

SECTION 12F.15.(b) Funds appropriated in this act for the purposes and in the amounts specified in subsection (a) of this section shall be adjusted or eliminated if the Department is successful in obtaining grant awards or identifying other allowable receipts for this purpose. If receipts are used for this purpose, this nonrecurring appropriation shall revert to the General Fund.

STATEWIDE OPIOID PRESCRIBING GUIDELINES

SECTION 12F.16.(a) By July 1, 2016, the following State health officials and health care provider licensing boards shall adopt the North Carolina Medical Board's Policy for the Use of Opiates for the Treatment of Pain:

- (1) The Director of the Division of Public Health of the Department of Health and Human Services (DHHS).
- (2) The Director of the Division of Medical Assistance, DHHS.
- (3) The Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, DHHS.
- (4) The directors of medical, dental, and mental health services within the Department of Public Safety.
- (5) North Carolina State Board of Dental Examiners.
- (6) North Carolina Board of Nursing.
- (7) North Carolina Board of Podiatry Examiners.

CONTINUING EDUCATION REQUIREMENTS

SECTION 12F.16.(b) The following health care provider occupational licensing boards shall require continuing education on the abuse of controlled substances as a condition of license renewal for health care providers who prescribe controlled substances:

- (1) North Carolina Board of Dental Examiners.
- (2) North Carolina Board of Nursing.
- (3) North Carolina Board of Podiatry Examiners.
- (4) North Carolina Medical Board.

SECTION 12F.16.(c) In establishing the continuing education standards, the boards listed in subsection (b) of this section shall require that at least one hour of the total required continuing education hours consists of a course designed specifically to address prescribing practices. The course shall include, but not be limited to, instruction on controlled substance prescribing practices and controlled substance prescribing for chronic pain management.

IMPROVE CONTROLLED SUBSTANCES REPORTING SYSTEM ACCESS AND UTILIZATION

SECTION 12F.16.(d) G.S. 90-113.74 reads as rewritten:

"§ 90-113.74. Confidentiality.

(a) Prescription information submitted to the Department is privileged and confidential, is not a public record pursuant to G.S. 132-1, is not subject to subpoena or discovery or any other use in civil proceedings, and except as otherwise provided below may only be used (i) for investigative or evidentiary purposes related to violations of State or federal law and law, (ii) for regulatory activities, activities, or (iii) to inform medical records or clinical care. Except as otherwise provided by this section, prescription information shall not be disclosed or disseminated to any person or entity by any person or entity authorized to review prescription information.

...
(c) The Department shall release data in the controlled substances reporting system to the following persons only:

- ...
(8) Any county medical examiner appointed by the Chief Medical Examiner pursuant to G.S. 130A-382 and the Chief Medical Examiner, for the purpose of investigating the death of an individual.
- (9) The federal Drug Enforcement Administration's Office of Diversion Control.
- (10) The North Carolina Health Information Exchange Authority (NC HIE Authority), established under Article 29B of this Chapter, through Web-service calls.

....."
SECTION 12F.16.(e) The Department of Health and Human Services shall adopt appropriate policies and procedures documenting and supporting the additional functionality and expanded access added by subsection (d) of this section for the Controlled Substances Reporting System (CSRS) for the entities added to G.S. 90-113.74(c) by subsection (d) of this section and shall amend its contract with the vendor that operates the CSRS to support the additional functionality and expanded access to the CSRS.

IMPROVE CONTROLLED SUBSTANCES REPORTING SYSTEM CONTRACT

SECTION 12F.16.(f) The Department of Health and Human Services (DHHS) shall modify the contract for the Controlled Substances Reporting System (CSRS) to improve performance, establish user access controls, establish data security protocols, and ensure availability of data for advanced analytics. Specifically, the contract shall be modified to include the following:

- (1) A connection to the HIE Network administered by the North Carolina Health Information Exchange Authority (NC HIE Authority).
- (2) The establishment of interstate connectivity.
- (3) Data security protocols that meet or exceed the Federal Information Processing Standards (FIPS) established by the National Institute of Standards and Technology (NIST).

SECTION 12F.16.(g) DHHS shall complete the contract modifications required by subsection (f) of this section by December 31, 2015. DHHS shall report by November 15, 2015, to the Joint Legislative Program Evaluation Oversight Committee and the Joint Legislative Oversight Committee on Health and Human Services regarding the progress to modify the contract.

SECTION 12F.16.(h) DHHS shall apply for grant funding from the National Association of Boards of Pharmacy to establish the connection to PMP InterConnect. The Department shall request forty thousand thirty-five dollars (\$40,035) to establish the initial interface for PMP InterConnect and thirty thousand dollars (\$30,000) for two years of ongoing service, maintenance, and support for PMP InterConnect in order to create interstate connectivity for the drug monitoring program as required by subdivision (2) of subsection (f) of this section.

SECTION 12F.16.(i) Funds appropriated in this act to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, for the CSRS shall be used as follows:

- (1) For the 2015-2016 fiscal year, the sum of forty thousand thirty-five dollars (\$40,035) shall be used to connect the CSRS and the HIE Network administered by the NC HIE Authority, as required by subdivision (1) of subsection (f) of this section.
- (2) For the 2015-2016 fiscal year and for the 2016-2017 fiscal year, the sum of fifteen thousand dollars (\$15,000) shall be used to maintain a connection between the CSRS and the HIE Network administered by the NC HIE Authority, as required by subdivision (1) of subsection (f) of this section.
- (3) For the 2015-2016 fiscal year, the sum of forty thousand thirty-five dollars (\$40,035) shall be used to establish the initial interface for PMP InterConnect, as required by subdivision (2) of subsection (f) of this section. This amount shall be adjusted or eliminated if DHHS is successful in obtaining grant awards or identifying other allowable receipts for this purpose. If receipts are used for this purpose, this nonrecurring appropriation shall revert to the General Fund.
- (4) For the 2015-2016 fiscal year, the sum of fifteen thousand dollars (\$15,000) shall be used for the cost of annual service fees for the interstate connection for the drug monitoring program, as required by subdivision (2) of subsection (f) of this section. This amount shall be adjusted or eliminated if DHHS is successful in obtaining grant awards or identifying other allowable receipts for this purpose. If receipts are used for this purpose, this nonrecurring appropriation shall revert to the General Fund.

EXPAND MONITORING CAPACITY

SECTION 12F.16.(j) The North Carolina Controlled Substances Reporting System shall expand its monitoring capacity by establishing data use agreements with the Prescription Behavior Surveillance System. In order to participate, the CSRS shall establish a data use agreement with the Center of Excellence at Brandeis University no later than January 1, 2016.

SECTION 12F.16.(k) Beginning September 1, 2016, and every two years thereafter, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services of the Department of Health and Human Services shall report on its participation with the Prescription Behavior Surveillance System to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety.

MEDICAID LOCK-IN PROGRAM

SECTION 12F.16.(l) The Division of Medical Assistance of the Department of Health and Human Services (DMA) shall take the following steps to improve the effectiveness and efficiency of the Medicaid lock-in program:

- (1) Establish written procedures for the operation of the lock-in program, including specifying the responsibilities of DMA and the program contractor.
- (2) Establish procedures for the sharing of bulk data with the Controlled Substances Regulatory Branch.
- (3) In consultation with the Physicians Advisory Group, extend lock-in duration to two years and revise program eligibility criteria to align the program with the statewide strategic goals for preventing prescription drug abuse. DMA shall report an estimate of the cost-savings from the revisions to the eligibility criteria to the Joint Legislative Program Evaluation Oversight Committee and the Joint Legislative Oversight Committee on Health and Human Services within one year of the lock-in program again becoming operational.
- (4) Develop a Web site and communication materials to inform lock-in enrollees, prescribers, pharmacists, and emergency room health care providers about the program.
- (5) Increase program capacity to ensure that all individuals who meet program criteria are locked in.
- (6) Conduct an audit of the lock-in program within six months after the effective date of this act in order to evaluate the effectiveness of program restrictions in preventing overutilization of controlled substances, identify any program vulnerabilities, and address whether there is evidence of any fraud or abuse within the program.

DMA shall report to the Joint Legislative Program Evaluation Oversight Committee by ~~September 30, 2015~~, on its progress toward implementing all items included in this section.

STATEWIDE STRATEGIC PLAN

SECTION 12F.16.(m) There is hereby created the Prescription Drug Abuse Advisory Committee, to be housed in and staffed by the Department of Health and Human Services (DHHS). The Committee shall develop and, through its members, implement a statewide strategic plan to combat the problem of prescription drug abuse. The Committee shall include representatives from the following, as well as any other persons designated by the Secretary of Health and Human Services:

- (1) The Division of Medical Assistance, DHHS.
- (2) The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, DHHS.
- (3) The Division of Public Health, DHHS.
- (4) The Rural Health Section of the Division of Public Health, DHHS.
- (5) The State Bureau of Investigation.
- (6) The Attorney General's Office.
- (7) The following health care regulatory boards with oversight of prescribers and dispensers of prescription drugs:
 - a. North Carolina Board of Dental Examiners.
 - b. North Carolina Board of Nursing.

- c. North Carolina Board of Podiatry Examiners.
- d. North Carolina Medical Board.
- e. North Carolina Board of Pharmacy.
- (8) The UNC Injury Prevention Research Center.
- (9) The substance abuse treatment community.
- (10) Governor's Institute on Substance Abuse, Inc.
- (11) The Department of Insurance's drug take-back program.

After developing the strategic plan, the Committee shall be the State's steering committee to monitor achievement of strategic objectives and receive regular reports on progress made toward reducing prescription drug abuse in North Carolina.

SECTION 12F.16.(n) In developing the statewide strategic plan to combat the problem of prescription drug abuse, the Prescription Drug Abuse Advisory Committee shall, at a minimum, complete the following steps:

- (1) Identify a mission and vision for North Carolina's system to reduce and prevent prescription drug abuse.
- (2) Scan the internal and external environment for the system's strengths, weaknesses, opportunities, and challenges (a SWOC analysis).
- (3) Compare threats and opportunities to the system's ability to meet challenges and seize opportunities (a GAP analysis).
- (4) Identify strategic issues based on SWOC and GAP analyses.
- (5) Formulate strategies and resources for addressing these issues.

SECTION 12F.16.(o) The strategic plan for reducing prescription drug abuse shall include three to five strategic goals that are outcome-oriented and measurable. Each goal must be connected with objectives supported by the following five mechanisms of the system:

- (1) Oversight and regulation of prescribers and dispensers by State health care regulatory boards.
- (2) Operation of the Controlled Substances Reporting System.
- (3) Operation of the Medicaid lock-in program to review behavior of patients with high use of prescribed controlled substances.
- (4) Enforcement of State laws for the misuse and diversion of controlled substances.
- (5) Any other appropriate mechanism identified by the Committee.

SECTION 12F.16.(p) DHHS, in consultation with the Prescription Drug Abuse Advisory Committee, shall develop and implement a formalized performance management system that connects the goals and objectives identified in the statewide strategic plan to operations of the Controlled Substances Reporting System and Medicaid lock-in program, law enforcement activities, and oversight of prescribers and dispensers. The performance management system must be designed to monitor progress toward achieving goals and objectives and must recommend actions to be taken when performance falls short.

SECTION 12F.16.(q) Beginning on December 1, 2016, and annually thereafter, DHHS shall submit an annual report on the performance of North Carolina's system for monitoring prescription drug abuse to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety.

EFFECTIVE DATE

SECTION 12F.16.(r) Subdivision (1) of Section 12F.16(f) of this act becomes effective upon the establishment of the HIE Network pursuant to Section 12A.5 of this act. The remainder of this section is effective when it becomes law.

ELIMINATE PUBLICATION/ACCESS NORTH CAROLINA TRAVEL GUIDE

SECTION 12F.17. G.S. 168-2 is repealed.

SUBPART XII-G. DIVISION OF HEALTH SERVICE REGULATION

MORATORIUM ON SPECIAL CARE UNIT LICENSES

SECTION 12G.2.(a) Section 12G.1(a) of S.L. 2013-360, as amended by Section 12G.5 of S.L. 2014-100, reads as rewritten:

"SECTION 12G.1.(a) For the period beginning July 31, 2013, and ending ~~June 30, 2016~~, June 30, 2017, the Department of Health and Human Services, Division of Health Service Regulation (Department), shall not issue any licenses for special care units as defined in