

SENATE No. 2780

The Commonwealth of Massachusetts

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

SENATE, March 24, 2022.

The committee on Public Health, to whom was referred the petitions (accompanied by bill, Senate, No. 1393) of Brendan P. Crighton for legislation to expand access to Naloxone; and (accompanied by bill, House, No. 2361) of Elizabeth A. Malia for legislation to expand naloxone access, reports the accompanying bill (Senate, No. 2780).

For the committee,
Joanne M. Comerford

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An Act to expand access to Naloxone.

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

1 Chapter 94C of the General Laws is hereby amended by inserting after section 18C the
2 following new section:-

3 Section 18D. In the event that a practitioner issues a prescription to a patient for an opioid
4 contained in Schedule II of section 3, the practitioner shall also offer a prescription for an opioid
5 antagonist if one of the following conditions is present: (i) the patient is prescribed an opioid
6 which individually or in aggregate with other medications is more than equal to 90 morphine
7 milligram equivalents per day; (ii) the patient is prescribed any dose of an opioid when a
8 benzodiazepine has been prescribed in the past 30 days or will be prescribed at the visit; or (iii)
9 the patient presents with an increased risk of overdose, including a patient with a history of
10 overdose, a patient with a history of substance use disorder, or a patient at risk for returning to a
11 high dose of opioid medication to which the patient is no longer tolerant.

12 The practitioner shall also provide education to patients receiving a schedule II opioid
13 contained in section 3 on overdose prevention and the use of an opioid antagonist to the patient

14 or one or more persons designated by the patient, or, for a patient who is a minor, to the minor's
15 parent or guardian. If the practitioner does not co-prescribe an opioid antagonist at the time said
16 prescription for an opioid is issued, the practitioner shall document in the patient's medical
17 record why a co-prescription of an opioid antagonist was not appropriate for the patient or
18 indicate that the patient declined said prescription. For the purposes of this section, "opioid
19 antagonist" shall mean naloxone or any other drug approved by the United States Food and Drug
20 Administration for the treatment of persons experiencing an opioid-related overdose. Under this
21 section, a practitioner shall be required to issue a prescription for an opioid antagonist only if it
22 has been approved for use by the patient by the United States Food and Drug Administration.