

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2021

H.B. 93  
Feb 16, 2021  
HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH30068-MG-4B

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

Sponsors: Representatives Sasser, Humphrey, Moffitt, and Adcock (Primary Sponsors).

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 overdose  
27 prevention and the use of a drug approved by the federal Food and Drug  
28 Administration as an opioid antagonist for the complete or partial reversal of  
29 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  
34 Administration as an opioid antagonist for the complete or partial reversal of  
35 opioid-induced respiratory depression.



1        (b) A practitioner who prescribes to a patient a Schedule II controlled substance described  
2 in G.S. 90-90(1) and fails to do either of the following may be referred to the appropriate  
3 licensing board solely for the imposition of administrative sanctions deemed appropriate by that  
4 board:

5            (1) Co-prescribe an opioid antagonist prescription, as required under subdivision  
6 (a)(1) of this section.

7            (2) Provide the education and use information required by subdivision (a)(2) or  
8 (a)(3) of this section.

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

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

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

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