

SENATE No. 1076**The Commonwealth of Massachusetts**

PRESENTED BY:

Richard T. Moore

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to promote the elimination of waste in certain state facilities.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Richard T. Moore</i>	<i>Worcester and Norfolk</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>
<i>Barry R. Finegold</i>	<i>Second Essex and Middlesex</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>Brian A. Joyce</i>	<i>Norfolk, Bristol and Plymouth</i>
<i>Bruce E. Tarr</i>	<i>First Essex and Middlesex</i>

SENATE No. 1076

By Mr. Richard T. Moore, a petition (accompanied by bill, Senate, No. 1076) of Richard T. Moore, Jason M. Lewis, Barry R. Finegold, James B. Eldridge and other members of the General Court for legislation to promote the elimination of waste in certain state facilities. Public Health.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 1152 OF 2011-2012.]

The Commonwealth of Massachusetts

—
In the Year Two Thousand Thirteen
—

An Act to promote the elimination of waste in certain state facilities.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 111 of the General Laws, as appearing in the 2010 Official Edition,
2 is hereby amended by striking out section 25I, and inserting in place thereof the following
3 section:-

4 Section 25I. The department, in conjunction with the board of registration in pharmacy
5 and the division of medical assistance, shall establish and implement methods to reduce
6 medication waste in facilities licensed by the departments of public health, mental health and
7 corrections. The department shall establish such methods, based on its review, that are
8 determined to be effective in reducing waste without imposing unreasonable costs on the health
9 care delivery system. Such methods may be based on, but not be limited to, the following: (1)
10 current technology, standards and reimbursement mechanisms for dispensing and distributing
11 medications to facilities; (2) other states' requirements for limiting prescription drug waste and
12 any cost savings realized; (3) the commonwealth's standards for the return and re-dispensing of
13 patient-specific schedule VI prescription drugs; and (4) possible incentive mechanisms to
14 prevent the creation of prescription drug waste. The department shall promulgate regulations to
15 implement this section.

16 SECTION 2. The fifth paragraph of section 70E of said chapter 111, as so appearing, is
17 hereby amended by adding the following subsection:-

18 (p) to obtain from the facility in charge of the patient's care, upon discharge, any bulk
19 medications that were prescribed for the patient during the patient's stay including, but not
20 limited to, aerosol inhalers, topical products such as creams and powders eye drops, insulins and
21 special order items, provided that any such items are patient specific and personal and would not
22 otherwise be used in the treatment of another patient. Upon discharge from the hospital, these
23 bulk items shall be considered the personal property of the patient and at the prescribing
24 physician's discretion may include in discharge orders that the patient be provided with the
25 specific bulk products that were used in the hospital with use directions. The department shall
26 promulgate regulations to implement this section.

27 SECTION 3. The department of public health, in consultation with the board of
28 registration in pharmacy shall, as shall provide to the joint committee on health care financing
29 and the joint committee on public health, on or before April 1, 2014 a report and legislative
30 recommendations relative to issues of implementation of the programs established under
31 subsection p of section 70E of chapter 111 and section 25I of chapter 111, including, but not
32 limited to: savings and costs related to the implementation of the programs established and
33 recommendations related to penalties for violations of subsection p of section 70E of chapter 111
34 and section 25I of chapter 111.