AMA
AMERICAN MEDICAL ASSOCIATION

James L. Madara, MD
CEO, EXECUTIVE VICE PRESIDENT

james.madara@ama-assn.org

March 11, 2021

The Honorable Kristin Baker, MD
Chair
Standing Committee on Health
North Carolina General Assembly
300 N. Salisbury Street, Rm. 306A3
Raleigh, NC 27603-5925

Dear Representative Baker:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing in opposition to House Bill (H.B.) 93. While the AMA shares the goal of the legislation to help save lives from overdose, we cannot support H.B. 93 because it is not based in medical evidence and erodes clinical decision-making.

The AMA has proudly supported efforts in North Carolina and nationwide to encourage physicians to prescribe naloxone to patients at risk of overdose. We also have joined with the North Carolina Medical Society and key stakeholders across the nation in support of standing orders that allow for any patient at any pharmacy to obtain naloxone without a prescription. North Carolina's leadership in supporting access to naloxone and supporting evidence-based harm reduction interventions to help save lives from overdose were among the many examples cited by the AMA in our May 2019 report, "Spotlight on North Carolina: Best Practices and Next Steps in the Opioid Epidemic."

Contrary to the many excellent efforts North Carolina has taken, however, H.B. 93—based on our national perspective—could have unintended consequences that would impede North Carolina's efforts to end its drug overdose epidemic. Furthermore, we are not aware of any evidence that similar state mandates have resulted in reduced opioid-related mortality or increased access to evidence-based care for a substance use disorder. Additional concerns for H.B. 93 are explained below.

First, there is no national standard for what constitutes "risk." H.B. 93 would create a standard that implies there is no risk for overdose if a prescription for an opioid analgesic is over 50 morphine milligram equivalents (MME), but there is no risk for a prescription under 50 MME. That is not how medicine or clinical decision-making works. Clinical discretion is essential to ensure optimal care. Under H.B. 93, for example, North Carolina physicians would be required to prescribe naloxone to likely thousands of patients with cancer, patients stable and functional on opioid therapy, and patients in hospice or receiving palliative care.

While naloxone might be indicated for some, including those with a prescription under or over 50 MME, mandating a naloxone prescription for everyone over 50 MME would cause unnecessary prescription costs for a medication they may never need or use. If used unintentionally or inappropriately by a cancer or hospice patient, for example, it also would likely immediately interfere with the patient's pain control, causing intense suffering. The AMA cannot support a mandate that has the potential for harm and increased costs by not allowing for clinical discretion and individualized patient care.

The AMA also opposes the creation of a "standard of care" that is not based on medical evidence or clinical practice. Overdose and the risks for overdose are incredibly complex. Unlike H.B. 93, the AMA Opioid Task Force based its recommendations for naloxone on the clinical input of more than 25 national and state medical societies, federal health agencies and harm reduction experts to identify many of the factors that may be helpful in determining whether to prescribe naloxone to a patient, or to a family member or close friend of the patient. We also strongly support increased access to naloxone via harm reduction organizations for people who use drugs and via pharmacies for those who prefer to access naloxone with a standing order. H.B. 93 does not address or improve access via those essential ways.

North Carolina has taken important steps to support harm reduction efforts through statewide education, partnerships with the medical community, and broad stakeholder support. However, H.B. 93 would not further the positive work done in North Carolina. It does nothing to support harm reduction organizations to increase access to naloxone, and it does not advance Good Samaritan policies to encourage bystanders to call for help during an overdose event. Rather, it presents an inappropriately narrow definition of "risk," and falsely imposes a "standard of care" that would actually reduce the real-life complexity that goes into understanding the factors concerning accidental overdose.

Instead of focusing so narrowly, the AMA urges the North Carolina legislature to consider policies to broaden access to naloxone through over-the-counter access, formulary reform to reduce costs, increased appropriations for harm reduction organizations to purchase and distribute naloxone, and other measures that would ensure this life-saving medication truly goes to those who need it most.

The AMA will continue to hold up the positive efforts of North Carolina to end the state's drug overdose epidemic. In many ways, North Carolina's efforts are a model for the nation. H.B. 93, however, would take the state in the wrong direction. For all of the reasons above, we urge a "no" vote on H.B. 93.

If you have any questions, please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, AMA Advocacy Resource Center at daniel.blaney-koen@ama-assn.org.

Sincerely,

James L. Madara, MD

cc: North Carolina Medical Society