

**HOUSE . . . . . No. 2361**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Elizabeth A. Malia***

*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 expand naloxone access.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>	<i>2/19/2021</i>
<i>Jon Santiago</i>	<i>9th Suffolk</i>	<i>6/15/2021</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>12/16/2021</i>

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By Ms. Malia of Boston, a petition (accompanied by bill, House, No. 2361) of Elizabeth A. Malia for legislation to expand naloxone access. Public Health.

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-Second General Court  
(2021-2022)**  
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An Act to expand naloxone access.

*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 94C of the General Laws, as appearing in the 2018 Official edition,  
2 is hereby amended by inserting after section 18C the following new section:-

3 Section 18D. In the event that a practitioner issues a prescription for an opioid contained  
4 in Schedule II of section 3, the practitioner shall also issue a prescription for an opioid antagonist  
5 if one of the following conditions is present: (i) the patient is prescribed an opioid which  
6 individually or in aggregate with other medications is more than equal to 50 morphine milligram  
7 equivalents per day; (ii) the patient is prescribed any dose of an opioid when a benzodiazepine  
8 has been prescribed in the past 30 days or will be prescribed at the visit; or (iii) the patient has a  
9 prior history of opioid use disorder or overdose or has a history of substance use disorder. If the  
10 practitioner does not co-prescribe an opioid antagonist at the time said prescription for an opioid  
11 is issued, the practitioner shall document in the patient’s medical record why co-prescription of  
12 an opioid antagonist was not appropriate for the patient.