GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2013

FILED SENATE
Mar 19, 2013
S.B. 364
PRINCIPAL CLERK

(Public)

 \mathbf{S}

Short Title:

SENATE DRS75187-ME-68 (03/15)

Update Electronic Prescription Rules.

Sponsors: Se	enator Brock (Primary Sponsor).	
Referred to:		
	A DILL TO DE ENTITLED	
AN ACT TO DE	A BILL TO BE ENTITLED	
AN ACT TO REQUIRE THE BOARD OF PHARMACY TO ADOPT ADDITIONAL RULES		
RELATING TO ELECTRONIC PRESCRIPTIONS.		
The General Assembly of North Carolina enacts:		
SECTION 1. G.S. 90-85.32 reads as rewritten:		
	iles pertaining to filling, refilling, transfer, and mail or common-carrier	
	ery of prescription orders.	
	ot as otherwise provided in this section, the Board may adopt rules governing	
the filling, refilling and transfer of prescription orders not inconsistent with other provisions of		
law regarding the distribution of drugs and devices. The rules shall assure the safe and secure		
distribution of drugs and devices. Prescriptions marked PRN shall not be refilled more than one		
year after the date issued by the prescriber unless otherwise specified.		
(b) Notw	ithstanding G.S. 90-85.6, the Board shall not adopt rules pertaining to the	
shipment, mailing, or other manner of delivery of dispensed legend drugs that are more		
restrictive than federal statutes or regulations governing the delivery of prescription		
medications by mail or common carrier.		
(c) Rules adopted by the Board under this section shall require the following:		
$\frac{1}{(1)}$	Electronic prescribing software and hardware must comply with health	
<u> </u>	information and medical records standards, as governed by the Health	
	Insurance Portability and Accountability Act of 1996 (HIPPA), 42 U.S.C. §	
	1320d and 45 C.F.R. §§ 160-164.	
<u>(2)</u>	A practitioner must comply with the request of a patient not to send	
<u> </u>	electronically a patient's prescription or information related to the patient's	
	prescription.	
<u>(3)</u>	A covering entity, including an insurer or pharmacy benefits manager, must	
<u> </u>	make a patient's drug benefits and formulary information available to the	
	patient's authorized prescribing practitioner in real time through electronic	
	prescribing software and hardware and to the extent that the information is	
	retrievable and conveyable in such a manner.	
<u>(4)</u>	Electronic prescribing software and hardware must not permit the use of any	
7.17	means of advertising to hinder or attempt to hinder, through economic	
	incentives or otherwise, the prescribing decision of a prescribing practitioner	
	at the point of care.	
<u>(5)</u>	Electronic prescribing software and hardware must support access to data	
(2)	necessary for clinical and patient decision making, including, but not limited	



	General Assembly of North Carolina Session 2013		
1		to, adverse events and up-to-date formulary information, co-pay	
2		requirements, and prescription tier information.	
3	<u>(6)</u>	Electronic prescribing software and hardware must facilitate navigation of	
4		health plan administrative requirements, including a means to initiate	
5		exceptions or prior authorization for coverage of restricted drugs so that the	
6		practitioner can have real-time access to information required to be provided	
7		by the practitioner for exceptions or prior authorization, including, but not	
8		limited to, criteria for approval and how to appeal a denial of the exception	
9		or prior authorization request.	
10	<u>(7)</u>	A prior authorization form must be adjudicated through electronic	
11		transmission, including, but not limited to, a Web-based application."	
12	SECT	ION 2. This act becomes effective October 1, 2013. The Board of Pharmacy	

SECTION 2. This act becomes effective October 1, 2013. The Board of Pharmacy shall propose rules consistent with this act within 90 days of the effective date of this act.

13