

SENATE BILL 734: Statewide Standing Order/Opioid Antagonist.

2016-2017 General Assembly

Committee: Senate Judiciary I Date: May 12, 2016

Introduced by: Sens. Pate, Tucker, Robinson Prepared by: Jennifer H Bedford*
Analysis of: First Edition Committee Co-Counsel

SUMMARY: Senate Bill 734 amends the law on drug-related overdose treatment by authorizing the State Health Director to prescribe an opioid antagonist by means of a statewide standing order, allowing treatment to be more readily accessible. This bill is a recommendation of the Joint Legislative Oversight Committee on Health and Human Services.

CURRENT LAW: G.S. 90-106.2 allows a practitioner to prescribe an opioid antagonist, naloxone hydrochloride, 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.

BILL ANALYSIS: Senate Bill 734 amends G.S. 90-106.2 by:

- Adding a new subsection authorizing the State Health Director, licensed medical doctor, to prescribe the opioid antagonist by means of a statewide standing order.
- Including the State Health Director among the individuals who are statutorily granted immunity from civil or criminal liability for actions authorized by this act.

EFFECTIVE DATE: This act is effective when it becomes law.

BACKGROUND: In 2013, the General Assembly authorized medical practitioners to prescribe an opioid antagonist, naloxone hydrochloride, directly or by standing order to treat drug-related overdose. The Department of Health and Human Services reports that since August 2013, naloxone has been used to reverse more than 1,500 overdoses in North Carolina. Due to the often unexpected nature of an overdose, some pharmacies find it difficult to obtain the necessary prescriptions. A standing order signed by the North Carolina State Health Director would authorize any licensed pharmacist practicing in North Carolina to dispense naloxone hydrochloride to treat an opiate-related overdose.

*Theresa Matula, Legislative Analyst, contributed to this summary.

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