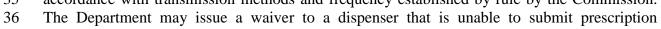
## GENERAL ASSEMBLY OF NORTH CAROLINA **SESSION 2013**

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## **SENATE BILL 222\***

	Short Title:	Revise C	ontrolled Substances Reporting.	(Public)		
	Sponsors:	Senators	Allran, Bingham (Primary Sponsors); Clark a	nd Hise.		
	Referred to:	Health C	are.			
			March 7, 2013			
1			A BILL TO BE ENTITLED			
2	AN ACT 7	ΓΟ REVI	SE THE NORTH CAROLINA CONTRO	OLLED SUBSTANCES		
3			TEM ACT, AS RECOMMENDED BY TI			
4	TASK FORCE.					
5	The General Assembly of North Carolina enacts:					
6		SECTION 1. G.S. 90-113.72 reads as rewritten:				
7	"§ 90-113.72. Definitions.					
8	The following definitions apply in this Article:					
9	(1	-	mission" means the Commission for Menta	l Health, Developmental		
10	× ×		bilities, and Substance Abuse Services estab	-		
11			le 3 of Chapter 143B of the General Statutes.			
12	(2		trolled substance" means a controlled su	ubstance as defined in		
13	× ×	,	90-87(5).			
14	(3		artment" means the Department of Health and	Human Services.		
15	(4	-	enser" means a person who delivers a Schedul			
16	× ×	-	ance to an ultimate user in North Carolina, bu			
17			ollowing:	Ş		
18		a.	A licensed hospital or long-term care pharm	macy that dispenses such		
19			substances for the purpose of inpatient admi			
20		<del>b.</del>	A person authorized to administer such			
21			Chapter 90 of the General Statutes.	1		
22		с.	A wholesale distributor of a Schedule	II through V controlled		
23			substance.	C		
24		<u>d.</u>	A person licensed to practice veterinary me	dicine pursuant to Article		
25		—	11 of Chapter 90 of the General Statutes.			
26	(5	) "Ultin	nate user" means a person who has lawf	ully obtained, and who		
27			sses, a Schedule II through V controlled subst	-		
28		-	or the use of a member of the person's house	-		
29		anim	al owned or controlled by the person or by a	a member of the person's		
30		house	ehold."	-		
31	SI	ECTION 2	G.S. 90-113.73 reads as rewritten:			
32			nents for controlled substances reporting sy	vstem.		
33		-	ent shall establish and maintain a reporting sy			
34	all Schedule II through V controlled substances. Each dispenser shall submit the information in					
35	accordance with transmission methods and frequency established by rule by the Commission.					





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1 2	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				
3	submitted data is submitted. The dispenser shall report the information required under this				
4	section on a monthly basis for the first 12 months of the Controlled Substances Reporting				
5	System's operation, and twice monthly thereafter, until January 2, 2010, at which time				
6	dispensers shall report no later than seven days no later than 24 hours after the prescription is				
7	dispensed in a format as determined annually by the Department based on the format used in				
8	the majority of the states operating a controlled substances reporting system.				
9	(b) The Commission shall adopt rules requiring dispensers to report the following				
10	information. The Commission may modify these requirements as necessary to carry out the				
11	purposes of this Article. The dispenser shall report:				
12	(1) The dispenser's DEA number.				
13	(2) The name of the patient for whom the controlled substance is being				
14	dispensed, and the patient's:				
15	a. Full address, including city, state, and zip code,				
16	b. Telephone number, and				
17	c. Date of birth.				
18	(3) The date the prescription was written.				
19	(4) The date the prescription was filled.				
20	(5) The prescription number.				
21	(6) Whether the prescription is new or a refill.				
22	(7) Metric quantity of the dispensed drug.				
23	(8) Estimated days of supply of dispensed drug, if provided to the dispenser.				
24	(9) National Drug Code of dispensed drug.				
25	(10) Prescriber's DEA number.				
26	(11) Method of payment for the prescription.				
27	(12) Specialty of practitioner, if known.				
28	(13) Documentation of photographic identification presented by the person				
29	seeking dispensation of the prescription, when such documentation is				
30	required by G.S. 90-106.1.				
31	(c) <u>A dispenser shall not be required to report instances in which a controlled substance</u>				
32	is provided directly to the ultimate user and the quantity provided does not exceed a 48-hour				
33	supply."				
34 25	SECTION 3. G.S. 90-113.74 reads as rewritten:				
35	"§ 90-113.74. Confidentiality.				
36 37	(a) Prescription information submitted to the Department is privileged and confidential,				
37	is not a public record pursuant to G.S. 132-1, is not subject to subpoena or discovery or any				
38 39	other use in civil proceedings, and except as otherwise provided below may only be used for investigative or evidentiary purposes related to violations of State or foderal law and regulatory.				
40	investigative or evidentiary purposes related to violations of State or federal law and regulatory				
40 41	activities. Except as otherwise provided by this section, prescription information shall not be disclosed or disseminated to any person or entity by any person or entity authorized to review				
42	prescription information.				
43	(b) The Department may use prescription information data in the controlled substances				
44	reporting system only for purposes of implementing this Article in accordance with its				
45	provisions.				
46	(b1) The Department may review the prescription information data in the controlled				
40 47	substances reporting system in order to:				
48	(1) Identify information that may indicate a person is obtaining prescriptions for				
49	controlled substances in a manner that may represent abuse, diversion of				
50	controlled substances, or an increased risk of harm to the patient. When such				
	contoned successives, of an increased risk of humin to the puttern. When such				

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		information is identified, the Department may i	notify the practitioners who
		prescribed or dispensed the controlled substances	<u>.</u>
<u>(</u>	(2)	Identify information that may indicate a breach	of professional standards by
		a practitioner who prescribes or dispenses control	olled substances. When such
		information is identified, the Department may no	
		for licensing, registering, or certifying the practit	ioner.
<u>(b2)</u>	The (	Commission, in consultation with a panel of med	dical experts, shall develop
criteria that	shall	be used to evaluate whether there is a breach of p	professional standards under
		of subsection (b1) of this section by a practitioner	
controlled s	ubsta	nces.	
(c) [	The I	Department shall release data in the controlled sub	ostances reporting system to
the followin	ig pei	rsons only:	
(	(1)	Persons authorized to prescribe or dispense co	ontrolled substances for the
		purpose of providing medical or pharmaceutica	al care for their patients. A
		person authorized to receive data pursuant to the	his paragraph may delegate
		the authority to receive the data to other person	ns working under his or her
		direction and supervision, provided the Departme	ent approves the delegation.
(	(2)	An individual who requests the individual's	own controlled substances
		reporting system information.	
(	(3)	Special agents of the North Carolina State Bure	au of Investigation who are
		assigned to the Diversion & Environmental Crin	
		duties involve the investigation of diversion and	0 1 1
		medication and who are engaged in a bona fide s	1 0
		to enforcement of laws governing licit drugs. The	•
		of the Attorney General of North Carolina of ea	ch request for inspection of
		records maintained by the Department.	
(	(4)	Primary monitoring authorities for other states pu	
		investigation involving a designated person, in	
		dispensing of a Schedule II through V controlle	
		user who resides in the other state or the dispensi	•
		V controlled substance prescribed by a licens	-
		whose principal place of business is located in the	
	(5)	To a court pursuant to a lawful court order in a cr	
(	(6)	The Division of Medical Assistance for purpose	s of administering the State
		Medical Assistance Plan.	<b>1 1.</b>
(	(7)	Licensing boards with jurisdiction over health ca	
		ongoing investigation by the licensing board of a	specific individual licensed
,	$\langle 0 \rangle$	by the board.	Chief Medical Francisco
(	(8)	Any county medical examiner appointed by th	
		pursuant to G.S. 130A-382 and the Chief Medica	al Examiner, for the purpose
	<b>F1.</b> .	of investigating the death of an individual.	
		Department may provide data to public or privile	
research, or educational purposes only after removing information that could be used to identify			
individual patients who received prescription medications from dispensers.			
(e) In the event that the Department finds patterns of prescribing medications that are			
unusual, the Department shall inform the Attorney General's Office of its findings. The Office			
of the Attorney General shall review the Department's findings to determine if the findings should be reported to the SBI for investigation of possible violations of State or federal law			
should be reported to the SBI for investigation of possible violations of State or federal law relating to controlled substances.			
0		Department shall purge from the controlled su	hetances renorting system
		mation more than six years old.	iostances reporting system
ualabase all	muu	maton more than six years old.	

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1	(g) Nothing in this Article shall prohibit a person authorized to prescribe or dispense				
2	controlled substances pursuant to Article 1 of Chapter 90 of the General Statutes from				
3	disclosing or disseminating data regarding a particular patient obtained under subsection (c) of				
4	this section to another person (i) authorized to prescribe or dispense controlled substances				
5	pursuant to Article 1 of Chapter 90 of the General Statutes and (ii) authorized to receive the				
6	same data from the Department under subsection (c) of this section.				
7	(h) Nothing in this Article shall prevent persons licensed or approved to practice				
8	medicine or perform medical acts, tasks, and functions pursuant to Article 1 of Chapter 90 of				
9	the General Statutes from retaining data received pursuant to subsection (c) of this section in a				
10	patient's confidential health care record."				
11	SECTION 4. G.S. 90-113.75 reads as rewritten:				
12	"§ 90-113.75. Civil penalties; other remedies; immunity from liability.				
13	(a) A person who intentionally, knowingly, or negligently releases, obtains, or attempts				
14	to obtain information from the system in violation of a provision of this section <u>Article</u> or a rule				
15	adopted pursuant to this section Article shall be assessed a civil penalty by the Department not				
16	to exceed five thousand dollars (\$5,000)ten thousand dollars (\$10,000) per violation. The clear				
17	proceeds of penalties assessed under this section shall be deposited to the Civil Penalty and				
18	Forfeiture Fund in accordance with Article 31A of Chapter 115C of the General Statutes. The				
19	Commission shall adopt rules establishing the factors to be considered in determining the				
20	amount of the penalty to be assessed.				
21	(b) In addition to any other remedies available at law, an individual whose prescription				
22	information has been disclosed in violation of this section Article or a rule adopted pursuant to				
23	this Article may bring an action against any person or entity who has intentionally, knowingly,				
24	or negligently released confidential information or records concerning the individual for either				
25	or both of the following:				
26	(1) Nominal damages of one thousand dollars (\$1,000). In order to recover				
27	damages under this subdivision, it shall not be necessary that the plaintiff				
28	suffered or was threatened with actual damages.				
29	(2) The amount of actual damages, if any, sustained by the individual.				
30	(c) A health care provider licensed, or an entity permitted under this Chapter that, in				
31	good faith, makes a report or transmits data required or allowed by this Article is immune from				
32	civil or criminal liability that might otherwise be incurred or imposed as a result of making the				
33	report or transmitting the data."				
34	<b>SECTION 5.</b> G.S. 90-5.2 is amended by adding a new subsection to read:				
35	"(a1) The Board shall make e-mail addresses and facsimile numbers reported pursuant to				
36	G.S. 90-5.2(a)(7) available to the Department of Health and Human Services for use in the				
37	North Carolina Controlled Substance Reporting System established by Article 5E of this				
38	Chapter."				
39	<b>SECTION 6.</b> This act is effective when it becomes law.				