HOUSE BILL 243*

Short Title:	Strengthen Opioid Misuse Prevention (STOP)Act.	(Public)
Sponsors:	Representatives Murphy, Davis, Malone, and Horn (Primary Sponsors). *For a complete list of sponsors, refer to the North Carolina General Assembly web site.*	
Referred to:	Health, if favorable, Appropriations	

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 SCHEDULE II THROUGH V CONTROLLED SUBSTANCES FOR LONG-TERM USE; REQUIRING ELECTRONIC PRESCRIBING OF SCHEDULE II THROUGH V CONTROLLED SUBSTANCES; ESTABLISHING MAXIMUM LIMITS FOR INITIAL PRESCRIPTIONS OF SCHEDULE II THROUGH V 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; IMPOSING AN ANNUAL FEE ON PRACTITIONERS TO BE DEPOSITED INTO THE CSRS SPECIAL REVENUE FUND; REQUIRING AN ANNUAL REPORT FROM DHHS ON THE CSRS; AND APPROPRIATING FUNDS FOR COMMUNITY-BASED SUBSTANCE USE DISORDER TREATMENT AND RECOVERY SERVICES.

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. 90-18.1(b) is amended by adding a new subdivision to read:

"(5) If the prescription is for a controlled substance included in Schedule II through V of Article 5 of Chapter 90 of the General Statutes and therapeutic use of the controlled substance will or is expected to exceed a period of 30 days, the physician assistant shall personally consult with the supervising physician prior to prescribing the controlled substance to verify that the prescription is medically appropriate for the patient. For as long as a Schedule II through V controlled substance is continuously prescribed to the same patient, the physician assistant shall consult with the supervising physician at least once every 90 days to verify that the prescription remains medically appropriate for the patient."

SECTION 4. G.S. 90-18.2(b) is amended by adding a new subdivision to read:

"(5) If the prescription is for a controlled substance included in Schedule II through V of Article 5 of Chapter 90 of the General Statutes and therapeutic use of the controlled substance will or is expected to exceed a period of 30 days, the nurse practitioner shall personally consult with the supervising physician prior to prescribing the controlled substance to verify that the prescription is medically appropriate for the patient. For as long as a Schedule II through V controlled substance 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 5. 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) Unless otherwise exempted by this subsection, a practitioner shall electronically prescribe all controlled substances included in Schedule II through V of this Article. This subsection does not apply to prescriptions for Schedule II through V 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, or residential care facility as defined in G.S. 14-32.2.

(3) A practitioner who experiences temporary technological or electrical failure 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.

(a2) 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 controlled substance included in Schedule II through V of this Article. A dispenser may continue to dispense controlled substances included in Schedules II through V of this Article from valid written, oral, or facsimile prescriptions that are otherwise consistent with applicable laws.

(a3) A practitioner may not prescribe more than a five-day supply of any controlled substance included in Schedule II through V of this Article upon the initial consultation and treatment of a patient for acute pain, unless the prescription is for immediate post-operative pain relief. A practitioner may not prescribe more than a seven-day supply of any controlled substance included in Schedule II through V of this Article for immediate post-operative pain relief. Upon any subsequent consultation for the same pain, the practitioner may issue any appropriate renewal, refill, or new prescription for a Schedule II through V controlled substance.

(a4) 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.

(b) 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.

(c) 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." Copies of prescriptions for controlled substances shall not be filled or refilled.

(h) 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.

(i) 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 6. 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 controlled substance included in Schedule II through V of this Article 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 make diligent efforts to ensure that any residual portion of the controlled substance is safely disposed of following the death of the patient. The hospice or palliative care provider shall comply with all applicable State and federal laws in carrying out the requirements of this section."

SECTION 7. Article 51 of Chapter 58 of the General Statutes is amended by adding a new section to read:

"**§ 58-51-56. Limitation on co-payments for limited, initial opioid prescriptions.**

Every health benefit plan delivered or issued for delivery in this State that provides coverage for prescription drugs subject to co-payment shall charge a co-payment for a limited, initial prescription of a Schedule II through V controlled substance prescribed in accordance with G.S. 90-106(a3) in an amount that is (i) proportional between the co-payment charged for a 30-day supply of the controlled substance and the amount of the controlled substance prescribed to the beneficiary or (ii) equivalent to the co-payment for a 30-day supply of the controlled substance; provided, however, that the health benefit plan shall not subject the beneficiary to any additional co-payments for any additional prescriptions of the same controlled substance for the remainder of the 30-day supply."

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.~~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 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.

(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 two hundred fifty dollars ($250.00) for a first 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 ten thousand dollars ($10,000) per pharmacy per calendar year. Each day of a continuing violation shall constitute a separate violation. 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(b1) reads as rewritten:

"(b1) The Department may review the prescription information data in the controlled substances reporting system and upon review may:

...

(1a) Notify practitioners of prescribing behavior that (i) increases risk of diversion of controlled substances, (ii) increases risk of harm to the patient, or (iii) is an outlier among other practitioner behavior.

...."

SECTION 12. G.S. 90-113.74(c) reads as rewritten:

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

...

(11) Any third-party payer or pharmacy benefits manager acting as agent of a third-party payer, for the purposes of (i) claimant case management, (ii) detection of inappropriate prescribing of a controlled substance to a claimant, or (iii) detection of misuse or diversion of a controlled substance by a claimant."

SECTION 13. Article 5E of Chapter 90 of the General Statutes is amended by adding new sections to read:

"**§ 90-113.74A. Mandatory dispenser registration for access to controlled substances reporting system.**

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.

"**§ 90-113.74B. Practitioner use of controlled substances reporting system; mandatory reporting of violations.**

(a) Prior to initially prescribing a Schedule II through V 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 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 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 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 Schedule II through V 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, 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.

(4) The controlled substance is prescribed in an amount indicated for a period not to exceed five days and does not allow a refill, or for a period not to exceed seven days if the prescription indicates the controlled substance is for immediate post-operative pain relief.

(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.

"**§ 90-113.74C. Dispenser use of controlled substances reporting system.**

(a) Prior to dispensing a Schedule II through V 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 whenever:

(1) The dispenser has a reasonable belief that the ultimate user may be seeking a Schedule II through V 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:

a. Over-utilization of the controlled substance.

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 Schedule II through V 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. A dispenser shall be immune from any civil or criminal liability for actions authorized by this subsection.

"**§ 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) Moneys transmitted to the Fund pursuant to G.S. 90-113.75B.

(2) Any moneys appropriated to the Fund by the General Assembly.

(3) 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. Controlled substances reporting system fee.**

(a) Beginning January 1, 2018, each licensing board authorized to issue an initial or renewal license that confers upon the licensee the authority to prescribe a controlled substance for the purpose of providing medical care for a patient shall impose an annual controlled substances reporting system fee in the amount of twenty dollars ($20.00) on the licensee. This fee shall be in addition to any other initial or renewal license fee the licensing board is authorized to collect from the licensee under Chapter 90 of the General Statutes. The licensing board shall collect the fee required by this subsection at the same time it collects the initial or renewal license fee imposed on the licensee. Each licensing board shall retain ten percent (10%) of the total amount of moneys collected for the controlled substances reporting system fee pursuant to this subsection to cover the costs incurred by the licensing board for collecting and providing an accounting of all moneys received as payment of this fee. On the first day of each calendar quarter, each licensing board shall transmit ninety percent (90%) of the total amount of moneys collected pursuant to this subsection during the preceding calendar quarter to the Controlled Substances Reporting System Fund created in G.S. 90-113.75A.

(b) This section shall not be construed to apply to an individual licensed to practice veterinary medicine pursuant to Article 11 of Chapter 90 of the General Statutes.

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

Annually on November 1, beginning November 1, 2018, 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 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 Schedule II through V 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.

(6) 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 and surgeons shall be treated as distinct categories of practitioners.

(7) Prescribing behavior of practitioners that (i) increases risk of diversion of controlled substances, (ii) increases risk of harm to the patient, or (iii) is an outlier among other practitioner behavior.

(8) 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 Nursing, the North Carolina Dental Board, the North Carolina Veterinary Medical Board, or the North Carolina Board of Pharmacy."

PART VI. APPROPRIATION FOR COMMUNITY-BASED SUBSTANCE USE DISORDER TREATMENT AND RECOVERY SERVICES

SECTION 14. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of ten million dollars ($10,000,000) for the 2017-2018 fiscal year and the sum of ten million dollars ($10,000,000) for the 2018-2019 fiscal year. These funds shall not be used for any purpose other than to increase the availability of community-based treatment and recovery services for substance use disorders, including medication-assisted treatment. These funds shall not supplant existing funds for community-based treatment and recovery services for substance use disorders.

PART VII. EFFECTIVE DATE

SECTION 15.(a) Sections 1, 2, 3, 4, 6, 8, and 14 of this act become effective July 1, 2017.

SECTION 15.(b) Sections 5 and 7 of this act become effective July 1, 2018.

SECTION 15.(c) G.S. 90-113.75A through G.S. 90-113.75C, as enacted by Section 13 of this act, become effective September 1, 2017.

SECTION 15.(d) The remainder of this act is effective when it becomes law and applies to acts committed on or 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.