

SC House Opioid Study Committee Hearing

Talking Points

May 9, 2017

- SCHA, along with our member hospital systems, fully supports the work of this study committee and stands ready to assist in any way we can with your deliberations, evaluations and recommendations related to preventing, mitigating and properly treating those SC residents at risk for or who are suffering from opioid use disorder.
- SCHA and its members would like to express our deep appreciation to DAODAS leadership and staff for their diligent efforts to date, with many other public and private sector partners across the state, in all the key areas of prevention and treatment related to opioid use and abuse.
- SCHA and its members would also like to commend DHEC leadership and staff on their efforts to develop a comprehensive statewide prescription drug monitoring system, SCRIPTS, and we are already engaged with DHEC and DAODAS in creating an active interface between the SCRIPTS system and the electronic health records of hospitals and physician practices across the state, including timely access to the NarxCare risk scoring system in locations like emergency departments and pain clinics. We are also supportive of DHEC's efforts to create a "report card" that could provide valuable information about specific prescribing patterns for individual practitioners and staff charged with monitoring of any outlier prescribing practices.
- SCHA and its member systems have fully committed to an intensive focus on the opioid use disorder crisis across our state, in partnership with the leaders of DMH, DAODAS, DHEC, DHHS and the Department of Corrections along with representatives from law enforcement, judiciary, key consumer groups, our state universities and other healthcare organizations. This partnership will be identified as the SC Behavioral Health Coalition.
- Through this coalition structure, we will be actively working to identify the preventive and interventional measures that could have the greatest impact on reducing the risk for any SC resident to develop opioid use disorder, mitigating the risk for death or severe morbidity due to an opioid overdose, and effectively treating those residents suffering from opioid use disorder.
- Coalition members are already working collaboratively to both evaluate existing opioid use disorder prevention and treatment programs within SC and in other states that are already demonstrating effectiveness, and access relevant SC data sources for a detailed analysis of specific rates and patterns of opioid use and abuse at the community, regional and state levels.
- In particular, it should be recognized that the VA system has done some excellent work in reducing use of opioids and treating veterans with opioid use disorder and I am very pleased that senior representatives from the VA system are already actively engaged with our new coalition.

- As already referenced by Acting Director Goldsby, the Alliance for a Healthier South Carolina is an existing multi-sector coalition of senior leaders from public agencies, institutions and private organizations that has identified as one of its collective priorities the improvement in mental and behavioral health and well-being of everyone in SC. In particular, the Alliance has actively encouraged hospitals, law enforcement agencies and pharmacies to establish drop boxes to make it easy for everyone to return unused drugs including opioids. While there are now 80 drug drop off sites in 30 counties that means that residents in 16 counties do not have easy access to drop boxes. We know that the medicine cabinets of parents and grandparents are too often the entry point for adolescents gaining access to opioids that too often leads to abuse and the development of opioid use disorder.
- Any evaluations and recommended actions related to opioid prescribing practices by licensed practitioners should differentiate between appropriate use of opioid containing medications for acute pain management vs. chronic pain control and management.
- It is also critically important to recognize opioid use disorder as a chronic medical condition, like diabetes or cardiovascular disease, especially as it relates to ensuring access to and coverage for evidence-based treatment programs and resources. Just as patients with diabetes and hypertension should not be denied access to and coverage for needed medications and counseling to control their blood sugar or blood pressure levels and to prevent more severe complications including death, patients suffering from opioid use disorder should not be denied access to or coverage for medication assisted treatment and behavioral counseling that will maximize the opportunity for recovery and prevent death or other major complications.
- Therefore, treatment for any patient suffering from opioid use disorder should include full access to and coverage for medication assisted treatments and behavioral health counseling/therapy, including access to these services and resources via telemedicine.
- SCHA and its members support all efforts to ensure that naloxone is readily available along with appropriate training on its use to all first responders from law enforcement, fire departments, rescue squads and EMS agencies as well as any healthcare provider location, including pharmacies, where a patient may present suffering from the effects of an opioid overdose.
- Finally, I applaud the collective efforts of many organizations including the Board of Medical Examiners and the SC Medical Association to establish educational resources for all licensed physicians related to opioid prescribing guidelines and safe practices matched to the requirement of physicians to complete at least 2 hours of CME training to maintain state licensure. I believe this same continuing education requirement should be extended to all practitioners involved in the opioid prescribing process including dentists and pharmacists. I also recommend that we actively encourage maximum alignment of education and awareness activities for prescribing practitioners, other healthcare providers and the general public to ensure clarity and continuity of key messages and desired changes in behavior.