



SENATE BILL 734: Statewide Standing Order/Opioid Antagonist.

2016-2017 General Assembly

Committee:	Senate Health Care	Date:	May 2, 2016
Introduced by:	Sens. Pate, Tucker, Robinson	Prepared by:	Theresa Matula
Analysis of:	First Edition		Committee Staff

SUMMARY: *Senate Bill 734 amends the law on drug-related overdose treatment to specifically authorize the State Health Director to issue a statewide standing order for an opioid antagonist which would allow the overdose treatment drug to be more readily accessible. Current law allows a practitioner to prescribe an opioid antagonist directly, or by standing order, to (i) a person at risk of experiencing an opiate-related overdose or (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. This bill is a recommendation of the Joint Legislative Oversight Committee on Health and Human Services.*

CURRENT LAW: G.S. 90-106.2 Drug-related overdose treatment; limited immunity, as enacted by S.L. 2013-23, and amended by S.L. 2015-94, is outlined below:

Opioid Antagonist - Subsection (a) provides that "opioid antagonist" means naloxone hydrochloride.

Practitioner authorized to prescribe directly or by standing order - Subsection (b) authorizes a practitioner acting in good faith and exercising reasonable care to prescribe directly, or by standing order, an opioid antagonist to: (i) a person at risk of experiencing an opiate-related overdose, or (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.

Dispense - Subsection (b1) allows a pharmacist to dispense an opioid antagonist pursuant to subsection (b).

Administer- Subsection (c) provides that a person who receives an opioid antagonist prescribed pursuant to subsection (b), may administer an opioid antagonist to another person if (i) the person has a good faith belief that the other person is experiencing a drug-related overdose and (ii) the person exercises reasonable care in administering the drug to the other person. Evidence of the use of reasonable care in administering the drug shall include the receipt of basic instruction and information on how to administer the opioid antagonist.

Immunity - Subsection (d) provides that any practitioner who prescribes, pharmacist who dispenses, or person who administers, an opioid antagonist pursuant to this section is immune from any civil or criminal liability for authorized actions.

G.S. 130A-3 requires the State Health Director, appointed by the Secretary of Health and Human Services, to be a physician licensed to practice medicine in this State.

BILL ANALYSIS: Senate Bill 734 amends G.S. 90-106.2(b) to add a new subdivision specifically authorizing the State Health Director to prescribe an opioid antagonist pursuant to current law and by means of a statewide standing order. Subsection (d) of this section is amended to specifically list the State Health Director among those individuals who are statutorily granted immunity from civil or criminal liability for actions authorized by the section.

EFFECTIVE DATE: Senate Bill 734 would become effective when it becomes law.

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BACKGROUND: The Joint Legislative Oversight Committee on Health and Human Services heard a [presentation and received handouts on April 12, 2016](#), regarding the need for a statewide standing order for naloxone. Naloxone hydrochloride is a opioid antagonist that reverses the effects of opioids (heroin and prescription drugs such as methadone, oxycodone, and hydrocodone). According to the Department of Health and Human Services (DHHS), "[b]etween 1999 and 2014, the number of unintentional medication or drug overdose deaths increased by over 330 percent in North Carolina." Under State law, a pharmacy cannot dispense naloxone without a prescription or standing order issued by a practitioner. A standing order signed by the North Carolina State Health Director would authorize any pharmacist practicing in the state of North Carolina to dispense naloxone. Routes of naloxone administration include intranasal and intramuscular (shoulder or thigh) and each person dispensed naloxone would receive education regarding use and the risk factors.

Since the enactment of [SL 2013-23](#) and [SL 2015-94](#), entities across the State have established naloxone dispensing programs. In August 2015, local health departments received information on adopting naloxone standing orders. S.L. 2015-241, Sec 12F.15, provided funds to the Division of Mental Health, Developmental Disabilities, and Substance Abuses Services, DHHS, to purchase opioid antagonists for distribution by the NC Harm Reduction Coalition (NCHRC) and for distribution to NC law enforcement agencies. The NCHRC website provides access to [Overdose Rescue 101](#), an information sheet on naloxone, and lists contacts for and locations where overdose rescue kits may be obtained. The DHHS reports that since August 2013, naloxone has been used to reverse more than 1,500 overdoses in North Carolina.