

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019

FILED SENATE
Apr 2, 2019
S.B. 544
PRINCIPAL CLERK

S

D

SENATE BILL DRS45052-MG-7B

Short Title: Establish Non-Opioid Treatment Alternatives. (Public)

Sponsors: Senator Hise (Primary Sponsor).

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT DIRECTING HEALTH CARE PROVIDERS TO INITIATE ACUTE OR CHRONIC
3 PAIN MANAGEMENT CARE WITH NON-OPIOID TREATMENT ALTERNATIVES,
4 WHENEVER POSSIBLE; DIRECTING THE DEPARTMENT OF HEALTH AND
5 HUMAN SERVICES TO DEVELOP AND MAKE AVAILABLE ON ITS INTERNET
6 WEB SITE A UNIFORM VOLUNTARY NON-OPIOID DIRECTIVE FORM;
7 ESTABLISHING A PROCESS FOR PATIENTS TO VOLUNTARILY ELECT
8 NON-OPIOID PAIN MANAGEMENT CARE; AND ESTABLISHING INSURANCE
9 COVERAGE FOR NON-OPIOID PAIN MANAGEMENT CARE.

10 The General Assembly of North Carolina enacts:

11
12 **PART I. NON-OPIOID DIRECTIVE FOR PROVIDERS OF PAIN MANAGEMENT**
13 **CARE**

14 **SECTION 1.1.** G.S. 90-106 reads as rewritten:

15 "**§ 90-106. Prescriptions and labeling.**

16 ...

17 (a3) Limitation on Prescriptions Upon Initial Consultation for Acute or Chronic Pain. – A
18 Upon the initial consultation and treatment of a patient for acute or chronic pain, a practitioner,
19 as a first line of treatment, shall provide the patient with a referral to, or a prescription for, any
20 of the following alternatives to targeted controlled substances, when appropriate:

- 21 (1) Acupuncture.
22 (2) Chiropractic care.
23 (3) Massage therapy.
24 (4) Occupational therapy.
25 (5) Osteopathic manipulative treatment.
26 (6) Physical therapy.

27 In managing treatment for a patient's acute or chronic pain, a practitioner shall, whenever
28 possible, administer nonpharmacological modalities or medications that are less addictive
29 alternatives to targeted controlled substances.

30 If a practitioner determines that a targeted controlled substance is the appropriate treatment
31 modality for a patient for acute pain, the practitioner may not prescribe more than a five-day
32 supply of any targeted controlled substance upon the initial consultation and treatment of a
33 patient for acute pain, unless the prescription is for post-operative acute pain relief for use
34 immediately following a surgical procedure. A practitioner shall not prescribe more than a
35 seven-day supply of any targeted controlled substance for post-operative acute pain relief
36 immediately following a surgical procedure. Upon any subsequent consultation for the same



1 pain, the practitioner may issue any appropriate renewal, refill, or new prescription for a targeted
 2 controlled ~~substance.~~substance after evaluating the appropriateness of nonpharmacological
 3 modalities or medications that are less addictive alternatives to targeted controlled substances.
 4 This subsection does not apply to prescriptions for controlled substances issued by a practitioner
 5 who orders a controlled substance to be wholly administered in a hospital, nursing home licensed
 6 under Chapter 131E of the General Statutes, hospice facility, ~~or~~ residential care facility, as
 7 defined in ~~G.S. 14-32.2(e1).~~ ~~This subsection does not apply to prescriptions for controlled~~
 8 ~~substances issued by a practitioner who orders a controlled substance to be wholly administered~~
 9 ~~in an G.S. 14-32.2(c1),~~ emergency facility, veterinary hospital, or animal hospital, as defined in
 10 G.S. 90-181.1. A practitioner who acts in accordance with the limitation on prescriptions as set
 11 forth in this subsection ~~shall be~~is immune from any civil liability or disciplinary action from the
 12 practitioner's occupational licensing agency for acting in accordance with this subsection.

13 (a4) Definitions. – As used in ~~this subsection,~~subsection (a3) of this section, the following
 14 terms have the following meanings:

- 15 (1) Acute pain. – Pain, whether resulting from disease, accident, intentional
 16 trauma, or other cause, that the practitioner reasonably expects to last for three
 17 months or less. The term does not include chronic pain or pain being treated
 18 as part of cancer care, hospice care, palliative care, or medication-assisted
 19 treatment for substance use disorder. The term does not include pain being
 20 treated as part of cancer care, hospice care, or palliative care provided by a
 21 person licensed to practice veterinary medicine pursuant to Article 11 of
 22 Chapter 90 of the General Statutes.
- 23 (2) Chronic pain. – Pain that typically lasts for longer than three months or that
 24 lasts beyond the time of normal tissue healing.
- 25 (3) Surgical procedure. – A procedure that is performed for the purpose of
 26 structurally altering the human body by incision or destruction of tissues as
 27 part of the practice of medicine or a procedure that is performed for the
 28 purpose of structurally altering the animal body by incision or destruction of
 29 tissues as part of the practice of veterinary medicine. This term includes the
 30 diagnostic or therapeutic treatment of conditions or disease processes by use
 31 of instruments such as lasers, ultrasound, ionizing, radiation, scalpels, probes,
 32 or needles that cause localized alteration or transportation of live human
 33 tissue, or live animal tissue in the practice of veterinary medicine, by cutting,
 34 burning, vaporizing, freezing, suturing, probing, or manipulating by closed
 35 reduction for major dislocations and fractures, or otherwise altering by any
 36 mechanical, thermal, light-based, electromagnetic, or chemical means.

37"

39 PART II. PATIENT-INITIATED NON-OPIOID DIRECTIVE FOR PAIN 40 MANAGEMENT CARE

41 SECTION 2.1.(a) Article 1B of Chapter 90 of the General Statutes is amended by
 42 adding a new section to read:

43 "§ 90-21.17A. Voluntary non-opioid directives; official form.

44 (a) Definitions. – The following definitions apply in this Article:

- 45 (1) Commission. – The Commission for Mental Health, Developmental
 46 Disabilities, and Substance Abuse Services.
- 47 (2) Department. – The Department of Health and Human Services.
- 48 (3) Health care provider. – An individual who is licensed to prescribe, administer,
 49 dispense, or distribute controlled substances, or a representative or agent of
 50 that individual.
- 51 (4) Patient representative. – Any of the following:

- 1 a. In the case of a minor, a parent with custody of the minor or the legal
2 guardian or legal custodian of the minor.
3 b. In all other cases, a legal guardian, or a health care agent as defined in
4 G.S. 32A-16.

5 (b) Uniform Voluntary Non-Opioid Directive Form. – The Department, in consultation
6 with the Commission for Mental Health, Developmental Disabilities, and Substance Abuse
7 Services, the North Carolina Medical Board, and the North Carolina Board of Pharmacy, shall
8 develop a uniform non-opioid directive form that indicates to all prescribing health care providers
9 that the named patient shall not be offered, prescribed, supplied with, or otherwise administered
10 an opioid medication. The Department shall make the form easily accessible on its Internet Web
11 site, in a format that can be downloaded or copied.

12 (c) Voluntary Execution and Filing of Patient-Initiated Form. – A patient may exercise
13 the right to elect non-opioid prescriptions and treatment by voluntarily executing and filing a
14 uniform voluntary non-opioid directive form with a health care provider or other person
15 authorized by the Department to accept and file the form. The patient may exercise this right by
16 signing and dating the form in the presence of the health care provider or other authorized person.
17 In the case of a patient who is unable to voluntarily execute and file the form on the patient's own
18 behalf, a duly authorized patient representative may exercise this right on behalf of a patient by
19 executing and filing the form in accordance with this section. Each health care provider or other
20 person authorized by the Department to accept a uniform voluntary non-opioid directive form
21 for filing shall date and affix his or her signature to the form in the presence of the patient or a
22 duly authorized patient representative as evidence of acceptance, and provide a copy of the form
23 to the patient or duly authorized patient representative, as appropriate.

24 Prior to signing the form, a health care provider may, as the health care provider deems
25 appropriate, assess the patient's personal and family history of alcohol or drug abuse and evaluate
26 the patient's risk for medication misuse or abuse. In evaluating the patient's risk for medication
27 misuse or abuse, the health care provider shall review the information in the controlled substances
28 reporting system, established under Article 5E of this Chapter, pertaining to the patient. If a health
29 care provider reasonably believes that a patient is at risk for opioid misuse or abuse or that, in the
30 health care provider's professional medical judgment, a non-opioid directive is appropriate for a
31 patient, then the health care provider shall date and affix his or her signature to the form in the
32 presence of the patient or a duly authorized patient representative as evidence of acceptance, and
33 provide a copy of the form to the patient.

34 (d) Effect of Form. – In managing treatment for a patient's pain, a health care provider
35 shall, whenever possible, honor the patient's voluntary non-opioid directive form by
36 administering less addictive, non-opioid medications or nonpharmacological modalities as a first
37 line of treatment.

38 (e) Revocation of Form. – A patient may for any reason revoke, verbally or in writing, a
39 uniform voluntary non-opioid directive form by notifying a health care provider or other person
40 authorized by the Department to accept and file the form. The health care provider or other
41 authorized person shall document the revocation in the patient's medical record.

42 (f) Rules. – The Department, in consultation with the Commission for Mental Health,
43 Developmental Disabilities, and Substance Abuse Services, the North Carolina Medical Board,
44 and the North Carolina Board of Pharmacy, shall adopt rules establishing all of the following:

- 45 (1) A list of persons, in addition to health care providers, who are authorized to
46 accept and file uniform voluntary non-opioid directive forms and notices of
47 revocation.
48 (2) A standard form for the recording and transmission of voluntary non-opioid
49 directive forms, which at a minimum shall (i) include space for verification of
50 the non-opioid directive by the patient's health care provider and (ii) meet the

1 applicable confidentiality requirements of the Health Insurance Portability
2 and Accountability Act of 1996 (HIPAA), as amended.

3 (3) Procedures for recording a voluntary non-opioid directive form in the patient's
4 medical record.

5 (4) Procedures for a patient to revoke his or her own duly executed and filed
6 voluntary non-opioid directive form.

7 (5) Requirements and procedures for a patient representative to override a duly
8 executed and filed voluntary non-opioid directive form.

9 (6) Circumstances under which an attending health care provider may override a
10 duly executed and filed voluntary non-opioid directive form based on
11 documented and professional medical judgment, which shall be recorded in
12 the patient's medical record.

13 (7) Procedures to ensure that any recording, sharing, or distribution of data
14 relative to the voluntary non-opioid directive form complies with all federal
15 and State confidentiality laws.

16 (8) Appropriate exemptions for health care providers and emergency medical
17 personnel to prescribe or administer opioid medications when, in their
18 professional medical judgment, an opioid medication is necessary.

19 (9) Continuing education requirements for health care providers that include, at a
20 minimum, requirements for completing not less than four hours annually on
21 effective alternatives to the use of opioids that focus on the use of
22 nonpharmacological modalities for pain management, specifically
23 acupuncture, chiropractic care, massage therapy, occupational therapy,
24 osteopathic manipulative treatment, and physical therapy.

25 (g) Immunity for Pharmacists. – Each written or electronic prescription for a controlled
26 substance that is presented or transmitted to a pharmacy subject to the requirements of
27 G.S. 90-85.21 or G.S. 90-85.21A is presumed valid for purposes of this section. No pharmacist
28 licensed to practice in this State shall be held in violation of this section for dispensing a
29 controlled substance containing an opioid or other controlled substance that contradicts a
30 voluntary non-opioid directive form, except upon evidence that the pharmacist acted knowingly
31 against the voluntary non-opioid directive form.

32 (h) Civil and Criminal Immunity for Health Care Providers. – No health care provider
33 shall be subject to criminal prosecution, civil liability, or disciplinary action by an occupational
34 licensing agency for any of the following:

35 (1) Failure to offer, prescribe, dispense, or administer a controlled substance
36 containing an opioid medication to a patient in good-faith reliance on a
37 voluntary non-opioid directive form executed in accordance with this section,
38 if both of the following are true:

39 a. There are no reasonable grounds for the health care provider to doubt
40 the validity of the voluntary non-opioid directive form or the identity
41 of the patient.

42 b. The health care provider does not have actual knowledge of the
43 patient's revocation of the voluntary non-opioid directive form.

44 (2) Failure to follow a voluntary non-opioid directive form executed in
45 accordance with this section if the health care provider had no actual
46 knowledge of the existence of the voluntary non-opioid directive form.

47 (i) Civil and Criminal Immunity for Patient Representatives. – No person acting as a
48 patient representative shall be subject to criminal or civil liability for acting in good faith under
49 this section."

50 **SECTION 2.1.(b)** By October 1, 2019, the Department of Health and Human
51 Services, in consultation with the Commission for Mental Health, Developmental Disabilities,

1 and Substance Abuse Services, the North Carolina Medical Board, and the North Carolina Board
2 of Pharmacy, shall develop and publish on its Internet Web site a uniform opioid prescription
3 and treatment opt out form that complies with the requirements of G.S. 90-21.17A, as enacted
4 by Section 2.1(a) of this act, in a format that can be downloaded and copied.

5 **SECTION 2.1.(c)** Subsection (b) of this section is effective when it becomes law.
6

7 **PART III. INSURANCE COVERAGE FOR NON-OPIOID PAIN MANAGEMENT** 8 **CARE.**

9 **SECTION 3.1.(a)** Article 51 of Chapter 58 of the General Statutes is amended by
10 adding a new section to read:

11 **"§ 58-51-56. Coverage for non-opioid pain management care.**

12 (a) Every health benefit plan offered by an insurer must provide coverage for
13 evidence-based non-opioid pain management care. Evidence-based non-opioid pain management
14 care includes at least all of the following treatments:

- 15 (1) Acupuncture.
- 16 (2) Chiropractic care.
- 17 (3) Massage therapy.
- 18 (4) Occupational therapy.
- 19 (5) Osteopathic manipulative treatment.
- 20 (6) Physical therapy.

21 (b) Evidence-based non-opioid pain management care shall be considered a rehabilitation
22 and habilitation service under the Patient Protection and Affordable Care Act, P.L. 111-148, as
23 amended, and applicable corresponding regulations.

24 (c) Coverage for evidence-based non-opioid pain management care offered under this
25 section shall not be subject to annual or lifetime numerical limits on visits for the treatment of
26 pain.

27 (d) The amount of coinsurance, copayments, and deductible for evidence-based
28 non-opioid pain management care shall be the same as the amount of coinsurance, copayments,
29 and deductible for primary care services.

30 (e) The amount of provider reimbursement by an insurer for evidence-based non-opioid
31 pain management care shall be no less than seventy-five percent (75%) of the billing code rate."

32 **SECTION 3.1.(b)** G.S. 135-48.51 is amended by adding a new subdivision to read:

33 "(14) G.S. 58-51-56, Coverage for non-opioid pain management care."

34 **SECTION 3.1.(c)** Subsections (a) and (b) of this section become effective October
35 1, 2019, and apply to health benefit plan contracts issued, renewed, or amended on or after that
36 date.
37

38 **PART IV. EFFECTIVE DATE**

39 **SECTION 4.1.** Except as otherwise indicated, this act becomes effective January 1,
40 2020.