

# PRESCRIPTION DRUG ABUSE PREVENTION COUNCIL RECOMMENDATION SUMMARY

## PRIORITY AREA: PRESCRIBERS

<p><b><u>Recommendation:</u></b> <i>The Council recommends that the Medical Board, the South Carolina Department of Health and Environmental Control, and other stakeholders work together to create a suggested list of topics for the education providers to include in the mandated training.</i></p>	<p><b>NOW</b>      LLR/DHEC</p>
<p><b><u>Recommendation:</u></b> <i>The Council recommends extending the education mandate contained in Act 244 to dentists, physician assistants, and advanced practice nurses with prescriptive authority.</i></p>	<p><b>LATER</b>      Statute Change</p>
<p><b><u>Recommendation:</u></b> <i>The Council recommends working with schools to increase course offerings related to this topic or make it a mandatory part of the curriculum.</i></p>	<p><b>NOW</b>      Higher Education Institutions</p>
<p><b><u>Recommendation:</u></b> <i>The Council strongly encourages all prescribers to be familiar with the Revised Pain Management Guidelines contained in Appendix A to this Plan and to conform their prescribing practice to these Revised Guidelines.</i></p>	<p><b>NOW</b>      LLR</p>
<p><b><u>Recommendation:</u></b> <i>The Council recommends that prescribers be knowledgeable about all state and federal laws and regulations regarding controlled substances.</i></p>	<p><b>NOW</b>      LLR/DHEC</p>
<p><b><u>Recommendation:</u></b> <i>The Council recommends that registration and utilization of SCRIPTS be considered mandatory for prescribers to provide safe, adequate pain management.</i></p>	<p><b>LATER</b>      Statute Change</p>
<p><b><u>Recommendation:</u></b> <i>The Council recommends that prescribers who prescribe chronic opioid therapy be familiar with treatment options for opioid addiction, including those available in licensed opioid treatment programs and those offered by an appropriately credentialed and experienced physician through office-based opioid treatment, so as to make appropriate referrals when needed.</i></p>	<p><b>LATER</b>      LLR/DHEC</p>
<p><b><u>Recommendation:</u></b> <i>The Council recommends prescribers treating patients with controlled substances consider prescribing Naloxone when clinically indicated.</i></p>	<p><b>NOW</b>      LLR</p>
<p><b><u>Recommendation:</u></b> <i>The Council strongly encourages the Boards of Medical Examiners, Dentistry, and Nursing to continue to update the Revised Pain Management Guidelines as lessons are learned and when data suggests that changes are needed.</i></p>	<p><b>NOW</b>      LLR</p>
<p><b><u>Recommendation:</u></b> <i>SCRIPTS must be as user friendly as possible to facilitate easy use.</i></p>	<p><b>LATER</b>      DHEC</p>

<p><b><u>Recommendation:</u></b> <i>The Bureau of Drug Control (BDC) and Boards have a shared interest in correcting improper prescribing behaviors, through education when possible and enforcement when necessary. Upon establishment of criteria by the Board of Medical Examiners, which may include, but are not limited to, a daily MED threshold and prescription volume by prescriber, SCRIPTS shall generate reports by which outlier prescribers will be identified for further review by the BDC and, if necessary, referral to LLR for initiation of the complaint process.</i></p>	<p><b>LATER</b>      <b>DHEC</b></p>
<p><b><u>Recommendation:</u></b> <i>Based on the Revised Guidelines, the Council recognizes that patients requiring more than 80 MED present an increased risk of death from respiratory depression. Accordingly, the Council recommends that, when capable, SCRIPTS offer an MED calculator that can generate an alert for each patient whose record is accessed and for which the MED exceeds 80 MED. The MED calculator and alert function will provide an additional tool for the prescriber to utilize when assessing a patient's prescriptive needs. This threshold is not a substitute for a prescriber's clinical judgment, but merely one factor for consideration in the prescribing process.</i></p>	<p><b>LATER</b>      <b>DHEC</b></p>
<p><b><u>Recommendation:</u></b> <i>The BDC shall utilize the full analytical capabilities of SCRIPTS to identify prescribers engaged in questionable prescribing activities.</i></p>	<p><b>NOW</b>      <b>DHEC</b></p>
<p><b><u>Recommendation:</u></b> <i>Information shared between LLR and DHEC may be used to assist the BDC in promptly identifying a prescriber's area of specialization, if applicable, when investigating a licensee's prescribing behavior.</i></p>	<p><b>LATER</b>      <b>DHEC</b></p>
<p><b><u>Recommendation with Potential Fiscal Impact:</u></b> <i>The Council and the Boards support the compilation and distribution of report cards to all South Carolina licensed prescribers so that each prescriber can see how his or her prescribing patterns compare to other prescribers practicing in the same or similar clinical setting.</i></p>	<p><b>LATER</b>      <b>DHEC/LLR</b></p>
<p><b><u>Recommendation:</u></b> <i>Prescribers engaged in conduct not rising to the level of criminal activity, but who may benefit from additional education or counseling regarding appropriate prescribing, shall be identified by the BDC and provided an educational intervention.</i></p>	<p><b>NOW</b>      <b>DHEC/LLR</b></p>
<p><b><u>Recommendation:</u></b> <i>Prescribers identified by the BDC engaged in conduct rising to the level of criminal activity, shall be subjected to the standard process of investigation by the BDC, arrest, where appropriate, and referral to LLR for investigation of unprofessional conduct.</i></p>	<p><b>NOW</b>      <b>DHEC/LLR</b></p>
<p><b><u>Recommendation:</u></b> <i>The Council recommends that the Boards identify licensees with expertise in ethical prescribing to serve as hearing officers or hearing panel members in any disciplinary cases arising from prescribing behavior. These designated individuals shall hear and review disciplinary matters and make recommendations to the applicable regulatory board for final action as set forth in each profession's Practice Act and regulations. These individuals shall not be the same licensees identified to serve as voluntary mentors.</i></p>	<p><b>NOW</b>      <b>LLR</b></p>

**PRIORITY AREA: THE SOUTH CAROLINA PRESCRIPTION MONITORING PROGRAM**

<p><b><u>Recommendation:</u></b> <i>The Council recommends that prescriber registration and enrollment in SCRIPTS become required and recommends that each patient’s prescription history is reviewed in certain circumstances prior to the prescription of controlled substances.</i></p>	<p><b>LATER</b> Statute Change</p>
<p><b><u>Recommendation with Potential Fiscal Impact:</u></b> <i>The Council recommends that DHEC proceed to acquire analytic services and/or products to work with SCRIPTS data, expanding the capacity to develop predictive models and to detect anomalies in prescriber patterns and patient prescription behaviors. The Council further recommends that DHEC send letters notifying prescribers of suspicious behavior identified by the analytics.</i></p>	<p><b>LATER</b> Statute Change</p>
<p><b><u>Recommendation with Potential Fiscal Impact:</u></b> <i>The Council recommends that DHEC coordinate real-time hosting of data from other state agencies to include, but not be limited to, the South Carolina Department of Alcohol and Other Drug Abuse Services; South Carolina Department of Mental Health; South Carolina Department of Juvenile Justice; South Carolina Department of Social Services (DSS); South Carolina Department of Health and Human Services (DHHS); South Carolina Attorney General’s Office; South Carolina Department of Probation, Parole, and Pardon Services; South Carolina Department of Corrections; South Carolina Prosecution Commission; and the South Carolina Law Enforcement Division.</i></p>	<p><b>LATER</b> DHEC and Multiple Agencies</p>
<p><b><u>Recommendation with Potential Fiscal Impact:</u></b> <i>The Council recommends that DHEC and the Revenue and Fiscal Affairs Office collaborate and create capacity for information sharing between SCRIPTS and South Carolina Health Information Exchange (SCHIE).</i></p>	<p><b>NOW</b> DHEC/RFA</p>
<p><b><u>Recommendation with Potential Fiscal Impact:</u></b> <i>The Council recommends that DHEC work with prescribers and healthcare providers to integrate SCRIPTS data into electronic health records, so that access to patients’ controlled substance records does not interrupt prescriber workflow.</i></p>	<p><b>LATER</b> DHEC</p>
<p><b><u>Recommendation:</u></b> <i>The Council recommends that Governor Haley request by letter the States of North Carolina and Georgia enroll in the National Association of Boards of Pharmacy’s Prescription Monitoring Program Interconnect hub to afford enhanced regional monitoring.</i></p>	<p><b>NOW</b> Office of Governor</p>
<p><b><u>Recommendation:</u></b> <i>The Council recommends that the BDC continue and expand initiatives to coordinate education and awareness campaigns for SCRIPTS, to include outreach to more stakeholders such as provider associations, licensing boards, and investigative agencies.</i></p>	<p><b>NOW</b> DHEC</p>

**PRIORITY AREA: PHARMACY**

<b><u>Recommendation with Potential Fiscal Impact:</u></b> <i>The Council recommends expanding prescription drug take-back programs across the state.</i>	<b>NOW</b>	Multiple Agencies
<b><u>Recommendation:</u></b> <i>The Council recommends regulating non-resident entities dispensing controlled substances into the state.</i>	<b>NOW</b>	DHEC
<b><u>Recommendation:</u></b> <i>The Council recommends increasing the number of pharmacists registered to use SCRIPTS.</i>	<b>NOW</b>	LLR/DHEC

**PRIORITY AREA: THIRD-PARTY PAYERS**

<b><u>Recommendation:</u></b> <i>The Council recommends that third-party payers adjust payer policies in accordance with the Revised Pain Management Guidelines outlined in the Prescribers section above and attached as Appendix A.</i>	<b>LATER</b>	HHS/PEBA/DOI
<b><u>Recommendation:</u></b> <i>The Council recommends that third-party payers continue to adopt and revise interventions to address controlled substance misuse and abuse by beneficiaries, including participation in multi-agency data sharing with the Bureau of Drug Control Prescription Monitoring Program.</i>	<b>LATER</b>	HHS/PEBA/DOI
<b><u>Recommendation:</u></b> <i>The Council recommends that third-party payers adapt pharmacy benefits packages to encourage appropriate use of opioids.</i>	<b>LATER</b>	HHS/PEBA/DOI
<b><u>Recommendation with Potential Fiscal Impact:</u></b> <i>The Council recommends healthcare payer coverage for screening and treatment for substance use disorders.</i>	<b>LATER</b>	HHS/PEBA/DOI

**PRIORITY AREA: LAW ENFORCEMENT**

<b><u>Recommendation with Potential Fiscal Impact:</u></b> <i>The Council recommends expanding law enforcement sponsorship of prescription drug take-back programs.</i>	<b>NOW</b>	SLED and Multiple Agencies
<b><u>Recommendation:</u></b> <i>The Council recommends increasing awareness and education of law enforcement to identify potential misuse of prescription drugs.</i>	<b>NOW</b>	SLED and Multiple Agencies
<b><u>Recommendation:</u></b> <i>The Council recommends increasing law enforcement participation in community-based prevention programs.</i>	<b>NOW</b>	Multiple Agencies
<b><u>Recommendation with Potential Fiscal Impact:</u></b> <i>The Council recommends continuing and expanding investigation and prosecution efforts specific to prescription drug diversion.</i>	<b>NOW</b>	Multiple Agencies

<p><b>Recommendation:</b> <i>The Council recommends that law enforcement agencies and prosecutors work together to propose to the Legislature defined statutory amounts of opioids and other Schedule I through V controlled substances to qualify for the charges of Possession, Possession with the Intent to Distribute (PWID), and Trafficking.</i></p>	<p><b>LATER</b> Statute Changes</p>
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**PRIORITY AREA: TREATMENT**

<p><b>Recommendation with Potential Fiscal Impact:</b> <i>The Council recommends expanding medication-assisted treatment (MAT) services for prescription opioid dependency and addiction, and integrating MAT and medication management services with recovery support services, and therapeutic interventions for substance use disorders, so that both are available to all individuals as conditions indicate.</i></p>	<p><b>LATER</b> DAODAS/DHEC</p>
<p><b>Recommendation:</b> <i>The Council recommends coordinating substance use disorder treatment services with co-occurring, clinically substantiated pain-management needs.</i></p>	<p><b>NOW</b> LLR/DAODAS</p>
<p><b>Recommendation:</b> <i>The Council recommends establishing a protocol for primary care practitioners to refer cases of prescription drug addiction to treatment, and establishing a protocol for treatment providers to refer and navigate individuals to primary care.</i></p>	<p><b>NOW</b> LLR/DAODAS</p>
<p><b>Recommendation:</b> <i>The Council recommends providing family education and services, inclusive of substance use disorder treatment and recovery services.</i></p>	<p><b>NOW</b> DHEC/PEBA/DAODAS</p>
<p><b>Recommendation with Potential Fiscal Impact:</b> <i>The Council recommends expanding community-based services for substance use disorder treatment and recovery support.</i></p>	<p><b>NOW</b> DAODAS/DHHS</p>

**PRIORITY AREA: EDUCATION AND ADVOCACY**

<p><b>Recommendation:</b> <i>The Council recommends mandatory continuing education for pharmacists regarding SCRIPTS and general education on the problem itself. Further, the Council recommends reaching out to the pharmacy schools to increase course offerings related to the subject.</i></p>	<p><b>LATER</b> Statute Change</p>
<p><b>Recommendation with Potential Fiscal Impact:</b> <i>The Council recommends engaging a marketing firm or state or university employees to develop a marketing campaign and identify the target audience. The Council recommends that the campaign’s message include, but not be limited to, the following three components:</i></p> <ul style="list-style-type: none"> <li>• <i>dangers of prescription drug abuse;</i></li> <li>• <i>proper disposal of prescription drugs, including available sites; and</i></li> <li>• <i>use of SC 211 information helpline for opioid addiction.</i></li> </ul>	<p><b>NOW</b> Multiple Agencies</p>

<p><b>Recommendation:</b> <i>Once the plan is developed, the Council recommends reaching out to the existing community coalitions, the South Carolina Department of Education, and professional associations to distribute marketing materials through schools, hospitals, physician and dental offices, and pharmacies. Further, the Council recommends reaching out to local communities without an existing coalition to assist them in building one.</i></p>	<p><b>NOW</b> Multiple Agencies</p>
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**PRIORITY AREA: DATA AND ANALYSIS**

<p><b>Recommendation:</b> <i>The Council recommends that the Department of Health and Environmental Control and the Department of Health and Human Services (DHHS) work on a Memorandum of Understanding to facilitate information sharing between SCRIPTS and existing comprehensive databases.</i></p>	<p><b>NOW</b> DHEC/DHHS</p>
<p><b>Recommendation with Potential Fiscal Impact:</b> <i>The Council recommends exploring with the South Carolina Court Administration and Solicitor’s Association the possibility of creating a database for tracking all prescription drug-related convictions.</i></p>	<p><b>LATER</b> Multiple Agencies</p>
<p><b>Recommendation:</b> <i>The Council recommends identifying counties with adult drug courts and seeking information from those counties regarding currently collected data.</i></p>	<p><b>NOW</b> SLED/DAODAS</p>
<p><b>Recommendation:</b> <i>The Council recommends identifying medication-assisted treatment (MAT) options for individuals battling prescription drug addiction and tracking the use of MAT in South Carolina.</i></p>	<p><b>NOW</b> DHEC/DAODAS</p>
<p><b>Recommendation:</b> <i>The Council recommends that the Department of Labor, Licensing and Regulation (LLR) revise its ReLAES database to designate disciplinary matters with a searchable identifier for prescription drug misuse/abuse/addiction cases.</i></p>	<p><b>NOW</b> LLR</p>
<p><b>Recommendation:</b> <i>The Council recommends that the South Carolina Law Enforcement Division (SLED) add a “special circumstances” field to designate prescription drug matters.</i></p>	<p><b>NOW</b> SLED</p>
<p><b>Recommendation with Potential Fiscal Impact:</b> <i>The Council recommends that coroners uniformly report causes and manner of death so that a comprehensive reporting system exists to track deaths associated with prescription drug abuse and/or overdose. To rectify this data error, the Council recommends that DHEC add a data field on the electronic death certificate that requires a coroner to specify the type of implicated drugs, prescription or illicit, in cases of overdose deaths.</i></p>	<p><b>LATER</b> DHEC</p>

<p><b><u>Recommendation:</u></b> <i>Further, the Council recommends expanding training for coroners and medical examiners. In South Carolina, coroners must annually complete 16 hours of continuing education, most of which is offered by the South Carolina Coroner’s Association. Currently, coroners are offered a course regarding best practices in identifying drug-related deaths. The Council recommends that DHEC work with the Coroner’s Association to add a component to this course regarding the proper reporting of these deaths.</i></p>	<p><b>NOW</b>      DHEC/Coroner’s</p>
<p><b><u>Recommendation:</u></b> <i>The Council recommends that additional metrics be added to the current benchmarks as the Plan is implemented and revised.</i></p>	<p><b>LATER</b>      Multiple Agencies</p>

## SUMMARY OF RECOMMENDATIONS REQUIRING PROPOSED LEGISLATIVE CHANGES

<p><b>Recommendation:</b> <i>The Council recommends extending the education mandate contained in Act 244 to dentists, physician assistants, and advanced practice nurses with prescriptive authority.</i></p>	
<p><b>Recommendation:</b> <i>The Council recommends that prescriber registration and enrollment in SCRIPTS become required and recommends that each patient's prescription history is reviewed in certain circumstances prior to the prescription of controlled substances.</i></p>	
<p><b>Recommendation with Potential Fiscal Impact:</b> <i>The Council recommends that DHEC proceed to acquire analytic services and/or products to work with SCRIPTS data, expanding the capacity to develop predictive models and to detect anomalies in prescriber patterns and patient prescription behaviors. The Council further recommends that DHEC send letters notifying prescribers of suspicious behavior identified by the analytics.</i></p>	
<p><b>Recommendation:</b> <i>The Council recommends that law enforcement agencies and prosecutors work together to propose to the Legislature defined statutory amounts of opioids and other Schedule I through V controlled substances to qualify for the charges of Possession, Possession with the Intent to Distribute (PWID), and Trafficking.</i></p>	
<p><b>Recommendation:</b> <i>The Council recommends mandatory continuing education for pharmacists regarding SCRIPTS and general education on the problem itself. Further, the Council recommends reaching out to the pharmacy schools to increase course offerings related to the subject.</i></p>	
<p><b>Recommendation:</b> <i>A further recommendation by the Data Committee is that all public schools participate in surveys of nonmedical use of prescription and illicit drugs.</i></p>	