

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021

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BILL DRAFT 2021-MG-4A [v.2]

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/26/2021 8:17:50 AM

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

Sponsors: Representative Sasser.

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT REQUIRING EACH HEALTH CARE PRACTITIONER WHO PRESCRIBES AN
3 OPIOID MEDICATION TO A PATIENT TO PRESCRIBE AN OPIOID ANTAGONIST
4 FOR THAT PATIENT UNDER CERTAIN CIRCUMSTANCES AND FOR CERTAIN
5 PURPOSES.

6 The General Assembly of North Carolina enacts:

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

9 **§ 90-12.8. Requirement to co-prescribe opioid medication and opioid antagonist.**

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

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

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

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

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

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

30 (3) Consistent with the existing standard of care, provide to one or more persons
31 designated by the patient or, for a patient who is a minor, to the minor's parent,
32 guardian, or person standing in loco parentis, education on overdose
33 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.