

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2005

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HOUSE DRH80312-LH-192 (04/13)

Short Title: NC Drug Reporting System. (Public)

Sponsors: Representative Culpepper.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE NORTH CAROLINA CONTROLLED
SUBSTANCES REPORTING SYSTEM IN THE DEPARTMENT OF HEALTH
AND HUMAN SERVICES PURSUANT TO RULES ADOPTED BY THE
COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES,
AND SUBSTANCE ABUSE SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. Chapter 90 of the General Statutes is amended by adding a
new Article to read:

"Article 5D.

"North Carolina Controlled Substances Reporting Act.

"§ 90-113.60. Short title.

This Article shall be known and may be cited as the "North Carolina Controlled
Substances Reporting System Act."

"§ 90-113.61. Legislative findings.

The General Assembly makes the following findings:

- (1) North Carolina is experiencing an epidemic of poisoning deaths from
unintentional drug overdoses.
- (2) Since 1997, the number of deaths from unintentional drug overdoses
has increased threefold, from 228 deaths in 1997 to 690 deaths in
2003.
- (3) The number of unintentional deaths from illicit drugs in North
Carolina has decreased since 1992 while unintentional deaths from
licit drugs, primarily prescriptions, have increased.
- (4) Licit drugs are now responsible for over half of the fatal unintentional
poisonings in North Carolina.

- 1 (5) Over half of the prescription drugs associated with unintentional
2 deaths are narcotics (opioids).
- 3 (6) Of these licit drugs, deaths from methadone, usually prescribed as an
4 analgesic for severe pain, have increased sevenfold since 1997.
- 5 (7) Methadone from opioid treatment program clinics is a negligible
6 source of the methadone that has contributed to the dramatic increase
7 in unintentional methadone-related deaths in North Carolina.
- 8 (8) Review of the experience of the 19 states that have active controlled
9 substances reporting systems clearly documents that implementation of
10 these reporting systems do not create a "chilling" effect on prescribing.
- 11 (9) Review of data from controlled substances reporting systems help:
- 12 a. Support the legitimate medical use of controlled substances.
- 13 b. Identify and prevent diversion of prescribed controlled
14 substances.
- 15 c. Reduce morbidity and mortality from unintentional drug
16 overdoses.
- 17 d. Reduce the costs associated with the misuse and abuse of
18 controlled substances.
- 19 e. Assist clinicians in identifying and referring for treatment
20 patients misusing controlled substances.
- 21 f. Reduce the cost for law enforcement of investigating cases of
22 diversion and misuse.
- 23 g. Inform the public, including health care professionals, of the
24 use and abuse trends related to prescription drugs.

25 **§ 90-113.62. Definitions.**

26 The following definitions apply in this Article:

- 27 (1) "Controlled substance" means a controlled substance as defined in
28 G.S. 90-87(5).
- 29 (2) "Department" means the Department of Health and Human Services.
- 30 (3) "Dispenser" means a person who delivers a Schedule II through V
31 controlled substance to an ultimate user in North Carolina, but does
32 not include any of the following:
- 33 a. A licensed hospital or long-term care pharmacy that dispenses
34 such substances for the purpose of inpatient administration.
- 35 b. A person authorized to administer such a substance pursuant to
36 Chapter 90 of the General Statutes.
- 37 c. A wholesale distributor of a Schedule II through V controlled
38 substance.
- 39 (4) "Ultimate user" means a person who has lawfully obtained, and who
40 possesses, a Schedule II through V controlled substance for his or her
41 own use, for the use of a member of his or her household, or for the
42 use of an animal owned or controlled by him or her or by a member of
43 his or her household.

44 **§ 90-113.63. Requirements for controlled substances reporting system.**

1 The Department shall establish and maintain a reporting system of prescriptions for
2 all Schedule II through V controlled substances. Each dispenser shall submit the
3 information in accordance with transmission methods and frequency established by rule
4 by the Commission. The Department may issue a waiver to a dispenser that is unable to
5 submit prescription information by electronic means. Such waiver may permit the
6 dispenser to submit prescription information by paper form or other means, provided all
7 information required of electronically submitted data is submitted.

8 **"§ 90-113.64. Confidentiality.**

9 (a) Prescription information submitted to the Department shall be confidential
10 and shall not be public records pursuant to G.S. 132-1. The Department may use such
11 information for purposes of administration and enforcement. Any contractor shall be
12 bound to maintain the confidentiality of prescription information in accordance with this
13 section. The information may only be disclosed in accordance with subsections (b), (c),
14 and (d) of this section.

15 (b) The Department shall, upon request, release data in the controlled substances
16 reporting system to the following persons:

17 (1) Persons authorized to prescribe or dispense controlled substances, for
18 the purpose of providing medical or pharmaceutical care for their
19 patients.

20 (2) An individual who requests the individual's own controlled substances
21 reporting system information.

22 (3) Other agencies authorized to have access to such information pursuant
23 to the provisions of G.S. 90-107.

24 (4) Primary monitoring authorities for other states if information concerns
25 the dispensing of a Schedule II through V controlled substance to an
26 ultimate user who resides in such state or the dispensing of a Schedule
27 II through V controlled substance prescribed by a licensed health care
28 practitioner whose principal place of business is located in such other
29 state.

30 (5) To a court pursuant to a lawful court order.

31 (c) The Department may provide data to public or private entities for statistical,
32 research, or educational purposes after removing information that could be used to
33 identify individual patients who received prescriptions from dispensers.

34 **"§ 90-113.65. Commission for Mental Health, Developmental Disabilities, and**
35 **Substance Abuse Services to adopt rules.**

36 The Commission for Mental Health, Developmental Disabilities, and Substance
37 Abuse Services shall adopt rules necessary to implement this act."

38 **SECTION 2.** If any provision of this act or its application is held invalid, the
39 invalidity does not affect other provisions or applications of this act that can be given
40 effect without the invalid provisions or application, and to this end the provisions of this
41 act are severable.

42 **SECTION 3.** This act becomes effective January 1, 2006.