



SENATE BILL 734: Statewide Standing Order/Opioid Antagonist.

2016-2017 General Assembly

Committee:	House Judiciary I	Date:	May 31, 2016
Introduced by:	Sens. Pate, Tucker, Robinson	Prepared by:	Erika Churchill
Analysis of:	PCS to First Edition S734-CSST-108		Committee Co-Counsel

SUMMARY: *Senate Bill 734, a recommendation of the Joint Legislative Oversight Committee on Health and Human Service, amends the law on drug-related overdose treatment to authorize the State Health Director to issue a statewide standing order for an opioid antagonist allowing the overdose treatment drug to be more readily accessible.*

The Proposed Committee substitute makes technical changes.

[As introduced, this bill was identical to H1000, as introduced by Reps. Avila, Dobson, Murphy, S. Martin, which is currently in House Health.]

CURRENT LAW:

G.S. 90-106.2, enacted in 2013 and amended in 2015, 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 to (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. An "opioid antagonist" is defined as naloxone hydrochloride that is approved by the U.S. Food and Drug Administration for the treatment of drug overdoses.

If prescribed, a licensed pharmacist can dispense the opioid antagonist to the person at risk, or the person in a position to assist a person at risk, of experiencing an opiate related overdose. The person who receives the opioid antagonist may administer the 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 includes the receipt of basic instruction and information on how to administer an opioid antagonist.

Any practitioner who prescribes, pharmacist who dispenses, or person who administers an opioid antagonist is immune from any civil or criminal liability for actions authorized by the statute.

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: The PCS for Senate Bill 734 recodifies G.S. 90-106.2 as G.S. 90-12.7, and provides that the State Health Director may issue a statewide standing order prescribing opioid antagonists to (i) a person at risk of experiencing an opiate-related overdose or to (ii) a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose.

Karen Cochrane-Brown
Director



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The PCS also makes a conforming change 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: Effective when it becomes law.

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 in an effort to make the overdose treatment drug more readily accessible.

Naloxone hydrochloride is an 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.

Maryland and Pennsylvania also have a statewide standing order for naloxone.

Theresa Matula substantially contributed to this summary.