

2020

WRAP UP

LEGISLATIVE

STAY COMPLIANT!

A few laws enacted this year require action from hospitals or healthcare providers to remain compliant in current state law and regulation. Here are those laws and what you can do to stay compliant:

The **Prescription Drug Monitoring Program (H.3824 Henderson)** legislation updates existing law regarding the prescription monitoring database, SCRIPTS, operated by DHEC. The new law requires prescribers to review a patient's prescription history before prescribing a Schedule II controlled substance. This is an extension of an existing law for Medicaid providers in the state.

There are certain exceptions to this mandatory utilization of SCRIPTS which include:

1. Prescriptions for a hospice certified patient;
2. Prescription that does not exceed a five-day supply;
3. Prescription for a patient in which a practitioner has an established relationship for the treatment of a chronic condition. However, the practitioner must still check the PMP every three months for these types of patients;
4. A practitioner approving the administration of a Schedule II controlled substance by a healthcare provider licensed in South Carolina;
5. A prescription for patients in a skilled nursing facility, a nursing home, community-residential care facility, or an assisted living facility and the medications are stored, given, and monitored by staff; and
6. A practitioner who is temporarily unable to access the PMP due to exigent circumstances. However, exigent circumstances and potential adverse impact to the patient if not issued timely must be documented in the patient's medical record.

Additional amendments to this legislation allows a pharmacist to supervise up to four pharmacy technicians at a time, including both state-certified and non-certified technicians. A pharmacist cannot supervise more than two non-certified technicians at a time.

WHAT YOU SHOULD DO:

Ensure your electronic health records system is up-to-date and providers have consistent, secure access to the SCRIPTS database.

Update related policies for prescribing providers to include requirements to review a patient's prescription history prior to prescribing any Schedule II controlled substance.

Educate the appropriate personnel on the updated requirements for continuing education to maintain their professional licensure.

2017

A new law (**H.3817 Bedingfield**) expands the scope of facilities that can apply to be **Controlled Substance Take-Back Facilities** through the U.S. DEA. Narcotic treatment centers, hospitals and clinics with on-site pharmacies, and retail pharmacies can now apply to be a registered facility. Take-back events and mail-back programs offer a safe, simple, and anonymous way to keep dangerous prescription drugs out of the wrong hands and prevent substance abuse.

WHAT YOU SHOULD DO:

You are highly encouraged to visit the **DEA registration website** to apply to be a registered take-back facility if your hospital is eligible.

A late amendment to the **Licensure of Hospice Programs (H.3132 GM Smith)** legislation allows hospice workers to dispose of controlled substances after a patient has passed away. This law authorizes outpatient hospices to dispose of controlled substances by conducting an immediate disposal at the site of care in accordance with EPA and DEA guidelines for safe disposal or by conducting an immediate mail-back to a collector.

WHAT YOU SHOULD DO:

Update hospice program policies and guidelines to conform to the new law.

Educate hospice staff on the legal and safe disposal guidelines through DEA and EPA.

BEHAVIORAL HEALTH

There was a heavy focus on behavioral health issues this year, with the opioid crisis at the center. Behavioral health is a top priority for SCHA, so we were glad to support and introduce solutions for the patients South Carolina hospitals serve. Among several important pieces of legislation enacted to improve access to services for behavioral health patients was the repeal of the alcohol exclusion provision for medical expense policies. SCHA has for years pushed for and supported efforts to repeal these provisions, which allow health insurance plans to deny claims related to alcohol or drug use.

(continued)



In addition to the laws enacted and listed in the previous section, the following bills related to behavioral health were enacted this year with SCHA's support:

Good Samaritan Law Protection (S.179 Hutto)

This law provides limited immunity under certain circumstances to anyone who seeks medical assistance for another person experiencing a drug or alcohol-related overdose. A person who experiences an overdose and is in need of medical assistance may not be prosecuted if the evidence for prosecution was obtained as a result of the overdose and call for medical treatment.

Repeal of Alcohol Exclusion Provision (S.9 Hutto)

Prior law stated that an insurance company "is not liable for any loss resulting for the insured being drunk or under the influence of any narcotic unless taken on the advice of a physician." This law repeals that language to prohibit insurance plans from denying claims based on alcohol or drug use apparent at time of medical treatment. Repeal of the exclusion will encourage reporting of alcohol or drug abuse disorders and referral for treatment for those who need additional behavioral health services.

Behavioral Health Crisis Training for Law Enforcement Officers (S.173 Sheheen)

This law requires certain levels of law enforcement officers to receive Continuing Law Enforcement Education Credits (CLEEC) in mental health or addictive disorders. Additionally, it requires law enforcement agencies to provide assistance for officers affected by PTSD.

Crisis Stabilization Unit Facility Definitions (S.354 Alexander)

This statute defines crisis stabilization unit facilities (CSUF) in South Carolina and establishes a licensure category through DHEC for this type of facility. CSUFs offer more appropriate care for individuals experiencing behavioral health or psychiatric crisis and can receive individuals who present with these crises to the emergency room through transfers. CSUFs are operated in part by the Department of Mental Health and community organizations, hospitals, healthcare providers, and other foundations to provide a short-term residential program with stabilization services, detoxification services, and brief, intensive crisis services 24/7.



FINANCE

Interest rates on bonds approved by Fiscal Accountability Authority (H.3927 Simrill)

The new law requires the SC Coordinating Council for Economic Development (SCCED) to approve state bonds issued by the Jobs-Economic Development Authority (JEDA), eliminating reference to the State Fiscal Accountability Authority (SFAA). The law also removes the requirement that interest rates of JEDA be subject to approval by SCCCED. The authority is required to report to the Joint Bond Review Committee in an annual report due July thirty-first and to publish on its website a complete list of bonds authorized.

LEGAL

Emergency Medical Services Patient Confidentiality (S.234 Massey)

This law allows identities of patients and emergency medical technicians as well as information and data collected or prepared by emergency medical services to be subject to subpoena and may be released by court order. This law includes a subpoena exception to data confidentiality under the Emergency Medical Services for Children (EMSC) Program.

WORKFORCE

Enhanced Nurse Licensure Compact (H.3349 Erickson)

This legislation enables South Carolina to maintain membership in the Nurse Licensure Compact. The law now allows nurses licensed in South Carolina to more easily and efficiently work in other compact states. It also allows South Carolina to obtain nurses from other compact states to perform services during a nursing shortage or other disaster. South Carolina was the 20th state to join with the enhanced language. The new language will be effective when 26 states join or December 31, 2018, whichever is first.

SC Education and Economic Development Act Coordinating Council (H.3220 Allison)

This law re-establishes the SC Education and Economic Development Coordinating Council to review the progress, results, and compliance with the Education and Economic Development Act and to make recommendations for better achieving the act's goals of implementing career pathways in the state's public schools. The coordinating council membership includes a healthcare representative to be appointed by the governor.

2017-2018 Budget (H.3720)

- **Budget**

- Allocates up to \$2500 in reimbursement for each designated stroke or telestroke center for their stroke registry under the DHEC Stroke System of Care.

- **Proviso 33.20**

- Steps-down funding for the Healthy Outcomes Initiative Program.
- Establishes a pilot program to expand medication-assisted treatment services for prescription opioid dependency and addiction.

- **Proviso 33.23**

- Re-authorizes the Rural Health Initiative funding for teaching partnerships the Center of Excellence, workforce development and graduate medical education in rural areas, and creating of innovative care delivery opportunities.

- **Proviso 33.24**

- Requires DHHS to bring the BabyNet program into compliance with federal requirements. Proviso 117.133 further requires an inventory of spending and other information to implement the first recommendation of the Legislative Audit Council's 2011 report on BabyNet.

- **Proviso 34.35**

- Extends availability of funding for Rural Hospital Grants for public hospitals in rural areas to develop preventive health programs, medical homes, and primary care diversion from emergency departments; expand health services, including physician recruitment; improve hospital facilities; enhance disease prevention activities; ensure compliance with state and federal regulations.

- **Proviso 34.48**

- Requires Birth Centers to register on-call and transfer agreements with DHEC and for a physician with hospital admitting privileges to be available to the birth center. Hospitals licensed by DHEC must negotiate in good faith with any birth center licensed within a 50-mile radius to establish a written transfer agreement.

- **Proviso 117.135**

- Continues funding for the South Carolina Telemedicine Network through MUSC to develop and operate a statewide telehealth network.
- Clarifies current policy by authorizing APRNs to provide services within their scope of practice via telemedicine.
- Requires DHHS to add Act 301 Behavioral Health Centers as a referring site for covered telemedicine services.

- **Proviso 117.136**

- Creates Adult Protective Services Coordination Teams through DSS, DHHS, DDSN, and DMH, with advice from the Lt. Governor's Office on Aging, to ensure appropriate services are available for vulnerable adults during reports of abuse.