

**SENATE . . . . . No. 1435**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Susan L. Moran***

*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 authorizing pharmacists to provide opioid use disorder treatment.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Susan L. Moran</i>	<i>Plymouth and Barnstable</i>	
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>2/6/2023</i>

**SENATE . . . . . No. 1435**

By Ms. Moran, a petition (accompanied by bill, Senate, No. 1435) of Susan L. Moran and Joanne M. Comerford for legislation to authorize pharmacists to provide opioid use disorder treatment. Public Health.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-Third General Court  
(2023-2024)**

An Act authorizing pharmacists to provide opioid use disorder treatment.

*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 24B ½ of chapter 112 of the General Laws, as appearing in the 2020 Official  
2 Edition, is hereby amended by striking out subsection (c) and inserting thereof the following:-

3           (c) Collaborative drug therapy management shall only be allowed in the following  
4 settings: (1) hospitals licensed pursuant to section 51 of chapter 111, subject to approval by the  
5 medical staff executive committee at a licensed hospital or designee; (2) long-term care facilities  
6 licensed pursuant to section 71 of chapter 111, subject to approval by the long-term care  
7 facilities' medical director or designee; (3) inpatient or outpatient hospice settings licensed  
8 pursuant to section 57D of chapter 111, subject to approval by the hospice's medical director or  
9 designee; (4) ambulatory care clinics licensed pursuant to section 51 of chapter 111, with on-site  
10 supervision by the attending physician and a collaborating pharmacist, subject to approval by the  
11 ambulatory care clinic's medical staff executive committee or designee, or medical director or  
12 designee; (5) collaborating pharmacists in a retail drug business, as registered in section 38 of

13 chapter 112 and limited by this section, with supervision by physicians according to the terms of  
14 their collaborative practice agreements and limited to the following: patients 18 years of age or  
15 older; an extension by 30 days of current drug therapy prescribed by the supervising physician;  
16 and administration of vaccines or initiation of medications pursuant to a diagnosis,  
17 discontinuation, and/or modification of dosages of medications prescribed by the supervising  
18 physicians for substance use disorders, asthma, chronic obstructive pulmonary disease, diabetes,  
19 hypertension, hyperlipidemia, congestive heart failure, HIV or AIDS, osteoporosis and co-  
20 morbidities identified by the supervising physician for the individual patient along with the  
21 primary diagnosis. The collaborative practice agreement shall specifically reference each disease  
22 state being co-managed. A patient shall be referred by supervising physicians to that physicians'  
23 collaborating pharmacists and shall be given notice of the collaboration and shall consent to the  
24 collaboration. Pharmacists in the retail setting, who have a collaborative practice agreement with  
25 supervising physicians which specifically allows initial prescriptions for referred patients of the  
26 supervising physician, may issue prescriptions for schedule II-VI controlled substances, as  
27 defined in clause 6 of section 3 of chapter 94C. Collaborative Practice Agreements with  
28 pharmacists in a retail setting that include controlled substances shall only be used to treat  
29 substance use disorders as defined by section 35 of chapter 123 or any disorder described in the  
30 most recent edition of the Diagnostic and Statistical Manual of Mental Disorders. Such  
31 prescriptions shall be for a patient diagnosis specified in the supervising physician's individual  
32 referral of that patient. A copy of the prescription shall be sent to the supervising physician  
33 within 24 hours.