What Psychiatrists Need to Know About... Opioid STOP Act

On June 29th, 2017, after passing both the State House and Senate, Governor Roy Cooper signed the Strengthen Opioid Misuse Prevention (STOP) Act into law. The STOP Act has garnered significant attention since January from legislators, the media, and the public for its efforts to address the opioid crisis occurring in North Carolina. To read the full bill, visit http://tiny.cc/STOPact. Here are some details from the bill. Many provisions have already gone into effect.

The bill limits first-time prescriptions of Schedule II and III opioids for acute pain to no more than 5 days and no more than 7 days after a surgical procedure. These guidelines do not apply to hospitals, nursing homes, hospice facilities, or residential care facilities. Effective January 1, 2018.

The STOP Act requires prescribers of opioids to check the North Carolina Controlled Substance Reporting System (CSRS) prior to first-time prescriptions of opioids and then every 90 days if substances are continued. This process must be documented in the medical record; failure to do so may result in reporting to the North Carolina Medical Board. This will take effect after significant technology improvements to the CSRS are made.

The bill will also require physician assistants and nurse practitioners to personally consult with their supervising physicians if a prescription is to exceed 30 days and at least every 90 days if the script is continued, effective immediately, July 1, 2017.

Psychiatrists should know that --because of NCPA advocacy-- drugs routinely used in your practices (stimulants, antidepressants) are NOT included in the definition of "targeted controlled substances" in the STOP Act. The exact drugs that are included are those listed only in the sections 1 and 2 of G.S. 90-90(1) & (2) (http://tiny.cc/Section1and2) and section D of G.S. 90-91(d) (http://tiny.cc/SectionD).

Electronic prescribing will be required for all "targeted controlled substance" (opioid) prescriptions. As this is viewed to be a significant request, the state will give practices and providers until January 1, 2020, to be in compliance. These guidelines do not apply to hospitals, nursing homes, hospice facilities, or residential care facilities. One of the exceptions is a "practitioner who experiences temporary technological or electrical failure or other extenuating circumstance that prevents the prescription from being transmitted electronically." This must be documented in the medical record.

The STOP Act will allow for increased community distribution of naloxone and education for its administration and requires in-home hospice providers to educate families about proper disposal of medications, effective July 1, 2017. The Act also plays a "splitting hairs" game, in that it allows for "public funds" to be used in needle exchange programs, while explicitly saying that "state funds" cannot be used for such a program. This allows funding from other governmental entities and grants to no longer be restricted for this harm reduction program.

While the bill currently excludes veterinarians, it calls for a study of how to implement some STOP Act provisions in these settings. It also requires an annual report to licensing boards and the legislature on CSRS data.

The original legislation included funding for treatment, but this language was removed. The state has received, however, a $31 million federal grant to be used over the next two years for treatment and program development.

While psychiatrists are not regular prescribers of opioids, this bill can impact many of the patients you care for and see. It represents state recognition of the impacts of a substance use disorder and the necessity for carefully crafted legislation to address the issue. As psychiatrists will continue to be on the front lines of substance use treatment, this bill should provide assistance in the fight for patient safety and mental health.