

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021

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HOUSE BILL 93
Committee Substitute Favorable 3/10/21
Committee Substitute #2 Favorable 4/27/21

Short Title: Req. Opioid Antagonist Ed. w/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 PROVIDE EDUCATION ON AND OFFER A PRESCRIPTION FOR 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 provide opioid antagonist education.

(a) If a practitioner, as defined in G.S. 90-87(22), except, for purposes of this section, a practitioner shall not include (i) a veterinarian, (ii) an animal hospital, (iii) a veterinary practice, (iv) a hospice care provider, or (v) a palliative care provider, writes a prescription for a patient for a Schedule II controlled substance described in G.S. 90-90(1), and any of the following apply, then the practitioner shall provide the education as described in subsections (b) and (c) of this section:

- (1) The prescription dosage for the patient is 50 or more morphine milligram equivalents of an opioid medication per day.
- (2) The Schedule II controlled substance described in G.S. 90-90(1) is prescribed concurrently with a prescription for benzodiazepine.
- (3) 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.

(b) Consistent with the existing standard of care, the practitioner shall provide to each patient receiving a prescription pursuant to subsection (a) 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.

(c) Consistent with the existing standard of care, the practitioner shall provide to one or more persons designated by the patient receiving a prescription pursuant to subsection (a) of this section 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 Administration as an opioid antagonist for the complete or partial reversal of opioid-induced respiratory depression.



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1 (d) After providing the education required by subsection (b) or (c) of this section, the
2 practitioner shall offer a prescription for a drug approved by the federal Food and Drug
3 Administration as an opioid antagonist for the complete or partial reversal of opioid-induced
4 respiratory depression.

5 (e) When dispensing a Schedule II controlled substance described in G.S. 90-90(1), and
6 any of the criteria in subdivisions (1) through (3) of subsection (a) of this section apply, a
7 pharmacist shall do all of the following:

8 (1) Ask the individual receiving the prescription if that individual has a
9 prescription for an opioid antagonist and offer to fill the prescription if the
10 individual has one.

11 (2) Advise the individual receiving the prescription that the State Health Director
12 has issued a statewide standing order allowing the pharmacist to dispense an
13 opioid antagonist without a specific prescription from the individual's
14 prescriber. The pharmacist shall also offer to dispense an opioid antagonist in
15 accordance with the statewide standing order.

16 (3) Communicate the details of the interaction back to the prescriber within 72
17 hours of dispensing the Schedule II controlled substance.

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

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

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

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