



# **South Carolina House of Representatives Opioid Abuse Prevention Study Committee**

**January 2019 Update to  
Findings and Recommendations**

# South Carolina House of Representatives Opioid Abuse Prevention Study Committee

On January 3, 2018, the Committee issued its first report detailing the Committee's findings, recommendations, and legislative plan of action. The report was issued with the knowledge that it was only a first step and could not solve all aspects of the widespread opioid epidemic or repair the devastation inflicted on South Carolinians overnight.

The report, in addition to the State Plan developed by the Prescription Drug Abuse Council and the ongoing efforts of the South Carolina Behavioral Health Coalition, provided a foundation for addressing the opioid crisis and resulted in the passage of ten separate pieces of legislation. The Committee believes it is crucial to continue to seek new ideas to combat the epidemic while analyzing the impact of newly enacted legislation.

This report update is intended to provide a point of reference to the many successful changes through enacted legislation and shifts in policy that resulted from the coordinated efforts of the Committee, state agencies, and private and public stakeholders. An update on the financial commitment made by the legislature to address the opioid epidemic through the 2018-2019 Appropriations Act is also included.

Additional policy proposals and further recommendations for topics of study developed by the Committee or presented to the Committee members are outlined.

The Committee appreciates the continued support and assistance from all public and private partners. It remains steadfast in its commitment to improve the response to this crisis throughout the state and, most importantly, continue to improve the quality of life for all South Carolinians impacted by the opioid epidemic.

## *Committee Timeline*

**April 24, 2017** - Speaker James H. Lucas announced the establishment of the House Opioid Abuse Prevention Study Committee

**May 9, 2017** - The Committee held its inaugural meeting

**July, August, & September 2017** - The Committee held a series of hearings to receive testimony from the public and various stakeholders

**October, November, & December 2017** - The Committee held working group meetings to discuss public input and expert testimony received during the hearings

**January 3, 2018** - The Committee formally adopted the recommendations and findings in its report

**May 2018** - Ten bills introduced by members of the Committee were signed into law

**June 2018** - The Appropriations Bill was adopted, including millions in new investment to address issues identified by the Committee

## **Current Committee Membership**

**The Honorable Russell Fry** (District 106-Horry): Representative Fry serves as Chairman of the House Opioid Abuse Prevention Study Committee. Representative Fry serves on the Judiciary Committee and the Rules Committee. He has served as a member of the House of Representatives since 2015.

**The Honorable Terry Alexander** (District 59-Florence): Representative Alexander serves on the Education and Public Works Committee and the Regulations and Administrative Procedures Committee. He has served in the House of Representatives since 2007.

**The Honorable Chandra Dillard** (District 23-Greenville): Representative Dillard serves on the Labor, Commerce and Industry Committee and as a member of the Legislative Oversight Committee. She has served in the House of Representatives since 2009.

**The Honorable Shannon Erickson** (District 124-Beaufort): Representative Erickson serves on the Ways and Means Committee and the Regulations and Administrative Procedures Committee. She has served in the House of Representatives since 2007.

**The Honorable Lee Hewitt** (District 108-Georgetown): Representative Hewitt serves on the Agriculture, Natural Resources and Environmental Affairs Committee and the Legislative Oversight Committee. He has served as a member of the House of Representatives since 2017.

**The Honorable Chip Huggins** (District 85-Lexington): Representative Huggins serves as Chairman of the House Regulations and Administrative Procedures Committee, and as a member of the Ways and Means Committee. He has served in the House of Representatives since 1999.

**The Honorable Mandy Powers Norrell** (District 44-Lancaster): Representative Norrell serves on the Judiciary Committee and the Legislative Oversight Committee. She has served as a member of the House of Representatives since 2013.

**The Honorable Marvin Pendarvis** (District 133-Charleston): Representative Pendarvis serves on the Agriculture, Natural Resources and Environmental Affairs Committee and the Legislative Oversight Committee. He has served as a member of the House of Representatives since 2017.

**The Honorable Bobby Ridgeway** (District 64-Clarendon): Representative Ridgeway serves on the Medical, Military, Public and Municipal Affairs Committee and the

Legislative Oversight Committee. He has served as a member of the House of Representatives since 2013.

**The Honorable Todd Rutherford** (District 74-Richland): Representative Rutherford serves on the Ways and Means Committee and the Ethics Committee. He has served in the House of Representatives since 1999.

**The Honorable Kit Spires** (District 96-Lexington): Representative Spires serves on the Labor, Commerce and Industry Committee and on the Rules Committee. He has served in the House of Representatives since 2007.

**The Honorable Ashley Trantham** (District 28-Greenville): Representative Trantham serves on the Agriculture, Natural Resources and Environmental Affairs Committee. She has served in the House of Representatives since 2018.

**The Honorable David Weeks** (District 51-Sumter): Representative Weeks serves on the Ways and Means Committee and the Ethics Committee. He has served as a member of the House of Representatives since 2001.

**The Honorable Jay West** (District 7-Anderson): Representative West serves on the Labor, Commerce and Industry Committee and the Legislative Oversight Committee. He has served in the House of Representatives since 2017.

**The Honorable Chris Wooten** (District 69-Lexington): Representative Wooten serves on the Education and Public Works Committee and the Legislative Oversight Committee. He has served in the House of Representatives since 2018.

**The Honorable Richie Yow** (District 53-Chesterfield): Representative Yow serves on the Education and Public Works Committee as the Invitations and Memorial Resolutions Committee. He has served in the House of Representatives since 2015.

### **Former Members:**

**The Honorable Eric Bedingfield** (District 28-Greenville), Chairman

**The Honorable Phyllis Henderson** (District 21-Greenville), Co-Chairman

**The Honorable Todd Atwater** (District 87-Lexington)

**The Honorable MaryGail Douglas** (District 41-Fairfield)

## **2019 Report Update**

The January 2018 report included references to pending legislation, new legislation introduced by members of the Committee and individual recommendations regarding state and local policies. Due to overwhelming support in both the House of Representatives and Senate, Governor McMaster signed ten bills into law to address the opioid epidemic by the end of the legislative session. The findings and recommendations have been updated to reflect actions taken by state agencies and stakeholders since the release of the report.

## **2018 Legislation Signed into Law**

**H.3819** established informed consent requirements that must be met prior to prescribing opioid medications to minors. Certain exceptions are provided including, but not limited to, medical emergency, surgery, pain management treatment for palliative care, cancer care, or hematological disorders, such as sickle cell disease, and treatment of neonatal abstinence syndrome.

**Effective November 17, 2018**

**H.3820**, included in **S.302**, required instruction in prescription opioid abuse prevention as part of the public school Comprehensive Health Education Program beginning with the 2018-2019 school year.

**Incorporated into S.302 - Effective May 17, 2018**

**H.3821**, included in **S.302**, provided a mandatory higher education curriculum on prescribing controlled substances in the training of healthcare professionals. The Act further required public and private institutions of higher education, offering degrees in healthcare professions that allow graduates to prescribe controlled substances listed in Schedules II, III, and IV, develop mandatory coursework on the prescription and monitoring of controlled substances used to treat or manage pain. The coursework must include instruction on strategies to recognize and reduce the likelihood of patient addiction to opioids and other controlled substances.

**Incorporated into S.302 - Effective May 17, 2018**

**H.3822** established reporting requirements that allow for the updating of controlled substance drug schedules to reflect changes made by the South Carolina Department of Health and Environmental Control.

**Effective May 3, 2018**

**H.3825**, included in **S.918**, required the South Carolina Department of Health and Environmental Control to provide prescription report cards to practitioners utilizing the prescription monitoring program that includes data relevant to a practitioner's prescribing practices.

**Incorporated into S.918 - Effective November 15, 2018**

**H.3826** required written prescriptions for controlled substances to be written on tamper-resistant prescription pads to prevent unauthorized copying of a completed or blank prescription form, erasure or modification of information written on the prescription by the prescriber, or use of counterfeit forms. Prescription orders transmitted by facsimile, orally, or electronically are exempt.

**Effective July 16, 2017**

**H.4117** authorized the South Carolina Department of Health and Environmental Control to provide data in the prescription monitoring program pertaining to a specific case involving a designated person to a presiding drug court judge.

**Effective May 18, 2018**

**H.4487** required that when a substance is added or rescheduled, the South Carolina Department of Health and Environmental Control will provide copies of the change to the Chairmen of the Medical, Military, Public and Municipal Affairs Committee and the Judiciary Committee of the House of Representatives, and to the Code Commissioner, and updated Title 44, Chapter 53 pursuant to recommendations made by the House Legislative Oversight Committee.

**Effective May 18, 2018**

**H.4488** authorized the South Carolina Department of Health and Environmental Control's Bureau of Drug Control to provide data in the prescription monitoring program to a coroner, deputy coroner, medical examiner, or deputy medical examiner who is involved in a specific inquiry into the cause and manner of death of a designated person.

**Effective May 3, 2018**

**H.4600** defined a "community distributor" as any organization, either public or private, that provides substance use disorder assistance and services, such as counseling, homeless services, advocacy, harm reduction, alcohol and drug screening, and treatment to individuals at risk of experiencing an opioid related overdose. Community distributors are permitted to provide opioid overdose antidotes to individuals based on a joint protocol developed by the Board of Medical Examiners and the Board of Pharmacy allowing organizations serving this population greater access to this life-saving drug.

**Effective May 3, 2018**

**H.4601** implemented licensure requirements for addiction counselors and provides for the inclusion of addiction counselors on the Board of Licensure of Professional Counselors, Marriage and Family Therapists, and PsychoEducational Specialists. According to the South Carolina Department of Labor, Licensing and Regulation, 345 addiction counselors have been licensed to date.

**Effective May 18, 2018**

**H.4603** would have set a five-day supply limit for opioid medications. Ultimately, the supply limitation was included in **S.918**, which established a seven-day supply limit for initial opioid prescriptions, except when clinically indicated for cancer pain, chronic pain, hospice care, palliative care, major trauma, major surgery, treatment of sickle cell disease, treatment of neonatal abstinence syndrome, or medication-assisted treatment for substance use disorder. Upon any subsequent consultation for the same pain, the practitioner may issue any appropriate renewal, refill, or new opioid prescription. The limitation does not apply to opioid prescriptions issued by a practitioner who orders an opioid prescription to be wholly administered in a hospital, nursing home, hospice facility, or residential care facility.

**Incorporated into S.918 - Effective May 15, 2018**

## **Committee Recommendations Update**

### **I. Access to Treatment and Services**

#### **A. Crisis Intervention**

#### **Recommendation: Integrate Certified Peer Support Specialists in Hospitals Statewide.**

**Update:** Several hospitals across the state now utilize Peer Support Specialists within their systems and emergency departments, including the Medical University of South Carolina (MUSC), Tidelands Waccamaw Community Hospital, and the Grand Strand Medical Center. Some hospitals are well positioned to employ Peer Support Specialists directly, while others benefit from collaborative agreements with other providers, including the Act 301 behavioral health centers.

Additional discussions are necessary to ensure patients have maximum access to these essential services and to develop a sustainable reimbursement policy for Peer Support Specialists.

#### **Recommendation: Expand the Medication Assisted Treatment Pilot Program.**

**Update:** MUSC began working with three emergency departments in December of 2017 to implement the Medication Assisted Treatment (MAT) pilot program. The hospitals selected for the initial programs were MUSC, Tidelands Waccamaw Community Hospital, and Grand Strand Medical Center.

Up to \$2.5 million has been authorized through the Department of Health and Human Services (DHHS) for the 2018-2019 fiscal year, to continue and expand the program into additional emergency departments. MUSC is working with the Department of Alcohol

and Other Drug Abuse Services (DAODAS) to establish a long term implementation plan for expansion of the initiative statewide.

According to DAODAS, there has been a two hundred percent increase over the last year in the number of patients financially supported by the agency, receiving evidence-based treatment for opioid use disorder (OUD). This represents an uninsured population who would not have otherwise received this high quality care. DAODAS is currently expanding the access to this treatment with additional federal funding. Currently, there are thirty-two centers delivering or coordinating care for these services and there has been a statewide increase in the number of providers delivering MAT services.

## **B. Treatment and Recovery**

### **Recommendation: Evaluate the Geographical Availability of Facilities and Potential Expansion of Detoxification Programs.**

**Update:** \$4 million has been authorized through DHHS, in consultation with DAODAS, for capital improvements to the Act 301 behavioral health centers. The funds will be provided on a needs-based approach as determined by the agencies and may be used for the construction of new buildings. This investment is part of an ongoing effort to improve facilities, and therefore access, statewide

### **Recommendation: Develop a State Waiver for Institutions for Mental Disease or Other State Initiatives to Provide Targeted Coverage for Substance Use Disorder.**

**Update:** The Opioid Abuse Prevention and Treatment Plan, Proviso 117.142 of the 2018-2019 Appropriations Act, required DHHS to develop policies that will allow greater access to and options for substance use treatment in Institutions of Mental Disease (IMD) when medically appropriate through the department's Managed Care contracts. DHHS has implemented such policies to allow substance use treatment in IMDs so that access is permissible for Medicaid recipients with substance use disorder (SUD).

### **Recommendation: Expand Applications of the Telehealth Network for Substance Use Disorder.**

**Update:** Each of the Act 301 behavioral health agencies are equipped with the technology necessary to provide telehealth services for SUD. Due to infrastructure limitations in certain rural areas, gaps remain in data and information exchange. The South Carolina Telehealth Alliance, MUSC, and Palmetto Care Connections are working to address the connectivity barriers for these areas.

**Recommendation: Appropriate State Funding for Expanded Opioid and Substance Use Disorder Treatment as Requested by the South Carolina Department of Health and Human Services.**

**Update:** The 2018-2019 Appropriations Act fully funded the DHHS and DAODAS budget requests for opioid and substance use disorder treatment. An additional \$1.75 million was also appropriated to DAODAS, as requested by members of the Committee. The additional funds will support initiatives detailed in the Opioid Abuse Prevention and Treatment Plan, Proviso 117.142.

**Recommendation: Support Collegiate Recovery Pilot Programs.**

**Update:** Pursuant to the Opioid Abuse Prevention and Treatment Plan, Proviso 117.142, DAODAS is assisting collegiate recovery programs at the College of Charleston, the University of South Carolina, and Greenville County Technical College by providing guidance, technical assistance, and oversight.

In 2018, these schools presented proposals for creating and expanding services for students in recovery from substance use and commonly co-occurring disorders and/or those in need of recovery from substance misuse. Each collegiate recovery program will provide students with recovery support services, environments for recovery-oriented living and learning, as well as facilitate health services along a continuum of need while providing appropriate referrals for continuity of care.

**Recommendation: Support Workforce Initiatives to Enhance Awareness and Access to Substance Use Disorder Treatment.**

**Update:** Employee Assistance Programs (EAPs) have proven to be effective work-based intervention models for individuals and employers dealing with personal problems that affect workplace performance. These services can be provided through individual state agency contracts with EAP providers. New state policies to support and encourage the benefits of EAPs for both employees and employers alike should be explored with State Human Resources, the South Carolina Public Employee Benefit Authority, the South Carolina Department of Employment and Workforce, and the South Carolina Department of Commerce.

## **II. Education and Training**

**Recommendation: Support Ongoing Public Education Campaigns Regarding the Hazards of Substance Use Disorder with a Focus on the Opioid Crisis.**

**Update:** DAODAS implemented South Carolina's public awareness campaign, Just Plain Killers. The agency launched new media advertisements, an updated website, and

information regarding treatment and other resources are available to the general public at: [www.JustPlainKillers.com](http://www.JustPlainKillers.com).

**Recommendation: Promote and Expand Training and Certification Opportunities for Peer Support Specialists and Recovery Coaches, and Develop Appropriate Disciplinary Procedures.**

**Update:** The Substance Abuse and Mental Health Services Administration (SAMHSA) identified four model programs as National Centers of Excellence. FAVOR Greenville is one of the four programs. It is also one of nine nationally accredited Recovery Community Organizations and is accredited by the Council for Accreditation of Peer Recovery Support Services. In addition to these accolades, there have been no disciplinary issues raised or any revocation of certification of Peer Support Specialists or Recovery Coaches. To ensure maintain these high standards the organization implemented a disciplinary protocol that includes the following criteria:

- Weekly supervision and continuing education training provided by executive leadership
- Frequent case review to allow for oversight of staff issues
- Clients are informed of rights/grievance procedure upon intake/consent: encourage clients to report concerns
- If issues arise an internal disciplinary process is initiated (verbal, written/corrective action, termination)
- Egregious violations of policy will result in immediate termination
- Revocation of credential internally
- Revocation of state credentials is determined by FAVOR SC

FAVOR Greenville's exemplary record sets a standard for the delivery of services provided by Peer Support Specialists and Recovery Coaches. This model should be implemented as a standard for these services statewide.

**Recommendation: Expand Peer Support Specialist Training Through the South Carolina Department of Alcohol and Other Drug Abuse Services and the South Carolina Department of Corrections Collaboration.**

**Update:** Through the DAODAS and South Carolina Department of Corrections (SCDC) collaboration, specialists are working with inmates who have a history of addiction. Inmates approaching their release date are receiving Vivitrol injections, a recovery plan is established, and the inmate is connected with treatment services in the community prior to release. These individuals also have the opportunity to be placed in recovery housing and are linked up with employment opportunities after their release.

There is a goal to have one hundred certified Peer Support Specialists behind the wall helping inmates throughout all state correctional facilities. This training is currently

being expanded to include officers with the South Carolina Department of Pardon, Parole and Probation, to ensure that the benefits of a Peer Support Specialist is maintained during this critical period of transition.

**Recommendation: Provide Reimbursement for the Screening, Brief Intervention, and Referral to Treatment Training.**

**Update:** Included as part of the fully funded DHHS budget request, South Carolina Medicaid has expanded reimbursements for the Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to other physicians beyond obstetricians, with few exceptions. The SBIRT model is defined by SAMHSA as a “comprehensive, integrated, public health approach to the delivery of early intervention and treatment services.” It is a proven evidence-based practice, and reimbursing physicians for the training will help to ensure patients with SUD are properly identified when seeking medical care.

**Recommendation: Promote the Joint Pain Management Guidelines within Continuing Education Requirements.**

The South Carolina Department of Labor, Licensing and Regulation has reported that continuing education requirements related to responsible prescribing of controlled substances have been fully implemented for physicians, pharmacists and the professions of dentistry, optometry, and podiatry.

### **III. Criminal Justice System**

**Recommendation: Develop Diversion Programs and Deflection Policies.**

**Update:** Pursuant to the Opioid Abuse Prevention and Treatment Plan, Proviso 117.142, DAODAS worked closely with the law enforcement community and the judicial system to develop one of the first diversion programs in drug court to include MAT for defendants. This program has been established in the Sixteenth Judicial Circuit in York County with help of local treatment providers.

**Recommendation: Consider the Establishment of Drug Courts Statewide or the Combination of Drug Courts and Mental Health Courts.**

**Update:** Discussions around the utilization of drug courts are continuing in the General Assembly. Recommendations regarding drug courts were included in the Joint Legislative Sentencing Reform Committee’s 2018 report. House Bill 3322, the Sentencing Reform Act, contains a portion related to drug courts as recommended by the Joint Legislative Sentencing Reform Committee and will be considered this legislative session.

**Recommendation: Utilize Potential Lawsuit Settlement Funds for Substance Use Disorder Treatment.**

**Update:** The General Assembly could establish a specific trust fund designated for lawsuit settlement funds related to the nationwide opioid epidemic. The trust fund could ensure these funds are retained and expended for opioid education, prevention and treatment. This could be extended to resources seized by law enforcement when related to the opioid epidemic.

#### **IV. Prescription Medication Access**

**Recommendation: Enhance the Prescription Monitoring Program.**

**Update:** DHEC is working with the current prescription monitoring program (PMP) vendor to determine the feasibility and capacity for future upgrades to the existing system compared to the potential development of a new system that could be developed internally. Funding is available through DHHS for either option based on cost effectiveness and long-term sustainability.

**Recommendation: Alleviate Prior Authorization Issues for Substance Use Disorder Treatment Medications.**

**Update:** Prior authorization barriers for treatment and medication are being reduced by South Carolina Medicaid, the State Health Plan, and private insurers. Additionally, prior authorization policies are being enhanced for first-time users and long-acting opioids to ensure that the course of treatment that is authorized is consistent with an individual's long term goals with certain exceptions.

#### **V. Community Coordination**

**Recommendation: Encourage the Development of Community Coordinating Councils.**

**Update:** Several communities across the state have developed coordinated efforts through local leadership, law enforcement, healthcare providers, and stakeholders to include partners in the public and private sectors, and faith-based organizations to address OUD at the local level. DAODAS is continuing to work with and support additional community coalitions through the Empowering Communities for Healthy Outcomes (ECHO) model that specifically addresses prescription drug abuse and misuse.

### **Recommendation: Expand Prescription Drug Take Back Day Events and Drop-Off Box Locations.**

**Update:** According to DHEC, South Carolina collected a total of 9,032 pounds of unused drugs on October 28, 2017. Due to the promotion of these events and expansion of disposal sites, it was reported that 74,059 pounds were collected in April 2018. There are 136 drug disposal sites available across the state to deposit unwanted or unused pills, liquids or other medications. The Just Plain Killers campaign and website offers safe storage tips of prescription medications and a map identifying disposal sites to the general public.

### **Recommendation: Coordinate with the Drug Enforcement Agency to ensure timely removal of prescription drugs collected from law enforcement agencies.**

**Update:** DHEC is working with state and local law enforcement and private contractors to identify collected and confiscated prescription drugs, including removal or destruction of stockpiles in a timely, safe, and appropriate manner.

## **State Investment in Opioid Abuse Prevention and Treatment**

The 2018-2019 Appropriations Act contained over \$11 million in increased state funding specifically aimed at addressing the opioid epidemic through DHHS and DAODAS. The Act also includes \$5 million in state funds for MUSC's Health Innovations Program and a \$1.5 million increase for the South Carolina Telehealth Network, both of which will provide support for opioid abuse prevention and treatment. Below is a summary of opioid related funding and the components of Proviso 117.142

### **Department of Alcohol and Other Drug Abuse Services**

- \$3 million in recurring funds for DAODAS for Opioid Abuse Prevention and Treatment.
  - \$1.25 million as requested by the agency to continue support and expand prevention, treatment and recovery services to rural areas, therapies, and medications.
  - \$1.75 million in additional recurring funds above the agency request, to implement various recommendations by the Committee.

### **Department of Health and Human Services**

- \$4.35 million in recurring funds for DHHS as requested by the agency for Medicaid beneficiaries, including \$10.65 million in federal matching funds and the following:
  - Enhanced access to medications and counseling for SUD, outpatient treatment programs, MAT, expanded reimbursement for SBIRT screening, provider education and training, and other covered benefit changes.

- \$4 million in non-recurring funds for capital improvements to the Act 301 local alcohol and drug facilities through Proviso 33.20, distributed through a needs-based allocation as determined by DHHS and DAODAS.
- \$1.5 million recurring funding increase to DHHS for the Telehealth Network that contains funds available for DAODAS network infrastructure enhancements, SUD treatments, and consultations.

### **Medical University of South Carolina**

- \$5 million in recurring funds for MUSC for Health Innovations as requested by the agency.
  - Includes funding for two opioid epidemic focused programs.
  - A three-week program designed to enable patients on chronic opioid pain medications to taper off these medications while optimizing non-opioid methods to manage chronic pain.
  - Expand the partnership with DAODAS and DHHS, for access to MAT for opioid addiction in emergency departments.

### **Opioid Abuse Prevention and Treatment Plan Proviso 117.142**

Proviso 117.142 ensures the continuation of the Opioid Emergency Response Team (OERT), established pursuant to Executive Order 2017-42. OERT developed a state plan to provide guidance and a detailed strategy for state and local efforts to combat the opioid epidemic. In creating the State Opioid Emergency Response Plan (OERP), the OERT carefully considered the findings and recommendations of the Committee and worked in coordination with over two dozen private and public entities. Their final plan contains nearly one hundred objectives in four focus areas: Education and Communication, Prevention and Response, Treatment and Recovery, as well as a Coordinated Law Enforcement Strategy. The OERT conducts periodic assessments to evaluate the plan implementation.

Additionally, the proviso includes several of the Committee recommendations including requirements for DHHS to utilize IMDs for treatment of SUD when medically appropriate. Additional funds for the emergency department MAT pilot program, PMP enhancements, and collegiate recovery programs are also authorized through the proviso.

## **Phase II**

The Committee held two additional working group meetings in October to review the progress of the 2018 report recommendations and to receive testimony regarding additional topics related to the epidemic, OUD treatment and services, and potential legislative proposals. The Committee identified recommendations to supplement the initial report as well as focus areas for further study.

## A. New Legislation

### **Recommendation: Support Previously Introduced Legislation.**

The Committee recommends the passage of legislation regarding:

1. **Trafficking of Heroin and Synthetic Opiates:** This bill would standardize the definitions and other information relating to illegal drugs, including heroin, synthetic opiates, and other drugs. These revisions will be made to the state Schedule I and II controlled substance possession, distribution, and trafficking criminal statutes.
2. **Deaths Due to Illegal Drugs:** This bill would provide that when illegal drugs, controlled substances, their analogues, or other unlawful substances are sold and then cause the death of users, a criminal charge of involuntary manslaughter could be made against the seller or distributor.
3. **Medicaid Health Plans:** The bill would provide that the DHHS shall prohibit Medicaid health plans from limiting patient access to medications that treat opioid addiction including, but not limited to, dosage limitations, duration of treatment limitations, extensive prior authorization requirements, and fail-first or step therapy requirements, and shall guarantee unrestricted access to any FDA-approved treatment options available for individuals who have completed a detoxification program.
4. **PMP Documentation of Opioid Overdose Antidote Administrations:** This bill would add the administration of opioid overdose antidotes to the South Carolina Reporting & Identification Prescription Tracking System (SCRIPTS). State law requires the South Carolina Department of Health and Environmental Control to maintain SCRIPTS, the state's PMP. The administration of an opioid overdose antidote indicates a potential crisis and presents the need for immediate referral to treatment. Including antidotes for opioid overdose, such as naloxone, in a patient's record provides prescribers with critical information regarding past overdose incidences.

### **Recommendation: Require Veterinarians to Receive Continuing Education Regarding Responsible Prescribing Practices of Controlled Substances.**

Act 91 of 2017 required practitioners who prescribe controlled substances to review a patient's prescription history on the PMP before prescribing. Additionally, the Act provided for continuing education requirements related to responsible prescribing of controlled substances for physicians, pharmacists and the professions of dentistry, optometry, and podiatry.

Veterinarians are also required to access the prescription history of a pet owner on the PMP when prescribing more than a five-day supply of a controlled substance, however veterinarians are do not have continuing education requirements regarding responsible prescribing practices. The Committee recommends introducing legislation that requires

veterinarians to receive continuing education for responsible and safe prescribing of controlled substances.

**Recommendation: Require Coroners to Receive an Additional Hour of Continuing Education Regarding Opioid Overdose as a Cause of Death.**

As a result of H.4488, in October 2018 there were a total of twenty-seven coroners, deputy coroners, medical examiners and deputy medical examiners across the state signed up through DHEC to access the PMP.

There is currently no uniform reporting on death certificates regarding when opioids are determined to be the cause of death. In most cases, it is within the discretion of the coroner in how they report drugs that are present in toxicology reports on the death certificate. Some counties have reported zero deaths related to opioid overdose. This does not depict an accurate picture of the impact of opioids in South Carolina. The Committee recommends that coroners and their employees, who are required to take continuing education courses, include in their curriculum training to recognize opioids as a potential cause of death. This training and expanded access to SCRIPTS will assist in better reporting opioid related deaths.

**Recommendation: Support the Implementation of Community and Law Enforcement Partnerships to Develop Deflection Programs.**

Multiple law enforcement agencies within the state have begun diverting non-violent criminal defendants with SUD to treatment programs in lieu of incarceration. The criminal charges are held in abeyance pending the successful completion of a treatment program. The Committee recommends expansion of deflection programs through the collaboration of law enforcement, treatment providers, community organizations, in consultation with DAODAS and SLED. These programs should follow protocols and procedures for participant identification, screening or assessment, treatment facilitation, reporting, and ongoing involvement of the law enforcement agency.

B. Supplemental Recommendations

**Recommendation: Support the Ongoing Efforts of the State Opioid Emergency Response Team.**

The OERT's collaborative efforts have led to the establishment of relationships that did not previously exist across public and private sectors. The OERT, through a Data Team Subgroup, has collected OUD related data and the analysis of this information will allow for a more strategic approach in the delivery of resources across the state as well as identify trends and gaps in services. The Committee supports the continued work and efforts of the OERT and looks forward to reviewing their progress, the successful

completion of the identified objectives included in the OERP, and receiving the report that is scheduled to be released early 2019.

**Recommendation: Support the Expansion of Diversion Programs.**

DAODAS has worked closely with law enforcement and the Sixteenth Judicial Circuit in York County to develop one of the first diversion programs in drug court to include MAT for defendants. The Committee recommends monitoring the progress of the newly established program and encourage the expansion and development of drug courts statewide. Additionally, the Committee is supportive of the drug court portion of H.3322.

**Recommendation: Register Inmates for Medicaid Upon Release.**

Inmates in state corrections facilities are not eligible for Medicaid benefits. To ensure continuity in services, including MAT, for inmates with a history of SUD, the Committee recommends that DHHS direct Medicaid enrollment specialists to partner with SCDC to provide registration assistance to inmates upon release.

**Recommendation: Encourage the Implementation of Policy Proposals by the South Carolina Law Enforcement Community in the OERP.**

The South Carolina Law Enforcement Division presented policy proposals developed by members of the OERP. The Committee encourages the implementation and further study of these recommendations which include, but are not limited to, the following:

1. Expand interdiction teams to interrupt illicit opioid supply chains.
2. Increase availability of opioid antidotes to officers throughout the state.
3. Explore alternatives to incarceration by developing a broad-reaching deflection programs for persons with opioid use disorder.
4. Develop data sharing that assists communities and partners in prevention, treatment, and resource delivery.

**Recommendation: Encourage the Law Enforcement Community to Utilize ODMAP.**

According to the federal High Intensity Drug Trafficking Areas program, “ODMAP is a mobile tool that provides real-time overdose surveillance data across jurisdictions to support public safety and health efforts to mobilize an immediate response to an overdose spike. It links first responders on scene to a mapping tool to track overdoses to stimulate real-time response and strategic analysis across jurisdictions. Agencies sign a teaming agreement and have the ability to upload data and view the map in real time.” The Charleston Police Department is beginning to use ODMAP, to allow first responders to map and track overdoses to help officers pinpoint areas of the city where fentanyl-laced

drugs are appearing. The Committee encourages law enforcement agencies across the state to utilize this tool where feasible.

**Recommendation: Encourage the Establishment of Local Opioid Mortality Review Teams.**

A trend is emerging nationwide regarding the establishment of Opioid Mortality Review Teams. Maryland has instituted such a committee to conduct confidential reviews of resident drug and alcohol overdose deaths to identify opportunities to improve member agency and system-level operations. Significant knowledge can be gained through the efforts of these committees in preventing opioid overdose deaths in the future. The Committee recommends that Opioid Mortality Review Teams be established in each county.

**Recommendation: Assess Data Sharing Related to Substance Use Disorder**

Access to high quality care is critical. Data collection is essential in determining how state healthcare and related agencies are utilizing resources, sharing information, and connecting available data sets to perform the best possible syndromic surveillance, risk stratification, and evaluation of patients. The Committee recommends that state agencies and entities engage in collaborative data sharing and analysis to ensure that resources are utilized in the most efficient and effective way to better monitor and combat the opioid epidemic in South Carolina.

**Recommendation: Directly Address the Addiction Stigma Issue.**

Addiction is a disease of the brain and not a moral failing. There is a great deal of stigma associated with addiction resulting from misinformation and a misunderstanding of the nature of addiction and its disease state. The Committee recognizes the importance of this issue and the need to continue conversations regarding prevention, addiction, treatment, and recovery to change the culture of addiction in South Carolina.

**Recommendation: Maintain A Keen Awareness of Correlated Drug Trends.**

Access to other illicit drugs, including cocaine and methamphetamines, is on the rise nationally posing a significant threat in a similar way as the opioid crisis. The use and misuse of these substances oftentimes correlate with the misuse of opioids. It is a recommendation of this Committee to recognize the broader impact of opioids and other substance abuse as an “addiction crisis”. It is critical that South Carolina keep a watchful eye on correlated drug trends to prevent the shifting of one epidemic to another.

**Recommendation: Support the Department of Health and Human Services in Identifying Non-Opioid Pain Management Coverage.**

DHHS is actively seeking input from the provider community for non-opioid pain management as reasonable alternative treatments that are currently not covered by the agency and how to promote that diversion. The Committee recommends that DHHS perform a timely and extensive review of options available for non-opioid pain management and implement policy and coverage changes related to their findings.

**Recommendation: Encourage a “Pre-natal to Grave” System of Care Approach to Address Substance Use Disorder Treatment in South Carolina.**

A comprehensive approach of care coordination for SUD has proven to be essential in decreasing opioid overdose deaths. Models are available from the initiation of care, including the first contact with emergency departments and first responders, and follow individuals as they continue with care, to sustaining ongoing treatment. The Committee recommends implementing a “Pre-natal to Grave” system of care approach to address SUD treatment in South Carolina.

C. Areas for Further Study

**Recommendation: Conduct Further Study on the Regulation of Recovery Housing in South Carolina.**

A supportive living environment and stable housing is critical in the early stages of recovery. There has been a significant increase in the need and development of recovery residences nationwide. It is imperative to support the development of suitable, healthy, sustainable, and affordable housing. The OERT made this observation:

“All communities in South Carolina should embrace citizens living in long-term recovery. There are over 300,000 currently, and the numbers will grow exponentially as more people find recovery from the addiction we are addressing. Recovery community organizations (RCOs) offer non-clinical peer assistance that supports recovery, reduces relapse, and promotes high-level wellness in individuals, families, and the communities where they exist. As RCOs are developed and grow around our state, more peer-based recovery support services such as coaching, peer recovery groups, and telephone recovery support are available. This elevates awareness of healthy lives in long-term recovery, thereby eliminating stigma and discrimination of those experiencing addiction.”  
(OERP, Annex 3, page 2)

The Committee recommends that further study be conducted related to the quality of these residences for the referral of individuals committed to long-term recovery.

**Recommendation: Explore Improvements in Coverage of Telehealth Services.**

Currently, many existing telehealth programs and services are supported by grant funding. In order to remain sustainable, the Committee encourages that providers investigate partnering with private collaborators to expand existing projects. Further, it is necessary to explore options for state funding and potentially improved insurance coverage and sustainable reimbursement policies for telehealth services.

**Recommendation: Conduct Further Study on the Impact of the Opioid Epidemic and Substance Use Disorders on Veterans.**

Individuals who have served in the military may face difficulties when adjusting back to civilian life. Abuse of drugs and alcohol, including opioids, by veterans is becoming more common leading to a rise in addiction within this group. The Committee recommends further study into how this population has been impacted in South Carolina by the opioid epidemic and identify gaps in services to ensure these brave men and women receive necessary treatment services.

**Recommendation: Conduct Further Study on Requiring Electronic Prescribing of Controlled Substances.**

The DEA, as the primary agency responsible for coordinating the drug law enforcement activities of the United States, offers guidance and regulations regarding electronic prescribing. The Committee recommends exploring the benefits and potential issues of requiring an electronic prescribing system.

**Recommendation: Conduct Further Study on Opioid Treatment Providers.**

The Committee recommends exploring how other states regulate and provide state oversight for Opioid Treatment Providers and their utilization of onsite pharmacists to dispense medications for treatment.

**Closing**

In closing, the opioid epidemic continues to evolve, bringing with it new complexities to address. The Committee remains committed to staying on the cutting edge of this crisis, continuing vigilant and extensive study of matters identified by the Behavioral Health Coalition, the OERT, and other private and public stakeholders, and striving to improve the health, safety, and wellbeing of all South Carolinians.