

New Hampshire Board of Medicine Statement on House Bill 271

In May of 2015, the New Hampshire Legislature passed House Bill 271. Governor Maggie Hassan signed HB 271 into law effective June 2, 2015. This law allows New Hampshire physicians to prescribe, dispense or distribute naloxone to a “family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose,” as well as to persons who are themselves at risk of overdose. (HB 271). Naloxone is an opioid antagonist that has been used for decades by emergency medical personnel to combat opioid overdose. A standing order in the context of naloxone distribution means an order provided by a physician that authorizes a pharmacist to dispense naloxone to any persons at risk or persons in a position to assist in the event of an opioid overdose without specification of a particular individual.

In addition to authorizing third party prescribing, HB 271 also confers immunity from civil, criminal and professional liability to the prescriber, dispenser or administrator of naloxone. While the Medical Practice Act (RSA 329), prohibits prescribing drugs to an individual without a physician-patient relationship because it constitutes disciplinable unprofessional conduct, the NH Board of Medicine is in the process of developing interim rules to reflect the intent of HB 271.

The NH Board of Medicine (Board) **will not** discipline physicians solely based on third party prescribing of naloxone or on prescribing of naloxone to persons with whom the physician has no established or evolving doctor-patient relationship. Under HB 271, licensees may write a prescription for naloxone in the name of the person receiving the prescription, rather than the end user who will be administered the agent. In cases of third-party naloxone prescribing, the licensee is not required to conduct a physical examination either before or after the issuance of the prescription. Licensees should provide the person who is prescribed naloxone with literature that addresses the signs of an opioid overdose, the importance of calling 911, and steps to care for an overdose victim. Documentation of the prescription and the provision of educational literature shall be considered complete and accurate medical record of the encounter. When there is no established doctor-patient relationship and therefore no patient medical record, this documentation can be noted in a separate paper or electronic naloxone log kept for this purpose. A log in this context simply means a paper or electronic document with appropriate confidentiality protection in which one or more naloxone prescriptions are documented.

HB 271 authorizes licensees to prescribe naloxone pursuant to a non-patient specific standing order with a pharmacy that authorizes naloxone to be dispensed to persons whom a pharmacist understands to be at risk of opioid overdose or in a position to assist a person at risk of overdose. When such a standing order is issued, the prescriber should document the standing order in a paper or electronic naloxone registry. In such cases it is the responsibility of the pharmacist to provide educational literature and instruction to the person to whom the naloxone is dispensed.

HB 271 also authorizes third party prescribing in a large quantity, enabling licensees to prescribe multiple kits to an individual in a position to assist people at risk of experiencing an opioid-related overdose. When such a prescription is made, the prescriber should document the prescription in a paper or electronic naloxone registry. In such cases it is the responsibility of the person distributing the naloxone to provide educational literature and instruction to the persons to whom the naloxone is distributed. The prescriber should be satisfied that the dispenser has a reasonable plan for education of persons to whom naloxone will be dispensed.

In light of the unprecedented drug epidemic facing New Hampshire, the Board encourages licensees to consider prescribing naloxone. Opioid overdose-related deaths can be prevented when naloxone is administered in a timely manner.

- Naloxone is not a controlled drug
- Naloxone has no psychoactive effects¹
- Naloxone does not present any potential for abuse²
- Naloxone produces no clinical effects when given to individuals who are not opioid intoxicated³
- Complications of naloxone administration are rare. Significant combativeness, seizures, emesis with aspiration, ventricular fibrillation, cardiac arrest and others have been reported in rare instances; however, evidence indicates that intervening in life-threatening opioid overdoses with naloxone saves lives and is an important public health intervention.

For detailed information on naloxone and prescribing naloxone, please go to <http://prescribetoprevent.org>.

¹ SAMHSA, Opioid Overdose Toolkit, p. 6.

² Id.

³ Id. at p. 9.