

1 21 NCAC 36 .0815 is amended, **with changes**, as published in NCR 32:12, page 1221, as follows:

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3 **21 NCAC 36 .0815 REPORTING CRITERIA**

4 (a) The Department of Health and Human Services ("Department") may report to the North Carolina Board of
5 Nursing ("Board") information regarding the prescribing practices of those nurse practitioners ("prescribers") whose
6 prescribing:

7 (1) falls within the top ~~one~~ two percent of those prescribing 100 ~~morphine milligrams~~ milligram of
8 ~~morphine~~ equivalents ("MME") per patient per day; or

9 (2) falls within the top ~~one~~ two percent of those prescribing 100 MMEs per patient per day in
10 combination with any benzodiazepine and who are within the top one percent of all controlled
11 substance prescribers by volume.

12 (b) In addition, the Department may report to the Board information regarding prescribers who have had two or
13 more patient deaths in the preceding 12 months due to opioid ~~poisoning~~, poisoning where the prescribers authorized
14 more than 30 tablets of an opioid to the decedent and the prescriptions were written within 60 days of the patient
15 deaths.

16 (c) The Department may submit these reports to the Board upon request and may include the information described
17 in G.S. 90-113.73(b).

18 (d) The reports and communications between the Department and the Board shall remain confidential pursuant to
19 G.S. 90-113.74.

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21 *History Note: Authority G.S. 90-113.74;*

22 *Eff. April 1, 2016. April 1, 2016:*

23 *Amended Eff. **April 1, 2018.** May 1, 2018.*

REQUEST FOR TECHNICAL CHANGE

AGENCY: NC Board of Nursing

RULE CITATION: 21 NCAC 36 .0816

DEADLINE FOR RECEIPT: Tuesday, April 10, 2018

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

On the Submission for Permanent Rule form:

In Box 2, please provide the name of the Rule as you intend to name it, "Definition of Consultation for Prescribing Targeted Controlled Substances"

In the Rule:

On line 1, please remove "proposed to be" so that it is "is adopted." Since you did not publish an introductory statement in the Register, you do not need to show it as a change – simply remove the language.

On line 7, so that I'm clear, I take it that a consult in person or electronically shall satisfy the "personal consult" required by G.S. 90-18.2(b)(5)?

On line 9, I take it that "targeted controlled substance" is as defined in G.S. 90-87?

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder
Commission Counsel
Date submitted to agency: March 26, 2018

1 21 NCAC 36. 0816 is proposed to be adopted, **with changes**, as published in NCR 32:12, pages 1221 – 1222, as
2 follows:

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4 **21 NCAC 36 .0816 DEFINITION OF CONSULTATION FOR PRESCRIBING**

5 **TARGETED CONTROLLED SUBSTANCES**

6 For purposes of G.S. 90-18.2(b), the term “consult” shall mean a meaningful communication, **occurring** either in
7 person or electronically, between the nurse practitioner and a supervising physician that is documented in the patient
8 medical record. For purposes of this Rule, ~~“meaningful”~~ **“meaningful communication”** shall mean an exchange of
9 information sufficient for the supervising physician to make a determination that the prescription **for a targeted**
10 **controlled substance** is medically indicated.

11

12 *History Note:* _____ *Authority G.S. 90-18.2; G.S. 90-171.23(b)(3);*

13 *Eff. ~~[April 1, 2018.]~~ **May 1, 2018.***