Session Law 2017-74, **Strengthen Opioid Misuse Prevention (STOP ACT) H243/S175** was signed into law on June 29, 2017 in order to combat the nationwide opioid epidemic that has had a severe impact in North Carolina. Several provisions apply to Advanced Practice Registered Nurse (APRN) prescribers (Nurse Practitioners [NPs] and Certified Nurse Midwives [CNMs]) who prescribe targeted controlled substances.

Targeted Controlled Substances

Provisions of the STOP Act only apply to "targeted controlled substances" which includes all schedule II and III opioids as listed in listed in G.S. 90-90(1) & (2) and G.S. 90-91(d).

Effective July 1, 2017

Personal consultation with the supervising physician for Schedule II and III Opioids

APRN prescribers shall personally consult with the supervising physician as established in the collaborative practice agreement and document said consultation in the patient's health record prior to prescribing a targeted controlled substance ***when all of the following conditions apply*:**

1. The patient is being treated by 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.
2. The therapeutic use of the targeted controlled substance will or is expected to exceed a period of 30 days.

When a targeted controlled substance is continuously prescribed to the same patient, the APRN prescriber shall consult with the supervising physician at least once every 90 days to verify that the prescription remains medically appropriate for the patient. The consultation shall be documented in the patient's health record.

DEFINITION OF CONSULTATION FOR PRESCRIBING TARGETED CONTROLLED SUBSTANCES

Pain Management Primary Care/settings other than pain management centers

APRN prescribers prescribing targeted controlled substances in settings that do not specialize or advertise for the treatment of pain by prescribing narcotic medications or any type of pain management services (including but not limited to primary care and sub-specialty practices) shall utilize the Policy for the Use of Opiates for the Treatment of Pain and practice within the prescriptive authority established in NC law and administrative code 21 NCAC 36 .0809 Nurse Practitioners and § 90-178.3.(b) Regulation of midwifery .

It is the duty of every licensee prescribing opioid medications to be knowledgeable of both the therapeutic benefits, risks, and potential harm associated with opioid treatment. The NCBON expects every licensee prescribing opioids for the treatment of pain to provide diagnoses, treatments, and health record documentation consistent with the standard of care in North Carolina. ***The NCBON notes that a failure to provide opioid treatment consistent with the standard of care in North Carolina may subject a licensee to disciplinary action by the NCBON.***

As reflected in the **Joint Statement on Pain Management in End-of-Life Care** , there are inherent risks associated with effective pain relief in palliative and hospice settings. *The Board will assume opioid use in such patients is appropriate if the responsible APRN prescriber is familiar with and abides by acceptable guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan.* Because the Board is aware of the inherent risks associated with effective pain relief in such situations, it will not interpret their occurrence as subject to discipline by the Board, however evidence-based prescribing as noted in the Policy for the Use of Opiates for the Treatment of Pain is relevant in all opioid prescribing scenarios.

Effective September 1, 2017

Hospice and palliative care providers prescribing targeted controlled substances to be administered to a patient in his or her home for the treatment of pain as part of in-home hospice or palliative care shall provide oral and written information upon commencement of treatment to the patient and his or her family regarding the proper disposal of such targeted controlled substances. This information shall include availability of permanent drop boxes or periodic "drug take-back" events that allow for the safe disposal of controlled substances.

Timely and Accurate Prescription Reporting by Pharmacies

Pharmacies are required to report prescriptions to the North Carolina Controlled Substance Reporting System (NCCSRS) by the close of business the day after a prescription is delivered (previously the law required pharmacies to report the prescription within three days of the date it was delivered).

In addition, the STOP Act authorizes NCCSRS to assess monetary penalties against pharmacies that do not supply correct data to NCCSRS after being informed that information is missing or incomplete.

Effective January 1, 2018

Limitations on Prescriptions for *Acute* Pain

Acute pain is defined as pain, whether resulting from disease, accident, intentional trauma, or other cause, that the practitioner reasonably expects to last for three months or less. It does not include chronic pain or pain being treated as part of cancer care, hospice care, palliative care, or medication-assisted treatment for substance use disorder.

APRN prescribers cannot prescribe more than a **five-day supply** of any targeted controlled substance **upon the initial consultation** and treatment of a patient for acute pain *unless* the prescription is for post-operative acute pain relief for immediate use following a surgical procedure, in which case the prescription cannot exceed a **seven-day supply**.

Upon subsequent consultation for the same pain, APRN prescribers may issue an appropriate renewal, refill, or new prescription for a targeted controlled substance utilizing evidence based management as noted in Policy for the Use of Opiates for the Treatment of Pain.

This provision does not apply to prescriptions issued by APRN prescribers ordering controlled substances to be wholly administered in a hospital, nursing home, hospice facility, or residential care facility.

APRN prescribers acting in accordance with these limitations are immune from civil liability and disciplinary action from this Board.

Effective January 1, 2020

Electronic Prescribing

APRN prescribers must electronically prescribe for all targeted controlled substances. This provision does not apply to:

- APRN prescribers, other than a pharmacist, dispensing directly to an ultimate user.
- APRN prescribers ordering for administration in a hospital, nursing home, hospice facility, outpatient dialysis facility or residential care facility.
- APRN prescribers experiencing temporary technological or electrical failure or other extenuating circumstances that prevent the prescription from being transmitted electronically. APRN prescribers must document the reason for this exception within a patient's medical record.
- APRN prescribers writing a prescription to be dispensed by a pharmacy located on federal property. APRN prescribers must document the reason for this exception in the patient's medical record.
- Persons licensed to practice veterinary medicine.

Effective upon completion of NCCSRS technical upgrades (date TBD)

Department of Health and Human Services (DHHS) will work on various technical upgrades to CSRS in order to make the system more user-friendly, improve reporting capabilities, provide inter-state connectivity with other Prescription Drug Monitoring Systems, and connect to the statewide health information exchange. This section becomes effective once the State Chief Information Officer confirms the required upgrades to CSRS are fully operational within the Department of Information Technology and the system is connected to the statewide health information exchange.

Mandatory Review of NCCSRS

Prior to prescribing targeted controlled substances (includes all Schedule II and Schedule III opioids), APRN prescribers are required to review a patient's 12-month history in the North Carolina Controlled Substances Reporting System (NCCSRS).

For every subsequent three-month period that the targeted controlled substance remains part of the patient's medical care, APRN prescribers are required to review the patient's 12-month history in the NCCSRS.

Reviews should be documented within the patient's medical record along with any electrical or technological failure that prevents such review. APRN prescribers are required to review the history and document the review once the electrical or technological failure has resolved.

Certain APRN prescribers may, but are not required to, review the NCCSRS prior to prescribing a targeted controlled substance to a patient in any of the following circumstances:

- Controlled substances administered in a health care setting, hospital, nursing home, outpatient dialysis facility or residential care facility.
- Controlled substances prescribed for the treatment of cancer or another condition associated with cancer.
- Controlled substances prescribed to patients in hospice care or palliative care.

The STOP Act authorizes NCCSRS to conduct periodic audits to determine prescriber compliance with review requirements. NCCSRS shall report to the appropriate licensing board any prescriber found to be in violation of the requirement to check NCCSRS; violation may result in regulatory action by the licensing board.