Revised June 30, 2017

Bill summary

The Strengthen Opioid Misuse Prevention (STOP) Act of 2017 (Session Law 2017-74/H243)

The Strengthen Opioid Misuse Prevention (STOP) Act of 2017 was recently signed into law in order to combat the opioid epidemic that has had a severe impact in North Carolina. Several provisions apply to North Carolina Medical Board licensees prescribing targeted controlled substances (defined below) and are listed below in order of their effective dates.

Targeted Controlled Substances

The STOP Act only applies to "targeted controlled substances." These are Schedule II and III opioids and narcotics per the North Carolina Controlled Substances Act, specifically those listed in N.C. Gen. Stat. § 90-90(1), (2) or 90-91(d).

Effective July 1, 2017

Opioid Prescribing Consultations with Supervising Physician

Physician Assistants and Nurse Practitioners prescribing targeted controlled substances are required to personally consult with the supervising physician if (1) the patient is being treated at a facility that primarily engages in the treatment of pain by prescribing narcotic medications or advertises for any type of pain management services, and (2) the therapeutic use of the prescription will, or is expected to, exceed 30 days.

Furthermore, when prescribing to the same patient continuously, Physician Assistants and Nurse Practitioners are required to consult with a supervising physician at least once every 90 days to verify that the prescription remains medically appropriate.

Note: The Board has not yet determined how it will define the term "consult." The most important consideration is whether a meaningful consultation about the patient and the recommended treatment occurs and is documented in the patient record. The Board might ultimately leave it to the discretion of PAs, NPs and their supervising physicians to determine how consultations occur (e.g. in person, via telephone or other electronic means).

Providing Information on Disposal of Targeted Controlled Substances

Hospice and palliative care providers prescribing targeted controlled substances to be administered to a patient in his or her home for the treatment of pain as part of in-home

hospice or palliative care shall provide oral and written information upon commencement of treatment to the patient and his or her family regarding the proper disposal of such targeted controlled substances.

This information shall include availability of permanent drop boxes or periodic "drug take-back" events that allow for the safe disposal of controlled substances.

Streamlined Set Up of Delegate Accounts

This provision streamlines the process of creating delegate accounts for prescribers in emergency departments in the North Carolina Controlled Substances Reporting System (NC CSRS).

Distribution of Naloxone

This provision allows community distribution of naloxone by organizations that have a standing order to do so. Parties are required to include "basic instruction and information" on how to administer naloxone.

Effective September 1, 2017

Timely and Accurate Prescription Reporting by Pharmacies

Pharmacies are required to report prescriptions to NC CSRS by the close of business the day after a prescription is delivered (previously the law required pharmacies to report the prescription within three days of the date it was delivered).

In addition, the STOP Act authorizes NC CSRS to assess monetary penalties against pharmacies that do not supply correct data to NC CSRS after being informed that information is missing or incomplete.

Effective January 1, 2018

Limitations on Prescriptions for Acute Pain

Acute pain is defined as pain, whether resulting from disease, accident, intentional trauma, or other cause, that the practitioner reasonably expects to last for three months or less. It does not include chronic pain or pain being treated as part of cancer care, hospice care, palliative care, or medication-assisted treatment for substance use disorder.

Practitioners cannot prescribe more than a **five-day supply** of any Schedule II or Schedule III opioid or narcotic **upon the initial consultation** and treatment of a patient for acute pain *unless* the prescription is for post-operative acute pain relief for

immediate use following a surgical procedure, in which case the prescription cannot exceed a **seven-day supply**.

Upon subsequent consultation for the same pain, practitioners may issue any appropriate renewal, refill, or new prescription for a targeted controlled substance.

This provision **does not apply** to prescriptions issued by practitioners ordering targeted controlled substances to be wholly administered in a hospital, nursing home, hospice facility, or residential care facility.

Practitioners acting in accordance with these limitations are immune from civil liability and disciplinary action from this Board.

Effective January 1, 2020

Electronic Prescribing

Practitioners must electronically prescribe for all targeted controlled substances. This provision does not apply to:

- Practitioners, other than a pharmacist, dispensing directly to an ultimate user.
- Practitioners ordering for administration in a hospital, nursing home, hospice facility, outpatient dialysis facility or residential care facility.
- Practitioners experiencing temporary technological or electrical failure or other extenuating circumstances that prevent the prescription from being transmitted electronically. Practitioners must document the reason for this exception within a patient's medical record.
- Practitioners writing a prescription to be dispensed by a pharmacy located on federal property. Practitioners must document the reason for this exception in the patient's medical record.
- Persons licensed to practice veterinary medicine.

Effective upon completion of NC CSRS technical upgrades* (date TBD)

Mandatory Review of NC CSRS

*DHHS will work on various technical upgrades to NC CSRS in order to make the system more user-friendly, improve reporting capabilities, provide inter-state connectivity with other Prescription Drug Monitoring Systems, and connect to the statewide health information exchange. Mandatory CSRS registration and use provisions become effective once the State Chief Information Officer confirms the required upgrades to NC CSRS are fully operational within the Department of Information Technology and the system is connected to the statewide health information exchange.

Prior to prescribing a Schedule II and Schedule III opioid or narcotic, practitioners are required to review a patient's 12-month prescription history in the NC CSRS.

For every subsequent three-month period that the Schedule II or Schedule III opioid or narcotic remains part of the patient's medical care, practitioners are required to review the patient's 12-month history in the NC CSRS.

Reviews should be documented within the patient's medical record along with any electrical or technological failure that prevents such review. Practitioners are required to review the history and document the review once the electrical or technological failure has resolved.

Certain practitioners may, but **are not required** to, review the NC CSRS prior to prescribing a targeted controlled substance to a patient in any of the following circumstances:

- Controlled substances administered in a health care setting, hospital, nursing home, outpatient dialysis facility or residential care facility.
- Controlled substances prescribed for the treatment of cancer or another condition associated with cancer.
- Controlled substances prescribed to patients in hospice care or palliative care.

The STOP Act authorizes NC CSRS to conduct periodic audits to determine prescriber compliance with review requirements. NC CSRS shall report to the Board any licensee found to be in violation of the requirement to check NC CSRS; violations may result in regulatory action by the Board.