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TIMELINE

- April 24, 2017 - Speaker James H. Lucas announced the establishment of the House Opioid Abuse Prevention Study Committee
- July, August, & September 2017 - The Committee held a series of hearings to receive testimony from the public and various stakeholders
- 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

Timeline

- H.3819 established informed consent requirements that must be met prior to prescribing opioid medications to minors.
- H.3820 required instruction in prescription opioid abuse prevention as part of the public school Comprehensive Health Education Program.
- H.3821 provided a mandatory higher education curriculum on prescribing controlled substances in the training of healthcare professionals.
- H.3822 established reporting requirements that allow for the updating of controlled substance drug schedules.

Timeline

- H.3825 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.
- H.3826 required written prescriptions for controlled substances to be written on tamper-resistant prescription pads.
- 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.

Timeline

- H.4601 implemented licensure requirements for addiction counselors.
- 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.

Legislation Topics

- Access to Treatment
- Treatment and Recovery
- Education and Training
- Criminal Justice System Process
- Medication Access
- Community Coordination and Support Services

Opioid Abuse Prevention Study Committee

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.

Prescription Monitoring System Bill H3824

- Signed 2018
- Review a patient's controlled substance prescription history, before the practitioner issues a prescription for a Schedule II controlled substance.
- The consultation must be documented in the patient's medical record.
- Review the patient's controlled substance history maintained in the prescription monitoring program at least every three months

H3824 (Cont.)

- Does not apply to:
- a practitioner issuing a prescription for a Schedule II controlled substance to treat a hospice-certified patient;
- a practitioner prescribing a Schedule II controlled substance for a patient in a skilled nursing facility, nursing home, community residential care facility, or an assisted living facility and the patient's medications are stored, given, and monitored by staff; or
- a practitioner who is temporarily unable to access the prescription monitoring program due to exigent circumstances; however, the exigent circumstances and the potential adverse impact to the patient if the prescription is not issued timely must be documented in the patient's medical record.

Opioid Prescriptions Limits S918

Initial opioid prescriptions for acute pain management or postoperative pain management must not exceed a seven-day supply, 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.

South Carolina Overdose Prevention Act SC 44-130-10

1) A person who is at risk of experiencing an opioid-related overdose

2) A caregiver for a person who is at risk of experiencing an opioid overdose whom the prescriber has not personally examined.

The prescriber must provide to the person or the caregiver overdose information addressing the following:

(a) opioid overdose prevention and recognition;

(b) opioid antidote dosage and administration;

(c) the importance of calling 911 emergency telephone service for medical assistance with an opioid overdose; and

(d) care for an overdose victim after administration of the opioid antidote.

3) Pharmacist who has a written prescription by a prescriber or written joint protocol issued by the Board of Medical Examiners and the Board of Pharmacy.

4) Community Distributor

SC Nurse Practice Act 40-33-34

- General Requirements for Prescribing

- Prescribing controlled Medications

  Schedule lll-lV

  Schedule ll (non narcotic)

  Schedule ll (narcotic)

Schedule ll Non-Narcotic

- Listed in the practice agreement, each such prescription must not exceed a thirty-day supply.
- Document in the Medical Record
- Establish a patient Physician Relationship

Patient Provider Relationship 40-47-113

A) It is unprofessional conduct for a licensee initially to prescribe drugs to an individual without first establishing a proper physician-patient relationship. A proper relationship, at a minimum, requires that the licensee make an informed medical judgment based on the circumstances of the situation and on the licensee's training and experience and that the licensee:

(1) personally perform and document an appropriate history and physical examination, make a diagnosis, and formulate a therapeutic plan;

(2) discuss with the patient the diagnosis and the evidence for it, and the risks and benefits of various treatment options; and

(3) ensure the availability of the licensee or coverage for the patient for appropriate follow-up care.

Schedule ll Narcotic Medications

- If listed in the practice agreement.
- Prescription must not exceed a five-day supply.
- Another prescription must not be written without the written agreement of the physician with whom the nurse practitioner, certified nurse-midwife, or clinical nurse specialist has entered into a practice agreement, unless the prescription is written for patients in hospice or palliative care or for patients residing in long-term care facilities.
- For patients in hospice or palliative care, or for patients in long-term care facilities each such prescription must not exceed a thirty-day supply.

SC Medical Practice Act 40-47-965

- Authorization to prescribe is expressly approved by the supervising physician as set forth in the written scope of practice guidelines.
- The PA has evaluated the patient
- The authority to prescribe a Schedule II narcotic controlled substance is limited to an initial prescription not to exceed a five-day supply.
- Any subsequent prescription authorization for a Schedule II narcotic controlled substance after the initial prescription must be in consultation with and approved by the supervising physician, and such approval must be documented in the patient's chart.
- Any prescription for continuing drug therapy must include consultation with the supervising physician and must be documented in the patient's chart.

Guidelines for Prescribing Controlled Medications

- I. General
- 1) Members of the Medical Staff, with an active SC and DEA prescriptive authority, may prescribe controlled medications within the guidelines of Palmetto Health and/or the Palmetto Health-USC Medical Group and South Carolina State Law.
- 2) Physician Assistants, with an active SC and DEA prescriptive authority, may prescribe Schedule II – V medications within the guidelines of Palmetto Health and/or the Palmetto Health-USC Medical Group and South Carolina State Law.
- 3) A NP, CNM and CNS with an active SC and DEA prescriptive authority, may prescribe Schedule II – V medications within the guidelines of Palmetto Health and/or the Palmetto Health-USC Medical Group and South Carolina State Law.

Guidelines for Prescribing Controlled Medications (Cont.)

II. Initial Prescriptions

1) A physician, NP, CNM and CNS or PA must establish a physician-patient relationship as a prerequisite to prescribing controlled substances. This is a face to face physician, APRN or PA evaluation of the patient with appropriate documentation in the medical record. For Schedule II oral medications, all practitioners are required to establish the patient relationship with an initial face to face evaluation, except as outlined in (2 and 3) below.

2) A Physician Assistant may after initial evaluation of a patient prescribe 5 day supply of an oral Schedule II medication (narcotic). Documentation in the patient's chart, to include, but not limited to the following; Diagnosis, Identify the specific medication (name, dose, frequency), Treatment Plan, duration of treatment, follow up plan, prescription monitoring program/SCRIPTS check.

3) A nurse practitioner may prescribe as follows:

(i) NP, CNM and CNS may write a 5 day supply of an ***oral narcotic*** Schedule II medication after initial evaluation and documentation in the EMR, and if specifically included in the NP, CNM, or CNS's practice agreement. Documentation in the patient's chart, to include, but not limited to the following; Diagnosis, Identify the specific medication (name, dose, frequency), Treatment Plan, duration of treatment, follow up plan, prescription monitoring program/SCRIPTS check.

(ii) NP, CNM, and CNS may write up to a 30 day prescription of ***oral non-narcotic*** Schedule II medication if authorized by law, and if specifically included in the NP, CNM, or CNS's practice agreement. Documentation in the patient's chart, to include, but not limited to the following; Diagnosis, Identify the specific medication (name, dose, frequency), Treatment Plan, duration of treatment, follow up plan, prescription monitoring program/SCRIPTS check.

(iii) NP, CNM, and CNS may write up to a 30 day prescription of Schedule II medication (narcotic and non-narcotic) for hospice and palliative care patients if specifically included in the NP, CNM, or CNS's practice agreement.

4) Physician Assistant NP, CNM and CNS may evaluate a patient and prescribe schedule III – V medications.

Guidelines for Prescribing Controlled Medications (Cont.)

III. Renewal of Prescriptions

1) Physician Assistant: Any subsequent prescription authorization for a Schedule II narcotic controlled substance after the initial prescription must be in consultation with and approved by the supervising physician, and such approval must be documented in the patient's chart; and any prescription for continuing drug therapy must include consultation with the supervising physician and must be documented in the patient's chart; to include, but not limited to the following; Diagnosis, Identify the specific medication (name, dose, frequency), Treatment Plan, duration of treatment, follow up plan, prescription monitoring program/SCRIPTS check.

2) NP, CNM, and CNS: may write a 5 day subsequent prescription for an oral Schedule II narcotic medication, if the authority is specified in the NP, CNM, and CNS's practice agreement. Any continuing prescription must be in consultation with the supervising physician, and must be documented in the patient's chart to include, but not limited to the following; Diagnosis, Identify the specific medication (name, dose, frequency), Treatment Plan, duration of treatment, follow up plan, prescription monitoring program/SCRIPTS check.

3) NP, CNM and CNS may write a 30 day subsequent prescription for an oral Scheduled II non-narcotic medication if listed in the practice agreement.

Practice Agreements and Scope of Practice

To ensure quality and patient safety the APP's collaborating physician, as required by law or at their discretion, will consult with the APP and document this consultation in the patient's EMR. As a best practice, documentation may include (but may not be limited to) the following areas: treatment status, progress, labs, imaging studies, plan for dose reduction, transition to non-Scheduled II medication if appropriate, strategy for monitoring patient's appropriate utilization of medication, notation in the chart regarding the patient's record or lack thereof in SCRIPTS.

(The purpose of these guidelines is to ensure that the physician is involved, on either an active or consultative basis, with the patient's care. Accordingly, there is no time frame for consultation. The physician, as care team leader, is responsible for deciding what level of involvement is required depending on the type of patient and/or the APP's experience. For example, a new APP may require more frequent consultation or a difficult/complicated patient may require a different level of collaboration with the APP).