

INTRODUCTION

North Carolina is experiencing an opioid epidemic. The North Carolina State Center for Health Statistics reports that each day three people die from opioid overdose in North Carolina. There have been 13,000 unintentional prescription and illicit opioid deaths among North Carolinians from 1999 to 2015, a 442% increase. [NC Session Law 2017-74](#) (aka the “Strengthen Opioid Misuse Prevention Act” or “STOP Act”) was signed into law June 29, 2017, with some portions of the law going into effect July 1. The purpose of the STOP Act is to strengthen opioid misuse prevention in North Carolina.

STOP ACT REQUIREMENTS

Requirement	Providers Affected	Effective Date	Explanation
CSRS	All Providers	September 1, 2017	<p>The STOP Act expands the role of the North Carolina Department of Health and Human Services (DHHS) to detect and prevent fraud using Controlled Substance Reporting System (<a href="#">CSRS</a>) data and to report practitioners who fail to properly review the CSRS.</p> <ul style="list-style-type: none"> <li>• Providers must check the CSRS prior to prescribing targeted controlled substances for the first time and every three months thereafter if the prescription continues. Providers must document in the patient’s medical record each time they review information in the CSRS.</li> <li>• Dispensers (e.g., pharmacists) of targeted controlled substances must register for access to the CSRS. Dispensers must review information in the CSRS and document their review prior to dispensing a targeted controlled substance. If a dispenser has reason to believe a prescription for a targeted controlled substance is fraudulent or duplicative, the dispenser must withhold delivery until the prescriber can verify medical appropriateness.</li> <li>• Pharmacies must report prescriptions to the CSRS by the close of business the day after the prescription is delivered (note: previous limit was three business days).</li> <li>• NC DHHS may assess civil monetary penalties for non-compliance. NC DHHS may also report non-compliance to the appropriate licensing board.</li> </ul>

Quantity Limits for Acute Pain	All Providers	January 1, 2018	<p>Initial prescriptions for targeted controlled substances to treat acute pain will be limited to a five-day supply.</p> <ul style="list-style-type: none"> <li>• <b>Acute pain</b> is defined as pain expected to last three months or less whereas <b>chronic pain</b> typically lasts beyond three months or beyond the time for normal tissue healing.</li> </ul> <p>Initial prescriptions to treat post-surgical procedure act pain relief immediately following a surgical procedure will be limited to a seven-day supply.</p> <p>These limits do not apply to prescriptions for chronic pain, pain as part of hospice, palliative or cancer care, or medication-assisted treatment (MAT) for treatment of addiction. There are also exceptions for controlled substances wholly administered in hospitals or other specified facilities.</p> <p>The STOP Act allows appropriate follow-up prescriptions upon subsequent consultation for the same pain.</p>
E-Prescriptions	All Providers	January 1, 2020	Electronic prescribing will be required for targeted controlled substances unless a statutory exemption applies.
Hospice/ Palliative Care	All Providers	July 1, 2017	Certain hospice/palliative care providers must provide information to the patient and family regarding proper disposal of residual targeted controlled substances after the patient's death.

<p style="text-align: center;"><b>Physician Supervision</b></p>	<p style="text-align: center;"><b>PAs and NPs</b></p>	<p style="text-align: center;"><b>July 1, 2017</b></p>	<p>Physician assistants and nurse practitioners who prescribe “<b>targeted controlled substances</b>” (i.e., Schedule II or III controlled substances listed in <a href="#">N.C. Gen. Stat. §§ 90-90(1) or (2)</a> or <a href="#">N.C. Gen. Stat. § 90-91(d)</a>) must personally consult with the supervising physician prior to prescribing the controlled substance if:</p> <ul style="list-style-type: none"> <li>• The patient is being treated 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 and</li> <li>• The therapeutic use of the targeted controlled substance will or is expected to exceed 30 days.</li> </ul> <p>A supervising physician must verify the prescription is medically appropriate.</p> <p>When the targeted controlled substance is continuously prescribed to the same patient, a supervising physician must be re-consulted at least once every 90 days.</p> <p>The North Carolina Medical Board in the Revised September 22, 2017 <a href="#">FAQ</a> discusses the definition of a “pain clinic” and states that the STOP Act’s definition of a pain clinic “would not normally include recognized hospice or palliative care practices which may, as a part of their usual practice, provide palliative care for pain. Nor would a family practice that offers pain management as part of a full scope of general internal medicine services.” In addition, the North Carolina Board of Nursing notes in a <a href="#">FAQ</a> section on its website that it believes the STOP Act requires all Advanced Practice Registered Nurse prescribers (including NPs and CNMs) to consult with a supervising physician at least once every 90 days when a targeted controlled substance is continuously prescribed to the same patient.</p> <div style="background-color: #e6f2ff; padding: 10px; border: 1px solid #ccc;"> <p>The new Epic@UNC smart phrase — <b>.APPNARCATTEST</b> — assists advanced practice providers (APPs) in meeting the STOP Act’s supervision requirements prior to prescribing targeted controlled substances. The dot phrase will automatically pull in the name of the APP’s supervising physician from the SER table. If this name is not the physician you discussed prescription management with, you will need to correct this name or create your own personalized smart phrase using the smart phrase above as a guide.</p> </div>
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<b>Resources:</b>			<p>NC Medical Board September 2017 FAQ: <a href="https://www.ncmedboard.org/images/uploads/article_images/STOPAct-FAQs-9222017.pdf">https://www.ncmedboard.org/images/uploads/article_images/STOPAct-FAQs-9222017.pdf</a></p> <p>NC Medical Board STOP Act: <a href="https://www.ncmedboard.org/resources-information/professional-resources/publications/forum-newsletter/notice/new-summary-of-ncs-new-opioids-law-the-stop-act">https://www.ncmedboard.org/resources-information/professional-resources/publications/forum-newsletter/notice/new-summary-of-ncs-new-opioids-law-the-stop-act</a></p> <p>NC Board of Nursing FAQ on Controlled Substance Reporting System: <a href="https://www.ncbon.com/news-publications-statistics-frequently-asked-questions-controlled-substance-reporting-system">https://www.ncbon.com/news-publications-statistics-frequently-asked-questions-controlled-substance-reporting-system</a></p> <p>NC Board of Nursing Information Sheet on the STOP Act: <a href="https://www.ncbon.com/vdownloads/strengthen-opioid-misuse-prevention.pdf">https://www.ncbon.com/vdownloads/strengthen-opioid-misuse-prevention.pdf</a></p>
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