



*Division of Mental Health Developmental Disabilities and  
Substances abuse Services*

*Alex Asbun, Drug Control Unit Manager*



# *The Strengthen Opioid Misuse Prevention (STOP) Act of 2017*



“Targeted controlled substances” under the Act = **Schedule II and Schedule III Opioids**

Limits on prescriptions for acute, post-operative pain

# *NC STOP ACT - Provisions for Prescribers*

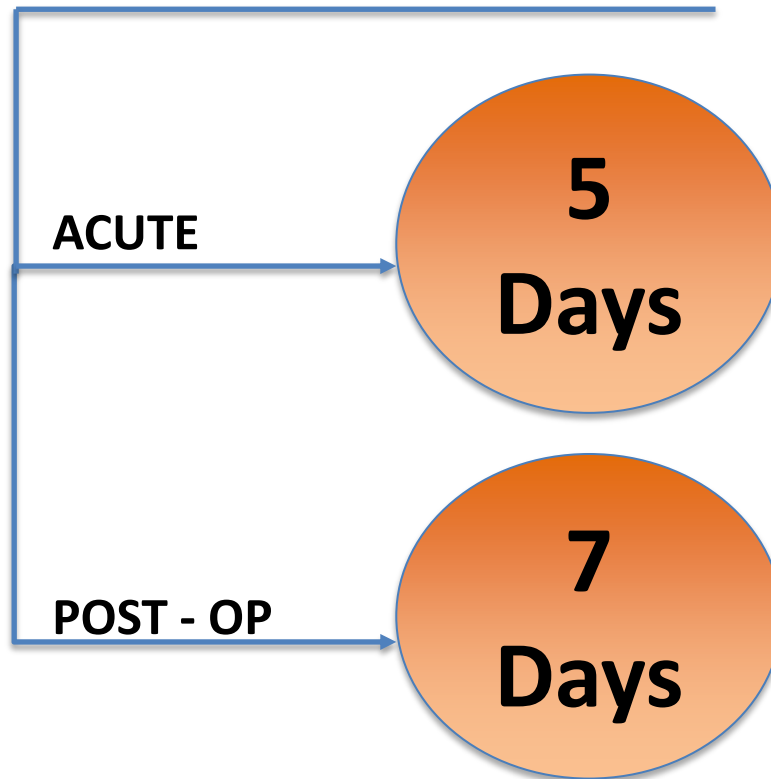
## **Provisions for Prescribers**

- Limits first-time prescriptions of targeted controlled substances for acute pain to  $\leq 5$  days
  - Exception: prescriptions following a surgical procedure limited to  $\leq 7$  days
  - “Acute pain” is defined as pain expected to last for 3 months or less
  - “Chronic pain” is defined as pain that lasts for longer than 3 months
  - “Surgical procedure” is defined as a procedure that is performed for the purpose of structurally altering the human body by incision or the destruction of tissues
  - Upon subsequent consultation for same pain, practitioner can issue any appropriate renewal, refill, or new prescription of a targeted control substance



# *NC STOP ACT - Provisions for Prescribers*

## PRESCRIPTION LIMITS ON PAIN



# *NC STOP ACT - Provisions for Prescribers*

## **Provisions for Prescribers**

- Limit does not apply to prescriptions for controlled substances that are to be wholly administered in a hospital, nursing home, hospice facility, or residential care facility
- Dispensers are not liable for dispensing a prescription written by a prescriber in violation of this limit
- Prescribing limits DO NOT apply to medications wholly administered in hospitals, nursing homes, hospice facilities and residential care facilities



## *NC STOP ACT - Provisions for Prescribers*

- Requires prescribers to check the CSRS prior to prescribing targeted controlled substances for the first time and then every 90 days thereafter if prescription continues
  - Prescriber must review patient information in CSRS for past 12 months
  - Prescriber must document CSRS check in medical record
  - CSRS check not required for controlled substances administered in a health care setting, hospital, nursing home, outpatient dialysis facility, or residential care facility, or 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 and shall report to the appropriate licensing board any prescriber found to be in violation of requirement to check CSRS; violation may constitute cause for licensing board to suspend or revoke prescriber's license



## *NC STOP ACT - Provisions for Prescribers*

- Streamlines the process of creating delegate CSRS accounts for prescribers in emergency departments
- Requires physician assistants and nurse practitioners who treat patients in a facility “that primarily engages in the treatment of pain by prescribing narcotic medications or advertises in any medium for any type of pain management services” to “personally consult” with their supervising physician 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



## *NC STOP ACT - Provisions for Prescribers*

- Requires electronic prescribing of targeted controlled substances
  - Exceptions:
    - Practitioners who dispense to an ultimate user
    - Practitioners who order a controlled substance to be administered in a hospital, nursing home, hospice facility, outpatient dialysis facility, or residential care facility
    - Practitioners who experience temporary technological or electrical failure, if this reason is documented in medical record
    - Prescriptions to be dispensed by a pharmacy on federal property, if this reason is documented in medical record
    - Prescriptions written by veterinarians





## *NC STOP ACT - Provisions for Prescribers*

- Dispensers are not required to verify that practitioners properly fall into one of the exceptions above before dispensing from valid written, oral, or facsimile prescriptions

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 and the submission of data to the CSRS as they relate to the practice of veterinary medicine



# *NC STOP ACT - Provisions for Dispensers*

## **Provisions for Dispensers**

- Requires dispensers licensed in NC and employed in a pharmacy practice setting where Schedule II, III, or IV controlled substances are dispensed to register for access to CSRS (current law requires prescribers to register with CSRS, with same effective date as for dispensers)
  - Effective date: only after CSRS achieves certain improvements, TBD
- Requires dispensers of targeted controlled substances to check CSRS and document this review if they have reason to believe 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 he/she has insurance
    - Requests for early refills



## *NC STOP ACT - Provisions for Dispensers*

- Requires pharmacies to report prescriptions to CSRS by the close of business the day after a prescription is delivered (law previously required reporting within 3 days after the day a prescription was delivered)
- Allows DHHS to assess monetary penalties against pharmacies that do not supply correct data to CSRS after being informed that information is missing or incomplete

# NC STOP ACT - Other Provisions

## Other Provisions

- Allows community distribution of naloxone by organizations that have a standing order to do so
  - Standing order may be written 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 and other high-risk behaviors”
  - Standing order may allow the organization, through its “agents,” to distribute naloxone to persons at risk for an overdose or to persons in a position to help someone at risk for an overdose
  - Required to include “basic instruction and information on how to administer” naloxone
  - Provides immunity to organizations distributing naloxone pursuant to such a standing order



## *NC STOP ACT - Other Provisions*

- Allows the use of local funds to purchase needles, syringes, or injection supplies for syringe exchange programs
  - Now bans the use of “State” funds for this purpose, whereas law formerly banned the use of “public” funds
- Requires in-home hospice providers to educate families about proper disposal of medications
- Requires certain reporting of CSRS data by DHHS to General Assembly and licensing boards

# Q & A

Alex Asbun, Drug Control Unit Manager  
[Alex.Asbun@dhhs.nc.gov](mailto:Alex.Asbun@dhhs.nc.gov)

