

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

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**The Commonwealth of Massachusetts**

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PRESENTED BY:

***Greg Schwartz and Kate Donaghue***

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*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 establishing a Naloxone Purchase Trust fund.

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PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Greg Schwartz</i>	<i>12th Middlesex</i>	<i>1/15/2025</i>

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

[Pin Slip]

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**

An Act establishing a Naloxone Purchase Trust 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 X. Chapter 111 of the General Laws is hereby amended by inserting the  
2 following section:-

3 Section XX.

4 (a) As used in this section the following words shall, unless the context clearly requires  
5 otherwise, have the following meanings:-

6 "Estimated cost", a projection of funds needed during a fiscal year for the purchase,  
7 storage and distribution of opioid antagonists.

8 "Opioid antagonist", naloxone or any other drug approved by the federal Food and Drug  
9 Administration as a competitive narcotic antagonist used in the reversal of overdoses caused by  
10 opioids.

11 "Opioid antagonist distribution", the distribution of opioid antagonists to healthcare  
12 facilities including but not limited to:

- 13 (i) acute care hospitals;
- 14 (ii) emergency departments;
- 15 (iii) substance use disorder treatment facilities; and
- 16 (iv) community health centers;

17 provided that, opioid antagonists shall be offered to a patient who has (i) a history of  
18 using opioids; (ii) been diagnosed with opioid use disorder; or (iii) experienced an opioid-related  
19 overdose.

20 “Substance use disorder treatment facilities”, a facility licensed or approved by the  
21 department or the department of mental health to offer treatment for substance use disorder,  
22 including, but not limited to: (i) withdrawal management services; (ii) clinical stabilization  
23 services; (iii) transitional support services; (iv) residential support services; (v) community  
24 behavioral health center services; (vi) office-based opioid or addiction treatment services; or (vii)  
25 inpatient or outpatient substance use disorder services.

26 (b) There shall be established in the commonwealth a separate trust fund to be known as  
27 the Naloxone Purchase Trust Fund to support a universal purchase system for opioid antagonist  
28 distribution in the commonwealth. The fund shall be expended to cover the costs of opioid  
29 antagonist distribution. The fund shall consist of all monies transferred from the executive office  
30 of health and human services pursuant to section 66 of chapter 118E, all money received as  
31 voluntary contributions to the fund, including but not limited to contributions from third party  
32 payers or third party administrators, as defined in section 1 of chapter 12C and any interest  
33 earnings on such monies. The fund shall be maintained by the commissioner of the department or

34 a designee. The monies shall be expended under the direction of the department, without prior  
35 appropriation, solely to cover opioid antagonist distribution program costs; provided, however,  
36 that the amount to be expended for storing and distributing opioid antagonists, if such costs are  
37 not covered by federal contribution, shall not exceed 10 per cent of the total amount of the fund  
38 expended for the purchase of naloxone needed for opioid agonist distribution in the  
39 commonwealth. The department may incur expenses and the comptroller may certify for  
40 payment amounts in anticipation of the most recent estimate of expected receipts, as certified by  
41 the secretary of administration and finance; provided, however, that no expenditure shall be  
42 made from the fund which shall cause the fund to be in deficit at the close of a fiscal year. Any  
43 balance in the fund at the close of a fiscal year shall be available for expenditure in subsequent  
44 fiscal years and shall not be transferred to any other fund or revert to the General Fund. The  
45 commissioner of the department or a designee shall annually report the amount of funds  
46 collected and any expenditures made from the fund to the clerks of the house of representatives  
47 and senate to be forwarded on to the house and senate committees on ways and means, the house  
48 and senate chairs of the joint committee on public health and the house and senate chairs of the  
49 joint committee on health care financing.

50 (c) The department may adopt rules and regulations as necessary to implement the  
51 universal purchase and distribution system under this chapter and other applicable state and  
52 federal laws.