

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021

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HOUSE BILL 93
Committee Substitute Favorable 3/10/21

Short Title: Require Naloxone Scripts with Opioid Scripts.

(Public)

Sponsors:

Referred to:

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), except, for purposes of this section, a practitioner shall not include a veterinarian, animal hospital, or veterinary practice, 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.