

North Carolina Medical Board STOP ACT OVERVIEW

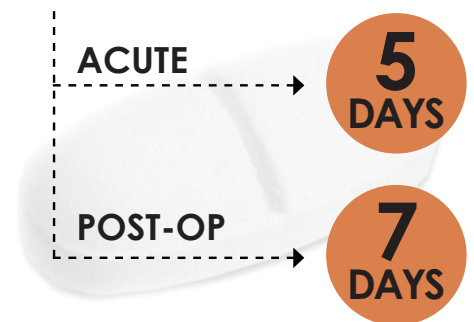
The Strengthen Opioid Misuse Prevention (STOP) Act of 2017 addresses the opioid epidemic that has had a severe impact in North Carolina. This guide provides highlights of some of the provisions that will directly impact North Carolina Medical Board (NCMB) licensees who prescribe controlled substances.

PRESCRIBING LIMITS

Limits on prescriptions for acute, post-operative pain - effective Jan. 1, 2018

- Limits initial prescriptions of Schedule II/III opioids or narcotics for **acute pain** to 5-day supply
- Limits initial prescriptions of Schedule II/III opioids or narcotics for **post-operative pain** to 7-day supply
- Prescribers may authorize less than a 5- or 7-day supply, if a shorter duration is appropriate
- Additional pain medications may be authorized after subsequent determination of need
- Prescribing limits DO NOT apply to medications wholly administered in hospitals, nursing homes, hospice facilities and residential care facilities

PRESCRIPTION LIMITS ON PAIN



STOP ACT PROVISIONS RELATED TO NC'S PRESCRIPTION DRUG DATABASE

Mandatory use of the NC Controlled Substances Reporting System (NC CSRS) - effective date TBD

- Requires review of the patient's 12-month prescription history before prescribing any Schedule II/III opioid or narcotic
- Subsequent reviews must be conducted every three months, for as long as the Schedule II/III opioid or narcotic remains part of the patient's treatment regimen; Document queries in the patient record
- If history cannot be obtained due to electrical or technological failure, practitioners are required to complete review as soon as possible
- NC DHHS will conduct periodic compliance audits; Any licensee found to be in violation may be subject to regulatory action by his or her licensing board

Delegate NC CSRS accounts can ease burden on prescribers

NC CSRS allows prescribers to designate delegates to obtain queries for review by prescribers

Any staff person (who does NOT have prescriptive authority) may register with NC CSRS as a delegate

Delegates may run queries only for prescriber(s) to whom they are assigned

Registering for access to NC CSRS

NCMB offers a streamlined NC CSRS registration process to licensed physicians and PAs through the Board's website.

Licensees must log in to the NCMB licensee information portal to access the streamlined registration; NC CSRS is responsible for processing registration information and sending NC CSRS login information.

NCMB has established a new NC CSRS center on its website, with information and links to help prescribers get started with the state's prescription database. Find it at www.ncmedboard.org/NCCSRS

When will mandatory use be in effect?

NC CSRS must complete technical upgrades before that law can go into effect

Improvements include providing inter-state connectivity with other Prescription Drug Monitoring Systems and connection to the statewide health information exchange

ADDITIONAL PROVISIONS RELATED TO NC CSRS

Streamlined NC CSRS registration for delegates – effective July 1, 2017

- Streamlines the process of creating delegate accounts for prescribers in NC emergency departments (ED)
- Delegates must register through NC CSRS website and must be assigned to specific prescriber/s (e.g. can't be generally assigned to query the system for the ED)

Timely pharmacy reporting to NC CSRS – effective Sept. 1, 2017

- Requires pharmacies to report prescriptions to NC CSRS within 24 hours of dispensing
- Authorizes DHHS to assess monetary penalties if pharmacies do not correct data after being informed of errors or omissions

Prescriber tip

Prescribers may be able to help improve the accuracy of NC CSRS data by issuing prescriptions in the patient's full name (Rebecca Moore vs. Becky Moore; Thomas Howe vs. Tommy Howe, etc.).

The full name may be the same name stated on the patient's medical insurance

PA/NP CONSULTATION WITH SUPERVISING PHYSICIAN BEFORE PRESCRIBING - EFFECTIVE JULY 1, 2017

- Requires PAs and NPs working in pain clinics to consult with supervising physician when contemplating prescriptions expected to exceed 30 days
- Pain clinics are defined as facilities or practices whose primary purpose is the treatment of pain (excludes hospice)
- PAs/NPs must consult with supervising physician at least once every 90 days for as long as patient continues on the medication
- NCMB will develop a formal definition of "consultation" to set parameters for the type of contact that must occur between supervisee and supervisor (expected Fall 2017)
- For now, ensure that a meaningful discussion about the patient and recommended treatment occurs and document in medical record



MANDATORY E-PRESCRIBING OF ALL TARGETED CONTROLLED SUBSTANCES - EFFECTIVE JAN. 1, 2020

- Requires practitioners to use e-prescribing when issuing prescriptions for all Schedule II and Schedule III opioids and narcotics.
- Prescribers need NOT use e-prescribing when:
 - The medication is dispensed directly to the user
 - Medication is ordered for administration in a hospital, nursing home, hospice facility, outpatient dialysis facility or residential care facility
 - Temporary technological or electrical failure or other circumstances prevent e-prescribing; Document reason for exception
 - Medication is dispensed on federal property, such as at a VA facility or military base; Document reason for exception



What is a "targeted controlled substance"?

The STOP Act applies to targeted controlled substances, which include Schedule II and III opioids and narcotics.

Specifically, "targeted controlled substances" are those listed in N.C. Gen. Stat. § 90-90(1), (2) or 90-91(d)

Stimulants, such as medications prescribed for attention disorders, are NOT targeted controlled substances

LEARN MORE To learn more or view resources on responsible opioid prescribing contact NCMB by phone or find us online and on social media.



www.ncmedboard.org/safeopioids



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(919) 326.1100 or (800) 253.9653



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www.ncmedboard.org
info@ncmedboard.org