

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2021

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HOUSE BILL 93  
PROPOSED COMMITTEE SUBSTITUTE H93-PCS30152-BC-4

Short Title: Require Naloxone Scripts with Opioid Scripts.

(Public)

Sponsors:

Referred to:

February 17, 2021

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), except, for purposes of this section, a  
11 practitioner shall not include a veterinarian, animal hospital, or veterinary practice, shall do all  
12 of the following when writing a prescription for a patient for a Schedule II controlled substance  
13 described in G.S. 90-90(1):

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

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

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

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

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

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



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- 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.