, bills not enacted by session's end die. A summary of key enacted health care legislation and notable bills that failed—often a preview of next session's priorities—follows.

NOTABLE LEGISLATION ENACTED THIS SESSION

***Pharmacist-Physician Collaborative Practice Act*—S. 449** Provides statutory authorization for collaborative practice agreements between pharmacists and physicians for pharmacists to provide medication management and other services to patients delegated to them by the treating physician. The Pharmacy Board and the Medical Board must promulgate regulations before practice agreements may be implemented.

***Pharmacists Dispensing of Hormonal Contraceptive*—S. 477** Authorizes pharmacists to dispense a self-administered hormonal contraceptive or administer an injectable hormonal contraceptive pursuant to a joint written protocol issued by the Pharmacy Board and the Medical Board.

***Physician Licensure Requirement*—H. 3254, Act No. 103** This bill authorizes the Medical Board to waive the SPEX or CONVEX examination if the Board determines that the physician applicant possesses the requisite general medical knowledge to competently practice medicine based on specific findings of fact regarding the applicant's education and experience. These examinations are required if the applicant has not passed another examination or been board certified or recertified within 10 years of the filing of the application. H. 3254 gives the Medical Board flexibility in individual situations.

***Human Trafficking Awareness and Prevention Training*—H. 4343, Act No. 106** Requires nurses, physician assistants, and physicians to complete a one-hour course in human trafficking awareness and prevention every six years beginning January 1, 2028. The Medical Board is directed to adopt rules to implement this requirement for physicians.

***Workers Compensation Fee Schedules*—H. 3874** The Workers Compensation Commission is to establish a new fee schedule or adjust an existing fee schedule for medical services provided by medical practitioners. Fee schedules must be reviewed on an annual basis and revised as necessary. The Commission must work in consultation with a cost containment committee whose members are appointed by the Chair of the Commission. The Commission must hold a public hearing prior to finalizing the annual fee schedule update.

***Rural Emergency Hospitals*—S. 895** Amends the definition of "hospital" in State law to include all hospitals that convert to "Rural Emergency Hospitals" pursuant to federal law. The "REH" designation was established by Congress through an Appropriations Act to maintain access to emergency and outpatient hospital services in communities that may not be able to sustain a Critical Access Hospital or small rural hospital.

***Hallway Beds in Hospitals*—S. 958** Authorizes hospitals to place beds in hallways, corridors, or other means of egress during a "justified emergency" as defined in the bill, such as a declared state of emergency, a natural or manmade disaster, or a mass transit accident. It also includes full ED space exhaustion when all treatment areas are in use. An ED leadership designee must formally determine and justify the emergency and submit required documentation to the SC Department of Public Health.

***Tuberculosis Testing in Nursing Homes*—S.819** Establishes a procedure for tuberculosis testing of applicants for employment in nursing homes and residential care facilities. It allows the applicant to begin work upon the facility's receipt of documentation from an authorized health care provider that the applicant meets certain requirements specified in the bill for previous testing and lack of signs or symptoms. If the previous test is a skin test, the test must be repeated within the first fourteen days of contact with residents.

***Smart Heart Act*—H. 3831, Act No. 108** Requires the development and implementation of a Cardiac Emergency Response Plan (CERP) for each public school. It further requires each public school, including charter schools, to ensure that an AED is accessible on school property and at campus athletic venues. The Governor signed the bill on April 2nd, and it takes effect on July 1, 2026, for the 2027-2028 school year.

***Social Media*—H. 4591** The "Stop Harm from Addictive Social Media (SHASM) Act" requires social media platforms to use reasonable means to estimate the age of certain account holders; requires them to request birth date information in opening accounts; obtain parental consent to open or maintain an account for a child. It also creates default settings for certain users and requires parental consent to change them. The law takes effect on January 1, 2027.

***Patient Billing*—H. 4069** Requires health care facilities beginning January 1, 2027, to provide an electronic version of an itemized bill for all services and supplies provided to the patient during the patient's visit to the facility. The patient may request a written copy of the itemized bill or waive the right to receive an itemized bill. The definition of "healthcare facility" in the bill does not include physician offices.

NOTABLE LEGISLATION NOT PASSED THIS SESSION

***Independent practice for APRNs and PAs* -** After lengthy hearings in the fall of 2025, the General Assembly did not take any further action on these bills in the 2026 session. The push

for independent practice remains strong, and discussions about a path forward are expected ahead of the 2027 session.

Pharmacy Scope of Practice - Legislation to expand pharmacist testing and treatment—including authority to administer CLIA-waived tests and prescribe based on results—saw hearings but did not advance. A Senate budget proviso that would have greatly broadened pharmacists' ability to order tests and prescribe treatments, effectively moving them toward primary care, was ruled non-germane. We expect continued interim discussions on the appropriate scope of practice for pharmacists.

Non-Compete Clauses in Physician Contracts - The physician community came close to passing legislation to prohibit noncompete clauses in physician employment contracts. The bill would have declared these clauses to be against public policy because they interfere with the patients' freedom to choose their physician. The bill passed the House and was favorably reported to the full Senate by the Senate Medical Affairs Committee near the close of the regular session but died on the Senate calendar as it was opposed by rural hospitals.

Vaccines - Several vaccines bills were pending that included: requiring certain information to be provided about the dangers of the COVID vaccine; prohibiting the COVID vaccine and certain other vaccines based on an mRNA platform; prohibiting vaccines from being mandated for children under 24 months of age and only given if voluntarily requested by the parents; requiring measle vaccines for school attendance.

PBM Reform - Most of the session's PBM activity stalled. A Senate Banking & Insurance bill advanced to the full Senate but remained on the contested calendar, and several House bills did not move. The only measure with a clear path forward is a Senate proviso in the Appropriations bill creating a study committee on PBM issues.

Medical Malpractice—The bill would have addressed the circumstances under which the limitations on noneconomic damages do not apply; clarified the definition of "occurrence" for multiple acts or occurrences that were part of the same causal chain; increased caps under the State Tort Claims Act and for charitable organizations. It passed the House and died on the Senate calendar.

Abortion - Several bills were introduced, including the "Unborn Child Protection Act," would have banned abortions in SC except to prevent the death or serious bodily harm to the mother; and it would have eliminated the exceptions in current law for rape, incest, and fatal fetal anomalies. Other legislation was aimed at severely limiting women's access to abortion-related drugs.

Regulation of Hemp Consumables - There was extensive debate this session about regulation of hemp consumables. Differing bills passed the House and Senate, and conferees met on June 25th to work out a compromise bill to present to their respective bodies. The Senate adopted the conference report, but the House voted against it by a large margin. Hemp consumables will thus continue to be a topic of debate next session.

In addition to the bills noted above, legislation addressing the following issues is expected to return next session:

- Independent Practice – CRNAs; along with NPs/PAs
- Scope of Practice – Optometry; Pharmacy; Podiatry

- Physician-led Healthcare
- Parental Consent for Healthcare for Minors
- Addition of Abortion-related drugs to Schedule IV and Creation of Criminal Penalties
- Medical Marijuana & Regulation of Hemp Consumables
- Registration of Out-of-State Health Care Providers to Practice in SC
- Limitations on Use of AI by Health Care Insurers
- Regulation of Kratom
- Prior Authorization Reform
- Over-the-Counter Sale of Ivermectin

Although some meaningful legislation passed, many physician-focused priorities did not. This sets the stage for discussions over the interim with interested parties on independent practice for NPs and PAs as well as scope of practice for pharmacists.

Legislation may be accessed on the SC General Assembly website at www.scstatehouse.gov.

The 2027 legislative session will begin on Tuesday, January 12, 2027.