
Opioid Abuse Prevention Study Committee

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SC House of Representatives

Committee Member Request to
the House Ways & Means
Healthcare Budget Subcommittee

January 23, 2018

Department of Health & Human Services Budget

In addition to supporting the DHHS agency budget request for enhanced coverage of opioid treatment services, the members of the Committee request the following initiatives be funded

- ❖ **MUSC Emergency Department Medication Assisted Treatment (MAT)**
 - ❖ Request \$3 million in state funds - (\$1.5 million in FY17-18)
 - ❖ Funded in proviso 33.20, Healthy Outcomes Program (HOP), to provide MAT programs utilizing clinic data showing success rates for treatment with administration of Buprenorphine
 - ❖ Pilot MAT programs have now been established in Emergency Departments at Grand Strand Medical Center & Tideland Health by MUSC
 - ❖ Scalability costs of these programs & outcomes data will be available by March or April 2018
 - ❖ This recommendation can be found on page 17 of the Committee Report

- ❖ **Increase Telehealth Funding for SUD Treatments & Consultations**
 - ❖ Request \$2 million in state funds for DAODAS in the Telehealth proviso (117.135)
 - ❖ Include representation by DAODAS in the Telehealth Alliance
 - ❖ Funds would further link 301s & other treatment centers to various components of the state's network including DMH telepsychiatry & MUSC specialty consultations
 - ❖ This recommendation can be found on page 19 of the Committee Report

Department of Alcohol & Other Drug Abuse Services Budget

In addition to supporting the DAODAS agency budget request for enhanced coverage of opioid treatment services, the members of the Committee request the following initiatives be funded

- ❖ **Provide State Funding to Sustain Services Established through SAMHSA Grant**
 - ❖ Request \$4,830,330 in recurring state funds to prevent the potential loss of services & enhanced capacity through the grant awarded to DAODAS by the Substance Abuse & Mental Health Services Administration (SAMHSA)
 - ❖ Without supplemental state general fund appropriations, many services may lapse in calendar year 2019, prior to the end of next state fiscal year
 - ❖ This \$4.8 million request is based on prioritized, critical components in the SAMHSA grant
 - ❖ Members of the Committee find it prudent to request additional funding this year in order to avoid a \$6,575,623 (*or greater*) request to continue services in fiscal year 2019-2020

- ❖ **Study Potential of Centralized or Regional Crisis Call Lines for SUD**
 - ❖ A crisis response call line dedicated to substance use disorders would allow an enhanced opportunity for engaging individuals at the most critical moment
 - ❖ Proviso language may be needed to study & explore potential use within the constraints of federal substance abuse confidentiality & regulations (42 CFR part 2)
 - ❖ This recommendation can be found on page 16 of the Committee Report

Department of Health & Environmental Control Budget

Governor McMaster's Executive Budget includes \$1,000,000 in Non-Recurring funds for improvements to the state's Prescription Monitoring Program (PMP) at DHEC

❖ **Provide Recurring State Funds for Enhancements to the PMP**

- ❖ Request \$1,200,000 in recurring state funds
- ❖ DHEC estimates that necessary enhancements & expansions of the system will require an additional \$500,000 annually
- ❖ Integration for providers' Electronic Health Record systems statewide, & annual updates would require an additional \$700,000 per year
- ❖ Members of the Committee have also filed new legislation to require enhancements to the PMP – **H.4602**
- ❖ This recommendation can be found on page 25 of the Committee Report

Additional Budget Requests

Collegiate Recovery Programs offer academic support including study space, technology access, & academic advising

- ❖ **Provide Funding for Collegiate Recovery Program Pilots**
 - ❖ Request \$300,000 in recurring state funds
 - ❖ According to a presentation to the Committee by program leaders at Kennesaw State University's Center for Young Adult Addiction & Recovery, startup & operational costs are estimated at \$100,000 per program, per year
 - ❖ These funds would be awarded to at least one four year college or university & one technical college within on-campus dormitories
 - ❖ This recommendation can be found on page 20 of the Committee Report

Additional Budget Requests (cont.)

The members of the Committee introduced legislation during the 2017 legislative session to address the opioid epidemic

❖ Provide Funding to Cover Fiscal Impact Estimates

❖ Request \$900,000 in recurring state funds

❖ **H.4092** - provides that DHHS shall prohibit Medicaid health plans from limiting patient access to medications that treat opioid addiction including, but not limited to, through 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

❖ \$750,000 to cover payments for treatment at 19 withdrawal management programs

❖ **H.3825** - requires DHEC to provide prescription report cards to practitioners utilizing the prescription monitoring program that includes data relevant to a practitioner's prescribing practices

❖ \$150,000 for PMP software improvements and the generation of these reports

Total Budget Request

Recognizing the significant budget constraints in Fiscal Year 2018-2019, members of the Opioid Abuse Prevention Study Committee identified critical components & associated funding estimates within the report

\$7,230,330 in recurring state funds & \$5 million via provisos

- ❖ \$3 million to expand the Emergency Department MAT pilot through DHHS & MUSC (HOP proviso 33.20)
- ❖ \$2 million in Telehealth funding for DAODAS & behavioral health agencies (proviso 117.135)
- ❖ \$4,830,330 to cover critical components within the SAMHSA grant
- ❖ \$1.2 million for additional enhancements to the PMP at DHEC
- ❖ \$300,000 for collegiate recovery program pilots
- ❖ \$900,000 to cover fiscal impacts of pending legislation

Questions?

–Thank you