

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2021

H

1

HOUSE BILL 93

Short Title: Require Naloxone Scripts with Opioid Scripts. (Public)

Sponsors: Representatives Sasser, Humphrey, Moffitt, and Adcock (Primary Sponsors).  
*For a complete list of sponsors, refer to the North Carolina General Assembly web site.*

Referred to: Insurance, if favorable, Health, if favorable, Rules, Calendar, and Operations of  
the House

February 17, 2021

A BILL TO BE ENTITLED

AN ACT REQUIRING EACH HEALTH CARE PRACTITIONER WHO PRESCRIBES AN  
OPIOID MEDICATION TO A PATIENT TO PRESCRIBE AN OPIOID ANTAGONIST  
FOR THAT PATIENT UNDER CERTAIN CIRCUMSTANCES AND FOR CERTAIN  
PURPOSES.

The General Assembly of North Carolina enacts:

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

**"§ 90-12.8. Requirement to co-prescribe opioid medication and opioid antagonist.**

(a) A practitioner, as defined in G.S. 90-87(22), shall do all of the following when writing  
a prescription for a patient for a Schedule II controlled substance described in G.S. 90-90(1):

(1) When one or more of the following conditions are present, co-prescribe for  
the patient a drug approved by the federal Food and Drug Administration for  
the complete or partial reversal of opioid-induced respiratory depression and  
document the prescription in the patient's medical record:

a. The prescription dosage for the patient is 50 or more morphine  
milligram equivalents of an opioid medication per day.

b. A Schedule II controlled substance described in G.S. 90-90(1) is  
prescribed concurrently with a prescription for benzodiazepine.

c. The patient presents with an increased risk for overdose, as evidenced  
by, but not limited to, (i) a patient with a history of overdose, (ii) a  
patient with a history of substance use disorder, or (iii) a patient at risk  
for returning to a high dosage of a Schedule II controlled substance  
described in G.S. 90-90(1) to which the patient is no longer tolerant.

(2) Consistent with the existing standard of care, provide to each patient receiving  
a prescription pursuant to subdivision (1) of this section education on overdose  
prevention and the use of a drug approved by the federal Food and Drug  
Administration as an opioid antagonist for the complete or partial reversal of  
opioid-induced respiratory depression.

(3) Consistent with the existing standard of care, provide to one or more persons  
designated by the patient or, for a patient who is a minor, to the minor's parent,  
guardian, or person standing in loco parentis, education on overdose  
prevention and the use of a drug approved by the federal Food and Drug



1                   Administration as an opioid antagonist for the complete or partial reversal of  
2                   opioid-induced respiratory depression.

3       (b)   A practitioner who prescribes to a patient a Schedule II controlled substance described  
4 in G.S. 90-90(1) and fails to do either of the following may be referred to the appropriate  
5 licensing board solely for the imposition of administrative sanctions deemed appropriate by that  
6 board:

7           (1)   Co-prescribe an opioid antagonist prescription, as required under subdivision  
8           (a)(1) of this section.

9           (2)   Provide the education and use information required by subdivision (a)(2) or  
10          (a)(3) of this section.

11       (c)   Nothing in this section shall be construed to do either of the following:

12          (1)   Create a private right of action against a practitioner who fails to follow the  
13          requirements of this section.

14          (2)   Limit a practitioner's liability for negligent diagnosis or treatment of a patient,  
15          as allowed under applicable State or federal law."

16       **SECTION 2.** This act becomes effective October 1, 2021.