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Short Title: Strengthen Opioid Misuse Prevention (STOP) Act. (Public)

Sponsors:

Referred to:

March 6, 2017

A BILL TO BE ENTITLED
AN ACT STRENGTHENING OPIOID MISUSE PREVENTION BY EXTENDING STANDING ORDERS FOR OPIOID ANTAGONIST TO COMMUNITY HEALTH GROUPS; REQUIRING SUPERVISING PHYSICIANS TO PERSONALLY CONSULT WITH PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS WHO PRESCRIBE CERTAIN SCHEDULE II OR III CONTROLLED SUBSTANCES FOR LONG-TERM USE; REQUIRING ELECTRONIC PRESCRIBING OF CERTAIN SCHEDULE II AND III CONTROLLED SUBSTANCES; ESTABLISHING MAXIMUM LIMITS FOR INITIAL PRESCRIPTIONS OF CERTAIN SCHEDULE II AND III CONTROLLED SUBSTANCES; REQUIRING HOSPICE AND PALLIATIVE CARE PROVIDERS TO PROVIDE EDUCATION REGARDING PROPER DISPOSAL OF CERTAIN UNUSED CONTROLLED SUBSTANCES; CLARIFYING ALLOWABLE FUNDS FOR SYRINGE EXCHANGE PROGRAMS; REQUIRING VETERINARIAN PARTICIPATION IN THE CONTROLLED SUBSTANCES REPORTING SYSTEM; ESTABLISHING CIVIL PENALTIES FOR PHARMACIES THAT EMPLOY DISPENSERS WHO IMPROPERLY REPORT INFORMATION TO THE CONTROLLED SUBSTANCES REPORTING SYSTEM (CSRS); EXPANDING THE ROLE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) IN USING CSRS DATA TO DETECT AND PREVENT FRAUD AND MISUSE; MANDATING DISPENSER REGISTRATION FOR ACCESS TO THE CSRS; MANDATING DISPENSER AND PRACTITIONER USE OF THE CSRS; REQUIRING DHHS TO REPORT PRACTITIONERS WHO FAIL TO PROPERLY USE THE CSRS; CREATING A SPECIAL REVENUE FUND TO SUPPORT THE CSRS; AND REQUIRING AN ANNUAL REPORT FROM DHHS ON THE CSRS.

Whereas, the General Assembly recognizes the substantial impact the nationwide opioid epidemic continues to have on the State of North Carolina; and

Whereas, North Carolina has seen a 442% increase in overdose deaths caused by commonly prescribed opioids between 1999 and 2015; and

Whereas, the General Assembly fully recognizes the appropriate use of opioids in the treatment of acute and chronic pain; Now, therefore,

The General Assembly of North Carolina enacts:

PART I. TITLE OF ACT
SECTION 1. This act shall be known and may be cited as the "Strengthen Opioid Misuse Prevention Act of 2017" or the "STOP Act."

PART II. EXTEND STANDING ORDERS FOR OPIOID ANTAGONIST TO COMMUNITY HEALTH GROUPS

SECTION 2. G.S. 90-12.7 reads as rewritten:

"§ 90-12.7. Treatment of overdose with opioid antagonist; immunity.

(a) As used in this section, "opioid antagonist" means naloxone hydrochloride that is approved by the federal Food and Drug Administration for the treatment of a drug overdose.

(b) The following individuals may prescribe an opioid antagonist in the manner prescribed by this subsection:

(1) A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist to (i) a person at risk of experiencing an opiate-related overdose or (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. As an indicator of good faith, the practitioner, prior to prescribing an opioid under this subsection, may require receipt of a written communication that provides a factual basis for a reasonable conclusion as to either of the following:

a. The person seeking the opioid antagonist is at risk of experiencing an opiate-related overdose.

b. The person other than the person who is at risk of experiencing an opiate-related overdose, and who is seeking the opioid antagonist, is in relation to the person at risk of experiencing an opiate-related overdose:
   1. A family member, friend, or other person.
   2. In the position to assist a person at risk of experiencing an opiate-related overdose.

(2) The State Health Director or a designee may prescribe an opioid antagonist pursuant to subdivision (1) of this subsection by means of a statewide standing order.

(3) A practitioner acting in good faith and exercising reasonable care may directly or by standing order prescribe an opioid antagonist 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, for the purpose of distributing, through its agents, the opioid antagonist to (i) a person at risk of experiencing an opiate-related overdose or (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.

(c) A pharmacist may dispense an opioid antagonist to a person described in subdivision (b)(1) of this section or organization pursuant to a prescription issued pursuant to in accordance with subsection (b) of this section. For purposes of this section, the term "pharmacist" is as defined in G.S. 90-85.3.

(c1) A 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 may, through its agents, distribute an opioid antagonist obtained pursuant to a prescription issued in accordance with subdivision (3) of subsection (b) of this section to (i) a person at risk of experiencing an opiate-related overdose or (ii) a family member, friend, or
other person in a position to assist a person at risk of experiencing an opiate-related overdose.

An organization, through its agents, shall include with any distribution of an opioid antagonist pursuant to this subsection basic instruction and information on how to administer the opioid antagonist.

(d) A person who receives an opioid antagonist that was prescribed pursuant to subsection (b) of this section or distributed pursuant to subsection (c1) of this section may administer an opioid antagonist to another person if (i) the person has a good faith belief that the other person is experiencing a drug-related overdose and (ii) the person exercises reasonable care in administering the drug to the other person. Evidence of the use of reasonable care in administering the drug shall include the receipt of basic instruction and information on how to administer the opioid antagonist.

(e) All of the following individuals are immune from any civil or criminal liability for actions authorized by this section:

(1) Any practitioner who prescribes an opioid antagonist pursuant to subsection (b) of this section.

(2) Any pharmacist who dispenses an opioid antagonist pursuant to subsection (c) of this section.

(3) Any person who administers an opioid antagonist pursuant to subsection (d) of this section.

(4) The State Health Director acting pursuant to subsection (b) of this section.

(5) Any organization, or agent of the organization, that distributes an opioid antagonist pursuant to subsection (c1) of this section.

PART III. IMPROVE OPIOID PRESCRIBING PRACTICES

SECTION 3. G.S. 90-87 reads as rewritten:

"§ 90-87. Definitions.

As used in this Article:

…

(26a) "Targeted controlled substance" means any controlled substance included in G.S. 90-90(1) or (2) or G.S. 90-91(d).

…"
a. 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.

b. The therapeutic use of the targeted controlled substance will or is
expected to exceed a period of 30 days.

When a targeted controlled substance prescribed in accordance with this
subsection is continuously prescribed to the same patient, the nurse
practitioner shall consult with the supervising physician at least once every
90 days to verify that the prescription remains medically appropriate for the
patient."

SECTION 6. G.S. 90-106 reads as rewritten:

"§ 90-106. Prescriptions and labeling.

(a) Except when dispensed directly by a practitioner, other than a pharmacist, to an
ultimate user, no controlled substance included in Schedule II of this Article may be dispensed
without the written prescription of a practitioner. No Schedule II substance shall be dispensed
pursuant to a written or electronic prescription more than six months after the date it was
prescribed.

(a1) Electronic Prescription Required: Exceptions. – Unless otherwise exempted by this
subsection, a practitioner shall electronically prescribe all targeted controlled substances. This
subsection does not apply to prescriptions for targeted controlled substances issued by any of
the following:

(1) A practitioner, other than a pharmacist, who dispenses directly to an ultimate
user.

(2) A practitioner who orders a controlled substance to be administered in a
hospital, nursing home, hospice facility, outpatient dialysis facility, or
residential care facility, as defined in G.S. 14-32.2.

(3) A practitioner who experiences temporary technological or electrical failure
or other extenuating circumstance that prevents the prescription from being
transmitted electronically; provided, however, that the practitioner
documents the reason for this exception in the patient's medical record.

(4) A practitioner who writes a prescription to be dispensed by a pharmacy
located on federal property; provided, however, that the practitioner
documents the reason for this exception in the patient's medical record.

(5) A person licensed to practice veterinary medicine pursuant to Article 11 of
Chapter 90 of the General Statutes.

(a2) Verification by Dispenser Not Required. – A dispenser is not required to verify that
a practitioner properly falls under one of the exceptions specified in subsection (a1) of this
section prior to dispensing a targeted controlled substance. A dispenser may continue to
dispense targeted controlled substances from valid written, oral, or facsimile prescriptions that
are otherwise consistent with applicable laws.

(a3) Limitation on Prescriptions Upon Initial Consultation for Acute Pain. – A
practitioner may not 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 use immediately following a surgical procedure. A
practitioner shall not prescribe more than a seven-day supply of any targeted controlled
substance for post-operative acute pain relief immediately following a surgical procedure.

Upon any subsequent consultation for the same pain, the practitioner may issue any appropriate
renewal, refill, or new prescription for a targeted controlled substance. This subsection does not
apply to prescriptions for controlled substances issued by a practitioner who orders a controlled
substance to be wholly administered in a hospital, nursing home licensed under Chapter 131E
of the General Statutes, hospice facility, or residential care facility, as defined in
Definitions. – As used in this subsection, the following terms have the following meanings:

(1) Acute pain. – Pain, whether resulting from disease, accident, intentional trauma, or other cause, that the practitioner reasonably expects to last for three months or less. The term 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.

(2) Chronic pain. – Pain that typically lasts for longer than three months or that lasts beyond the time of normal tissue healing.

(3) Surgical procedure. – A procedure that is performed for the purpose of structurally altering the human body by incision or destruction of tissues as part of the practice of medicine. This term includes the diagnostic or therapeutic treatment of conditions or disease processes by use of instruments such as lasers, ultrasound, ionizing, radiation, scalpels, probes, or needles that cause localized alteration or transportation of live human tissue by cutting, burning, vaporizing, freezing, suturing, probing, or manipulating by closed reduction for major dislocations and fractures, or otherwise altering by any mechanical, thermal, light-based, electromagnetic, or chemical means.

Dispenser Immunity. – A dispenser shall be immune from any civil or criminal liability or disciplinary action from the Board of Pharmacy for dispensing a prescription written by a prescriber in violation of this section.

(a5) In emergency situations, as defined by rule of the Commission, Schedule II drugs may be dispensed upon oral prescription of a practitioner, reduced promptly to writing and filed by the dispensing agent. Prescriptions shall be retained in conformity with the requirements of G.S. 90-104. No prescription for a Schedule II substance may be refilled.

(b) Except when dispensed directly by a practitioner, other than a pharmacist, to an ultimate user, no controlled substance included in Schedules III or IV, except paregoric, U.S.P., as provided in G.S. 90-91(e)1, may be dispensed without a prescription, and oral prescriptions shall be promptly reduced to writing and filed with the dispensing agent. Such prescription may not be filled or refilled more than six months after the date thereof or be refilled more than five times after the date of the prescription.

(d) No controlled substance included in Schedule V of this Article or paregoric, U.S.P., may be distributed or dispensed other than for a medical purpose.

(e) No controlled substance included in Schedule VI of this Article may be distributed or dispensed other than for scientific or research purposes by persons registered under, or permitted by, this Article to engage in scientific or research projects.

(f) No controlled substance shall be dispensed or distributed in this State unless such substance shall be in a container clearly labeled in accord with regulations lawfully adopted and published by the federal government or the Commission.

(g) When a copy of a prescription for a controlled substance under this Article is given as required by G.S. 90-70, such copy shall be plainly marked: "Copy – for information only."

(h) No copies of prescriptions for controlled substances shall be filled or refilled.

(i) A pharmacist dispensing a controlled substance under this Article shall enter the date of dispensing on the prescription order pursuant to which such controlled substance was dispensed.

(j) A manufacturer's sales representative may distribute a controlled substance as a complimentary sample only upon the written request of a practitioner. Such request must be
made on each distribution and must contain the names and addresses of the supplier and the
requester and the name and quantity of the specific controlled substance requested. The
manufacturer shall maintain a record of each such request for a period of two years."

SECTION 7. Article 5 of Chapter 90 of the General Statutes is amended by adding
a new section to read:

§ 90-106.3. Disposal of residual pain prescriptions following death of hospice or
palliative care patient.

Any hospice or palliative care provider who prescribes a targeted controlled substance 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, at the commencement of treatment, provide oral and written information
to the patient and his or her family regarding the proper disposal of such targeted controlled
substances. This information shall include the availability of permanent drop boxes or periodic
"drug take-back" events that allow for the safe disposal of controlled substances such as those
permanent drop boxes and events that may be identified through North Carolina Operation
Medicine Drop."

PART IV. CLARIFY ALLOWABLE FUNDS FOR SYRINGE EXCHANGE
PROGRAMS

SECTION 8. G.S. 90-113.27(b)(2) reads as rewritten:

"(2) Needles, hypodermic syringes, and other injection supplies at no cost and in
quantities sufficient to ensure that needles, hypodermic syringes, and other
injection supplies are not shared or reused. No public State funds may be
used to purchase needles, hypodermic syringes, or other injection supplies."

PART V. STRENGTHEN CONTROLLED SUBSTANCES REPORTING SYSTEM

SECTION 9. G.S. 90-113.72 reads as rewritten:

§ 90-113.72. Definitions.

The following definitions apply in this Article:

(1) "Commission" means the Commission. – The Commission for Mental
Health, Developmental Disabilities, and Substance Abuse Services
established under Part 4 of Article 3 of Chapter 143B of the General
Statutes.

(2) "Controlled substance" means a Controlled substance. – A controlled
substance as defined in G.S. 90-87(5).

(3) "Department" means the Department. – The Department of Health and
Human Services.

(4) "Dispenser" means a Dispenser. – A person who delivers a Schedule II
through V controlled substance to an ultimate user in North Carolina, but
does not include any of the following:
   a. A licensed hospital or long-term care pharmacy that dispenses such
      substances for the purpose of inpatient administration.
   b. Repealed by Session Laws 2013-152, s. 1, effective January 1, 2014,
      and applicable to prescriptions delivered on or after that date.
   c. A wholesale distributor of a Schedule II through V controlled
      substance.
   d. A person licensed to practice veterinary medicine pursuant to Article
      11 of Chapter 90 of the General Statutes.

(4a) "Pharmacy." – A person or entity holding a valid pharmacy permit pursuant to
G.S. 90-85.21 or G.S. 90-85.21A.

(5) "Ultimate user" means a Ultimate user. – A person who has lawfully
obtained, and who possesses, a Schedule II through V controlled substance
for the person's own use, for the use of a member of the person's household,
or for the use of an animal owned or controlled by the person or by a
member of the person's household."

SECTION 10. G.S. 90-113.73 reads as rewritten:

"§ 90-113.73. Requirements for controlled substances reporting system; civil
penalties for failure to properly report.
(a) The Department shall establish and maintain a reporting system of prescriptions for
all Schedule II through V controlled substances. Each dispenser shall submit the information in
accordance with transmission methods and frequency established by rule by the Commission.
The Department may issue a waiver to a dispenser who is unable to submit prescription
information by electronic means. The waiver may permit the dispenser to submit prescription
information by paper form or other means, provided all information required of electronically
submitted data is submitted. The dispenser shall report the information required under this
section no later than the close of business three business days after the day when the
prescription was delivered, beginning the next day after the delivery date; however, dispensers
are encouraged to report the information no later than 24 hours after the close of the next business
day after the prescription is delivered; however, dispensers are encouraged to report the
information no later than 24 hours after the prescription was delivered. The information shall
be submitted in a format as determined annually by the Department based on the format used in
the majority of the states operating a controlled substances reporting system. In the event the
dispenser is unable to report the information within the time frame required by this section
because the system is not operational or there is some other temporary electrical or
technological failure, this inability shall be documented in the dispenser's records. Once the
electrical or technological failure has been resolved, the dispenser shall promptly report the
information.
(b) The Commission shall adopt rules requiring dispensers to report the following
information. The Commission may modify these requirements as necessary to carry out the
purposes of this Article. The dispenser shall report:
(1) The dispenser's DEA number.
(2) The name of the patient for whom the controlled substance is being
dispensed, and the patient's:
   a. Full address, including city, state, and zip code,
   b. Telephone number, and
   c. Date of birth.
(3) The date the prescription was written.
(4) The date the prescription was filled.
(5) The prescription number.
(6) Whether the prescription is new or a refill.
(7) Metric quantity of the dispensed drug.
(8) Estimated days of supply of dispensed drug, if provided to the dispenser.
(9) National Drug Code of dispensed drug.
(10) Prescriber's DEA number.
(11) Method of payment for the prescription.
(c) A dispenser shall not be required to report instances in which a controlled substance
is provided directly to the ultimate user and the quantity provided does not exceed a 48-hour
supply.
(d) A dispenser shall not be required to report instances in which a Schedule V
non-narcotic, non-anorectic Schedule V controlled substance is provided directly to the
ultimate user for the purpose of assessing a therapeutic response when prescribed according to
indications approved by the United States Food and Drug Administration.
(e) The Department shall assess, against any pharmacy that employs dispensers found to have failed to report information in the manner required by this section within a reasonable period of time after being informed by the Department that the required information is missing or incomplete, a civil penalty of not more than one hundred dollars ($100.00) for a first violation, two hundred fifty dollars ($250.00) for a second violation, and five hundred dollars ($500.00) for each subsequent violation if the pharmacy fails to report as required under this section, up to a maximum of five thousand dollars ($5,000) per pharmacy per calendar year. Each day of a continuing violation shall constitute a separate violation. A pharmacy acting in good faith that attempts to report the information required by this section shall not be assessed any civil penalty. The clear proceeds of penalties assessed under this section shall be deposited to the Civil Penalty and Forfeiture Fund in accordance with Article 31A of Chapter 115C of the General Statutes. The Commission shall adopt rules to implement this subsection that include factors to be considered in determining the amount of the penalty to be assessed."

SECTION 11. G.S. 90-113.74 reads as rewritten:

"§ 90-113.74. Confidentiality.

..."
SECTION 12. Article 5E of Chapter 90 of the General Statutes is amended by
adding new sections to read:

§ 90-113.74B. Mandatory dispenser registration for access to controlled substances
reporting system; exception.
(a) Within 30 days after obtaining an initial or renewal license to practice pharmacy, the
licensee shall demonstrate to the satisfaction of the North Carolina Board of Pharmacy that he
or she is registered for access to the controlled substances reporting system. A violation of this
section may constitute cause for the Board of Pharmacy to suspend or revoke the license.
(b) This section does not apply to a licensee employed in a pharmacy practice setting
where a Schedule II, III, or IV controlled substance will not be dispensed.

§ 90-113.74C. Practitioner use of controlled substances reporting system; mandatory
reporting of violations.
(a) Prior to initially prescribing a targeted controlled substance to a patient, a
practitioner shall review the information in the controlled substances reporting system
pertaining to the patient for the 12-month period preceding the initial prescription. For every
subsequent three-month period that the targeted controlled substance remains a part of the
patient’s medical care, the practitioner shall review the information in the controlled substances
reporting system pertaining to the patient for the 12-month period preceding the determination
that the targeted controlled substance should remain a part of the patient’s medical care. Each
instance in which the practitioner reviews the information in the controlled substances reporting
system pertaining to the patient shall be documented in the patient’s medical record. In the
event the practitioner is unable to review the information in the controlled substances reporting
system pertaining to the patient because the system is not operational or there is some other
temporary electrical or technological failure, this inability shall be documented in the patient’s
medical record. Once the electrical or technological failure has been resolved, the practitioner
shall review the information in the controlled substances reporting system pertaining to the
patient and the review shall be documented in the patient’s medical record.
(b) A practitioner may, but is not required to, review the information in the controlled
substances reporting system pertaining to a patient prior to prescribing a targeted controlled
substance to the patient in any of the following circumstances:
(1) The controlled substance is to be administered to a patient in a health care
setting, hospital, nursing home, outpatient dialysis facility, or residential care
facility, as defined in G.S. 14-32.2.
(2) The controlled substance is prescribed for the treatment of cancer or another
condition associated with cancer.
(3) The controlled substance is prescribed to a patient in hospice care or
palliative care.
(c) The Department shall conduct periodic audits of the review of the controlled
substances reporting system by prescribers. The Department shall determine a system for
selecting a subset of prescriptions to examine during each auditing period. The Department
shall report to the appropriate licensing board any prescriber found to be in violation of this
section. A violation of this section may constitute cause for the licensing board to suspend or
revoke a prescriber’s license.

§ 90-113.74D. Dispenser use of controlled substances reporting system.
(a) Prior to dispensing a targeted controlled substance, a dispenser shall review the
information in the controlled substances reporting system pertaining to the patient for the
preceding 12-month period and document this review under any of the following
circumstances:
(1) The dispenser has a reasonable belief that the ultimate user may be seeking a
targeted controlled substance for any reason other than the treatment of the
ultimate user’s existing medical condition.
(2) The prescriber is located outside of the usual geographic area served by the dispenser.
(3) The ultimate user resides outside of the usual geographic area served by the dispenser.
(4) The ultimate user pays for the prescription with cash when the patient has prescription insurance on file with the dispenser.
(5) The ultimate user demonstrates potential misuse of a controlled substance by any one or more of the following:
   b. Requests for early refills.
   c. Utilization of multiple prescribers.
   d. An appearance of being overly sedated or intoxicated upon presenting a prescription.
   e. A request by an unfamiliar ultimate user for an opioid drug by a specific name, street name, color, or identifying marks.

(b) If a dispenser has reason to believe a prescription for a targeted controlled substance is fraudulent or duplicative, the dispenser shall withhold delivery of the prescription until the dispenser is able to contact the prescriber and verify that the prescription is medically appropriate.

(c) A dispenser shall be immune from any civil or criminal liability for actions authorized by this section. Failure to review the system in accordance with subsection (a) of this section shall not constitute medical negligence.

"§ 90-113.75A. Creation of Controlled Substances Reporting System Fund."

(a) The Controlled Substances Reporting System Fund is created within the Department as a special revenue fund. The Department shall administer the Fund. The Department shall use the Fund only for operation of the controlled substances reporting system and to carry out the provisions of this Article.

(b) The Fund shall consist of the following:
   (1) Any moneys appropriated to the Fund by the General Assembly.
   (2) Any moneys received from State, federal, private, or other sources for deposit into the Fund.

(c) All interest that accrues to the Fund shall be credited to the Fund. Any balance remaining in the Fund at the end of any fiscal year shall remain in the Fund and shall not revert to the General Fund.

"§ 90-113.75B. Annual report to General Assembly and licensing boards."

Annually on February 1, beginning February 1, 2019, the Department shall report to the Joint Legislative Oversight Committee on Health and Human Services, the North Carolina Medical Board, the North Carolina Board of Podiatry Examiners, the North Carolina Board of Nursing, the North Carolina Dental Board, the North Carolina Veterinary Medical Board, and the North Carolina Board of Pharmacy on data reported to the controlled substances reporting system. The report shall include at least all of the following information about targeted controlled substances reported to the system during the preceding calendar year:

(1) The total number of prescriptions dispensed, broken down by Schedule.
(2) Demographics about the ultimate users to whom prescriptions were dispensed.
(3) Statistics regarding the number of pills dispensed per prescription.
(4) The number of ultimate users who were prescribed a controlled substance by two or more practitioners.
(5) The number of ultimate users to whom a prescription was dispensed in more than one county.
The categories of practitioners prescribing controlled substances and the
number of prescriptions authorized by each category of practitioner. For the
purpose of this subdivision, medical doctors, surgeons, palliative care
practitioners, oncologists and other practitioners specializing in oncology,
pain management practitioners, practitioners who specialize in hematology,
including the treatment of sickle cell disease, and practitioners who
specialize in treating substance use disorder shall be treated as distinct
categories of practitioners.

Any other data deemed appropriate and requested by the Joint Legislative
Oversight Committee on Health and Human Services, the North Carolina
Medical Board, the North Carolina Board of Podiatry Examiners, the North
Carolina Board of Nursing, the North Carolina Dental Board, the North
Carolina Veterinary Medical Board, or the North Carolina Board of
Pharmacy."

SECTION 13.(a) Section 12F.16(h) of S.L. 2015-241 reads as rewritten:
"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. The
Department of Health and Human Services, Division of Mental Health, Developmental
Disabilities, and Substance Abuse Services, shall continue to work toward establishing
interstate connectivity for the Controlled Substances Reporting System established under
G.S. 90-113.73."

SECTION 13.(b) Section 12F.16(i)(3) of S.L. 2015-241 reads as rewritten:
"(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. The Department of Health and Human
Services, Division of Mental Health, Developmental Disabilities, and
Substance Abuse Services, shall continue to work toward establishing
interstate connectivity for the Controlled Substances Reporting System
established under G.S. 90-113.73."

SECTION 14. The Department of Health and Human Services shall conduct a
study, in consultation with the Office of the Attorney General and the North Carolina
Veterinary Medical Board, on how to implement the provisions of this act pertaining to
electronic prescriptions and the submission of data to the Controlled Substances Reporting
System as they relate to the practice of veterinary medicine. The Department shall submit a
report to the Joint Legislative Oversight Committee on Health and Human Services no later
than February 1, 2018.

PART VI. EFFECTIVE DATE
SECTION 15.(a) Sections 1, 2, 3, 4, 5, 7, 8, 11, and 13 of this act become effective
July 1, 2017.

SECTION 15.(b) Subsections (a), (a1), and (a2) of G.S. 90-106, as amended by
Section 6 of this act, become effective January 1, 2020.
SECTION 15.(c) Subsections (a3) and (a4) of G.S. 90-106, as amended by Section 6 of this act, become effective January 1, 2018.

SECTION 15.(d) Section 10 of this act and G.S. 90-113.75A and G.S. 90-113.75B, as enacted by Section 12 of this act, become effective September 1, 2017.

SECTION 15.(e) The remainder of this act is effective when it becomes law and applies to acts committed 30 days after the date the State Chief Information Officer notifies the Revisor of Statutes that (i) the upgrades to the Controlled Substances Reporting System (CSRS) database described in subdivisions (1) and (2) of subsection (a) of Section 12F.7 of S.L. 2016-94 have been completed and (ii) the upgraded CSRS database is fully operational within the Department of Information Technology and connected to the statewide health information exchange.