



Strengthen Opioid Misuse Prevention (STOP) Act Overview

Strengthen Opioid Misuse Prevention (STOP) Act (House Bill 243)

- Passed unanimously by both houses of the General Assembly on June 28, 2017
- Signed by Governor Roy Cooper on June 29, 2017
- Targeted controlled substances under the Act
 - Schedule II and Schedule III Opioids



Strengthen Opioid Misuse Prevention (STOP)Act. 2017-2018 Session

View Available Bill Summaries		Last Action:
Bill Text	Fiscal Note	
Filed [HTML]		Ch. SL 2017-74 on 06/29/2017
Edition 1 [HTML]		Sponsors: Murphy; Davis; Malone; Horn; (Primary) Adams; Ager; Ball; Belk; Blackwell; Boles; Boswell; Bradford; Brisson; Brockman; Butler; Carney; Clampitt; Cleveland; Corbin; Dixon; Dobson; Dollar; Dulin; Faircloth; Farmer-Butterfield; Fisher; Floyd; Ford; Fraley; Gill; Goodman; C. Graham; G. Graham; Grange; K. Hall; Hanes; Hardister; Harrison; Henson; Holley; Howard; Hurley; Iler; Insko; Jackson; John; Bert Jones; Brenden Jones; Lambeth; Lucas; S. Martin; McElraft; McGrady; McNeill; Meyer; Potts; Presnell; Quick; Reives; B. Richardson; Riddell; Ross; Setzer; Shepard; Steinburg; Stevens; Stone; Strickland; Terry; B. Turner; Warren; White; Williams; Willingham; Wray;
Edition 2 [HTML]		
Edition 3 [HTML]		
Edition 4 [HTML]		
Edition 5 [HTML]		
Ratified [HTML]		
Session Law 2017-74 [HTML]		

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Bill Text	Fiscal Note	
Filed [HTML]		Re-ref to Health Care. If fav, re-ref to Judiciary. If fav, re-ref to Appropriations/Base Budget. If fav, re-ref to Rules and Operations of the Senate on 03/07/2017
Edition 1 [HTML]		Sponsors: J. Davis; McInnis; Rabon; (Primary) Britt; Brock; Chaudhuri; Clark; Cook; Dunn; B. Jackson; Krawiec; Lee; Lowe; Newton; Sanderson; Smith-Ingram; Van Duyn; Woodard;

Prescribers Provisions

- Limits **first-time** prescriptions of targeted controlled substances for **acute pain** to **≤5 days**
- Prescriptions following a surgical procedure limited to **≤7 days**
- Allows follow-up prescriptions **as needed** for pain
- Limit **does not apply** to controlled substances to be wholly administered in a:
 - hospital, nursing home, hospice facility, or residential care facility
- Dispensers not liable for dispensing a prescription that violates this limit

Effective January 1, 2018

Prescribers Provisions

Requires a Controlled Substance Reporting System (CSRS) check prior to prescribing targeted controlled substances for the **first time** and **then every 90 days** if prescription continues

- *Must* review patient information in CSRS for **past 12 months**
- *Must* document CSRS check in medical record
- CSRS check **not required** for controlled substances administered in a:
 - health care setting, hospital, nursing home, dialysis facility, or residential care facility
- CSRS check **not required** for controlled substances prescribed for
 - hospice or palliative care or for the treatment of cancer pain
- DHHS shall
 - conduct periodic audits of the review of CSRS by prescribers
 - report violations of the requirement to check CSRS to licensing boards,
 - Boards may suspend or revoke prescribers' licenses

Effective date: only after CSRS achieves certain improvements

Prescribers Provisions

Physician assistants and nurse practitioners, treating patients in a pain clinic setting, are required to “*personally consult*” with their supervising physicians prior to prescribing a targeted controlled substance if use of the substance will exceed/is expected to exceed a period of 30 days

- **Must verify with supervising physician that prescription is medically appropriate**
- **Must re-consult with physician every 90 days if prescription continues**

Effective: July 1, 2017

Prescribers Provisions

Requires electronic prescribing of targeted controlled substances

Exceptions

- Controlled substances dispensed by practitioner to an ultimate user
- Controlled substances administered in a **hospital, nursing home, hospice facility, dialysis facility, or residential care facility**
- If practitioner experiences temporary technological or electrical failure and this is documented in medical record
- Prescriptions written by veterinarians

Dispenser not required to verify that prescriber falls into one of the above exceptions before dispensing from a written, oral, or facsimile prescription

Effective January 1, 2020

Prescribers Provisions

- **Requires DHHS to conduct a study in consultation with the Office of the Attorney General and the NC Veterinary Medical Board on:**
 - how to implement the provisions of the STOP Act pertaining to electronic prescriptions & the submission of data to the CSRS as they relate to the practice of veterinary medicine;
 - report to be submitted to legislature by **February 1, 2018**
- **Streamlines the process of creating delegate CSRS accounts for prescribers in emergency departments**

Dispenser Provisions

- Register to use the CSRS is required for dispensers employed in practice settings where Schedule II, III, or IV controlled substances are dispensed
- CSRS checks & documentation is required for dispensers of targeted controlled substances if they have reason to believe a patient is seeking drugs for reasons other than treatment or if there are other red flags
 - Examples of red flags listed in statute:
 - Prescriber or patient from outside dispenser's geographic area
 - Patient pays in cash when patient has insurance
 - Requests for early refills
 - Multiple prescribers
 - Patient requests drug by specific name or color
 - Dispenser required to contact prescriber and verify the prescription is medically appropriate there is concern about fraudulent or duplicative prescriptions
 - Failure to conduct CSRS review *does not* constitute negligence

Effective date: only after CSRS achieves certain improvements, TBD

Dispenser Provisions

Pharmacies *required* to report prescriptions to CSRS by the close of business the day after a prescription is delivered (24 hours)

- previously law required reporting within 3 days

Effective September 1, 2017

DHHS allowed to *assess monetary penalties* against pharmacies that do not supply correct data to CSRS after being informed that information is missing or incomplete

Effective September 1, 2017

Harm Reduction Provisions

Amends *Good Samaritan Law* to allow community distribution of naloxone by agents of organizations that have a standing order to distribute

- Standing order may be written by a practitioner to
 - “any governmental or nongovernmental organization, including a local health department, a law enforcement agency, or an organization that promotes scientifically proven ways of mitigating health risks associated with substance use disorders”
- Organization required to include “*basic instruction and information on how to administer*” naloxone when distributing
- Organization and its agents given immunity for distribution

Effective July 1, 2017

Syringe Exchange language banning the use of “public” funds to purchase needles, syringes, or injection supplies to use of “State” funds

- Local funds may now be used

Effective July 1, 2017

Miscellaneous Provisions

- In-home hospice providers required to educate families about **proper disposal of medications**.
- **CSRS required** to report certain CSRS to the General Assembly and to licensing boards.