INTRODUCTION REGARDING H. 3824 FOR OPTOMETRISTS

This email shall serve as notice of the enactment of a new law impacting your practice in South Carolina. H. 3824 was introduced in the House on February 22, 2017 and in the Senate on April 5, 2017. It was last amended on May 9, 2017, and passed by the General Assembly on May 10, 2017. **The law became effective upon Governor McMaster's signature on May 19, 2017.**

A complete copy of the legislation is available for your review and records here: 3824 (2).docx. This email is for notification purposes only and should not be relied upon as legal advice. You should consult your own attorney should you or your organization need legal advice regarding the implementation of this law.

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WHAT DOES THE LAW MEAN TO YOU?

All practitioners who are authorized pursuant to state and federal law to prescribe controlled substances must now review a patient's controlled substance prescription history, as maintained in the prescription monitoring program, BEFORE the practitioner issues a prescription for a Schedule II controlled substance. If an authorized delegate reviews a patient's controlled substance prescription history, the practitioner must consult with the authorized delegate regarding the prescription history before issuing a prescription for Schedule II controlled substances. The consultation must be documented in the patient's medical record.

In order to access South Carolina's prescription monitoring program (SCRIPTS), which is maintained by the South Carolina Department of Health and Environmental Control (DHEC), a practitioner must first create a SCRIPTS account. Practitioners may identify an authorized delegate to access and review SCRIPTS, but the authorized delegate must also register. You may review DHEC's PMP Delegate Policy at http://www.dhec.sc.gov/Health/FHPF/DrugControlRegisterVerify/PrescriptionMonitoring/DelegatePolicy/.

How do I sign up to access SCRIPTS?
To sign up to access the SCRIPTS database, go to https://southcarolina.pmpaware.net/login and click the "Create an Account" link. A tutorial for the registration process is available at http://www.appriss.com/product-documentation/PMPA_Tut_Registration_Process_V1.pdf .

When registering for a SCRIPTS account, you must use an email address that is specific to you, not an office email.

Your controlled substance ID is your controlled substance registration number issued by DHEC's Bureau of Drug Control.

You must upload a copy of your driver's license to complete your registration.

Is the program free?
Yes, there is no cost for providers to access SCRIPTS.

What are the documentation requirements?
Practitioners must maintain documentation that the SCRIPTS database was verified before the issuance of a Schedule II controlled substance prescription. This documentation may take the form of a notation in the patient's medical record. If a provider's electronic medical record (EMR) automatically downloads SCRIPTS data and makes that available to the provider at the point of care, a notation for each patient is not required.

What if SCRIPTS is unavailable?
The SCRIPTS website is available 24 hours a day, seven days a week. In the unlikely event that technical difficulty prohibits access to SCRIPTS, a notation should be made in the member's medical record that SCRIPTS was unavailable.

Are there additional resources about SCRIPTS?
Prescription monitoring information and resources may be found DHEC's website: http://www.dhec.sc.gov/Health/FHPF/DrugControlRegisterVerify/Prescriptio...

If you have questions about SCRIPTS, please call DHEC at (803) 896-0688 or email scripts@dhec.sc.gov

Are there exceptions to the registration and review requirements?

The registration and review requirements do NOT apply to:

(1) a practitioner issuing a prescription for a Schedule II controlled substance to treat a hospice-certified patient;

(2) a practitioner issuing a prescription for a Schedule II controlled substance that does not exceed a five-day supply for a patient;

(3) a practitioner prescribing a Schedule II controlled substance for a patient with whom the practitioner has an established relationship for the treatment of a chronic condition; however, the practitioner must review the patient's controlled substance history maintained in the prescription monitoring program at least every three months;

(4) a practitioner approving the administration of a Schedule II controlled substance by a health care provider licensed in South Carolina;

(5) 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

(6) 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.

What if a practitioner or authorized delegate discloses or knowingly uses information from SCRIPTS improperly?

A person who knowingly discloses or uses prescription monitoring information in violation of this article is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both. Additionally, a practitioner who knowingly discloses prescription monitoring information in violation of this article shall be reported to his respective board for disciplinary action.

What will happen if I fail to review a patient's history in SCRIPTS?

Pursuant to 44-53-1680(E), "A practitioner or authorized delegate of a practitioner who knowingly fails to review a patient's controlled substance prescription history, as maintained in the prescription monitoring program, or a practitioner who knowingly fails to consult with his authorized delegate regarding a patient's controlled substance prescription history before issuing a prescription for a Schedule II controlled substance, as required by this article, must be reported to his respective board for disciplinary action." Investigative and disciplinary actions undertaken by both DHEC and LLR's professional and occupational licensing boards are complaint-driven.

Do I have civil liability exposure if I fail to review information in SCRIPTS?

Pursuant to 44-53-1680(F), "A pharmacist or practitioner does not have a duty and must not be held liable in damages to any person in any civil or derivative criminal or administrative action for injury, death, or loss to person or property on the basis that the pharmacist or practitioner did or did not seek or obtain information from the prescription monitoring program. A pharmacist or practitioner acting in good faith is immune from any civil, criminal, or administrative liability that might otherwise be incurred or imposed for requesting or receiving information from the prescription monitoring program."

New Continuing Education Requirements for Optometrists

Section 40-37-240(D)(2) requires:

"Continuing education instruction must be on subjects relative to optometry, exclusive of office management or administration, at board-approved and recognized educational seminars and courses or accredited institutions of learning. Four of the forty hours may be for courses directly related to mandated health care programs including, but not limited to, HIPAA, Medicare and Medicaid, and Ethics or Jurisprudence. Sixteen of the forty hours must be pharmacology or pathology related. Satisfactory proof of compliance with this requirement is a prerequisite for

biennial license renewal. If an optometrist is authorized pursuant to state and federal law to prescribe controlled substances, two of the requisite hours of continuing education must be related to approved procedures of prescribing and monitoring controlled substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44-53-210, 44-53-230, and 44-53-250."