

**SENATE . . . . . No. 1302**

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The Commonwealth of Massachusetts

PRESENTED BY:

*Jason M. Lewis*

*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 relative to the establishment of and payments into an opioid stewardship fund.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>
<i>Marian T. Ryan, Middlesex District Attorney</i>	<i>15 Commonwealth Avenue, Woburn, MA 01801</i>

**SENATE . . . . . No. 1302**

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By Mr. Lewis, a petition (accompanied by bill, Senate, No. 1302) of Jason M. Lewis and Marian T. Ryan, Middlesex District Attorney for legislation relative to the establishment of and payments into an opioid stewardship fund. Mental Health, Substance Use and Recovery.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 1711 OF 2019-2020.]

The Commonwealth of Massachusetts

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**In the One Hundred and Ninety-Second General Court  
(2021-2022)**  
\_\_\_\_\_

An Act relative to the establishment of and payments into an opioid stewardship fund.

*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. Over the past few years across the state we have become all too aware of  
2 the prevalence of opioid use disorders. Despite increased public awareness and prevention  
3 efforts, all of our communities have been impacted by the ongoing opioid epidemic.

4 Law enforcement and first responders have had much success reviving people who have  
5 overdosed with the use of nasal naloxone. Naloxone has been credited as a significant factor in  
6 the decrease in the number of fatal overdoses in the last year in the Commonwealth.

7 Recognizing the impact that access to this drug has on saving lives, now people across  
8 the state can go to a pharmacy and get naloxone. Having access is not enough, however, if--  
9 even with insurance--the cost of the co-pay is prohibitive.

10           Every overdose death is the loss of someone’s child, someone’s parent, someone’s  
11 brother or sister, someone’s friend; and it need not happen. We must work to get naloxone into  
12 the hands of everyone who needs it.

13           SECTION 2: Chapter 94C of the General Laws, as appearing in the 2016 Official  
14 Edition, is hereby amended by adding the following new section 50:

15           (a) Naloxone Co-Pay Assistance Program.

16           The department of public health shall establish and promulgate regulations for  
17 administration of a Naloxone Co-Pay Assistance Program, a program to improve access to those  
18 who seek to obtain naloxone and other medications approved by the United States Food and  
19 Drug Administration that, when administered, negates or neutralizes in whole or in part the  
20 pharmacological effects of an opioid in the body. The program shall supplement the cost of  
21 insurance copayments so that the cost of Naloxone is greatly reduced or free of charge to those  
22 who need it.

23           (b)(1) There shall be established in the Commonwealth a separate trust fund to be known  
24 as the Opioid Stewardship Fund to support the Naloxone Co-Pay Assistance Program established  
25 in subsection 50(a).

26           (b)(2) Monies in the Opioid Stewardship Fund shall be kept separate and shall not be  
27 commingled with any other monies in the custody of the State Comptroller and the  
28 Commissioner of Administration and Finance. The fund shall be maintained by the  
29 Commissioner of Public Health or a designee. The monies shall be expended under the direction  
30 of the department of public health, without prior appropriation. Any balance in the fund at the  
31 close of a fiscal year shall be available for expenditure in subsequent fiscal years and shall not be

32 transferred to any other fund or revert to the General Fund. The Commissioner of Public Health  
33 or a designee shall annually report the amount of funds collected and any expenditures made  
34 from the fund to the clerks of the house of representatives and senate to be forwarded on to the  
35 house and senate committees on ways and means, the house and senate chairs of the joint  
36 committee on public health and the house and senate chairs of the joint committee on health care  
37 financing.

38 (b)(3) The Opioid Stewardship Fund shall consist of the opioid stewardship payments  
39 made by each manufacturer and distributor as directed in subsection 50(c)(3), monies  
40 appropriated for the purpose of such fund, and monies transferred to such fund pursuant to law.

41 (c)(1) Definitions:

42 (i) "Opioid stewardship payment" shall mean the total amount to be paid into the Opioid  
43 Stewardship Fund for each state fiscal year as set forth in subsection (d)(4);

44 (ii) "Ratable share" shall mean the individual portion of the opioid stewardship payment  
45 to be paid by each manufacturer and distributor registered with the Commissioner of Public  
46 Health pursuant to section 7(a) of this chapter or registered with the board of registration in  
47 pharmacy pursuant to section 12(a) of this chapter (hereinafter "registrants") that sells or  
48 distributes or delivers opioids in the Commonwealth;

49 (c)(2) Reports and records of Registrants. Annually each registrant shall provide to the  
50 Commissioner of Public Health a report detailing all opioids sold or distributed by such  
51 manufacturer or distributor in the Commonwealth. Such information shall be reported to the  
52 department of public health in such form as designed by the Commissioner, provided however  
53 that the initial report provided upon the establishment of the Opioid Stewardship Fund shall

54 report all opioids sold or distributed by the registrant in the Commonwealth for the 2019  
55 calendar year, and must be submitted by August 1, 2020. Subsequent annual reports shall be  
56 submitted on April first of each year based on the actual opioid sales and distributions of the  
57 prior calendar year.

58 Such report shall include:

59 (i) the manufacturer's or distributor's name, address, phone number, federal Drug  
60 Enforcement Agency (DEA) registration number and controlled substance registration number  
61 issued by the department of public health or board of registration in pharmacy;

62 (ii) the name, address and DEA registration number of the entity to whom the opioid was  
63 sold or distributed;

64 (iii) the date of the sale or distribution of the opioid;

65 (iv) the gross receipt total, in dollars, of all opioids sold or distributed;

66 (v) the name and National Drug Code (NDC) of the opioid sold or distributed;

67 (vi) the number of containers and the strength and metric quantity of controlled substance  
68 in each container of the opioid sold or distributed;

69 (vii) the total number of morphine milligram equivalents (MMEs) sold or distributed; and

70 (viii) any other elements as deemed necessary by the commissioner.

71 For the purpose of such annual reporting, MMEs shall be determined pursuant to a  
72 formulation to be issued by the department of public health and updated as the department deems  
73 appropriate.

74 (c)(3) Determination of ratable share. Each registered manufacturer and distributor that  
75 sells or distributes opioids in the Commonwealth shall pay a portion of the total opioid  
76 stewardship payment amount. The department shall notify the registrant in writing annually on  
77 or before October fifteenth of each year of the registrant's ratable share, based on the report of  
78 opioids sold or distributed for the prior calendar year. The ratable share shall be calculated as  
79 follows:

80 (i) The total amount of MMEs sold or distributed in the Commonwealth by the registrant  
81 for the preceding calendar year, as reported by the registrant pursuant to subsection (c)(2), shall  
82 be divided by the total amount of MME sold or distributed in the Commonwealth by all  
83 registrants to determine the registrant payment percentage. The registrant payment percentage  
84 shall be multiplied by the total opioid stewardship payment. The product of such calculations  
85 shall be the registrant's ratable share. The department of public health shall have the authority to  
86 adjust the total number of a registrant's MMEs to account for the nature and use of the product,  
87 as well as the type of entity purchasing the product from the registrant, when making such  
88 determination and adjust the ratable share accordingly.

89 (ii) The registrant's total amount of MME sold or distributed, as well as the total amount  
90 of MME sold or distributed by all registrants under this chapter, used in the calculation of the  
91 ratable share shall not include the MME of those opioids which are: (a) manufactured in the  
92 Commonwealth, but whose final point of delivery or sale is outside of the Commonwealth; (b)  
93 sold or distributed to entities certified to operate pursuant to section 5 of chapter 111E, or section  
94 57D of chapter 111; or (c) the MMEs attributable to buprenorphine, methadone or morphine.

95 (c)(4) Opioid stewardship payment imposed on manufacturers and distributors. All  
96 registered manufacturers and distributors that sell or distribute opioids in the Commonwealth  
97 shall be required to pay an opioid stewardship payment. On an annual basis, the Commissioner  
98 of Public Health shall certify to the State Comptroller the amount of all revenues collected from  
99 opioid stewardship payments and any penalties imposed. The amount of revenues so certified  
100 shall be deposited quarterly into the opioid stewardship fund established pursuant to subsection  
101 50(b).

102 (c)(5). Payment of ratable share. The registrant shall make payments of the ratable share  
103 quarterly to the department of public health with the first quarter's due on January 1 following  
104 the annual notice as set forth in subsection (d)(3); additional quarterly payments shall be due and  
105 owing on the first day of every quarter thereafter.

106 (c)(6). Rebate of ratable share. In any year for which the Commissioner of Public Health  
107 determines that any registrant has failed to make a timely report of required information pursuant  
108 to subsection (c)(2), then those registrants who comply by making a timely report pursuant to  
109 subsection (c)(2) shall receive a reduced assessment of their ratable share in the following year  
110 equal to the amount in excess of any overpayment in the prior year's payment.

111 (c)(7). Registrant's opportunity to appeal. A registrant shall be afforded an opportunity  
112 to submit information to the department of public health to justify why the ratable share  
113 calculated for the registrant pursuant to subsection (c)(3), or amounts paid thereunder, are in  
114 error or otherwise not warranted. If the department determines thereafter that all or a portion of  
115 such ratable share, as determined by the Commissioner pursuant to subsection (c)(3), is not  
116 warranted, the department may: (a) adjust the ratable share; (b) adjust the assessment of the

117 ratable share in the following year equal to the amount in excess of any overpayment in the prior  
118 payment period; or (c) refund amounts paid in error.

119 (c)(8) Penalties.

120 (i) The department may assess a civil penalty in an amount not to exceed one thousand  
121 dollars per day against any registrant that fails to comply with subsections (d)(2) or (d)(5).

122 (ii) In addition to any other civil or criminal penalty provided by law, where a registrant  
123 has failed to pay its ratable share in accordance with subsection (d)(5), the department may also  
124 assess a penalty of no less than ten percent and no greater than three hundred percent of the  
125 ratable share due from such registrant.