



SOUTH CAROLINA REVENUE AND FISCAL AFFAIRS OFFICE

STATEMENT OF ESTIMATED FISCAL IMPACT

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This fiscal impact statement is produced in compliance with the South Carolina Code of Laws and House and Senate rules. The focus of the analysis is on governmental expenditure and revenue impacts and may not provide a comprehensive summary of the legislation.

Bill Number:	S. 0161	Introduced on January 14, 2025
Subject:	Non-Opioid Pain Management	
Requestor:	Senate Medical Affairs	
RFA Analyst(s):	Boggs	
Impact Date:	February 12, 2025	

Fiscal Impact Summary

This bill allows the Department of Health and Human Services (DHHS) to adopt a state preferred drug list (PDL) in relation to non-opioid treatments for pain management. Additionally, DHHS must ensure that no non-opioid drug approved by the United States Food and Drug Administration (U.S. FDA) for the treatment of pain is disadvantaged with respect to coverage relative to any opioid or narcotic drug for the treatment of pain on the PDL. Further, DHHS is to ensure that relevant reimbursement is provided to a healthcare provider who provides a non-opioid treatment to a recipient under the medical assistance program.

This bill also requires the Department of Public Health (DPH) to develop an educational pamphlet regarding the use of non-opioid alternatives for the treatment of pain and publish it on the department's website no later than September 30, 2025. Additionally, DPH shall work with the South Carolina Opioid Recovery Fund (ORF) to explore and utilize, to the extent permissible by state and federal law, opioid abatement funding for educational and healthcare services related to non-opioid alternatives.

DPH anticipates that any additional duties created by this bill can be managed within existing staff and appropriations.

The fiscal impact of this bill on DHHS is pending, contingent upon a response from the agency.

Explanation of Fiscal Impact

Introduced on January 14, 2025

State Expenditure

This bill allows DHHS to adopt a PDL in relation to non-opioid treatments for pain management. Additionally, DHHS must ensure that no non-opioid drug approved by the U.S. FDA for the treatment of pain is disadvantaged with respect to coverage relative to any opioid or narcotic drug for the treatment of pain on the PDL. Further, DHHS is to ensure that relevant reimbursement is provided to a healthcare provider who provides a non-opioid treatment to a recipient under the medical assistance program.

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State Revenue

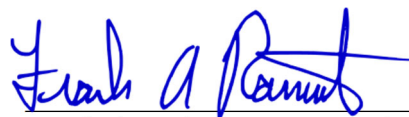
N/A

Local Expenditure

N/A

Local Revenue

N/A



Frank A. Rainwater, Executive Director