March 11, 2024

William Anderson

Office of the General Counsel

Department of Public Health

250 Washington Street

Boston, MA 02108

**Re: 105 CMR 722 - Dispensing Procedures for Clinic and Hospital Pharmacies**

The Massachusetts Health & Hospital Association (MHA), on behalf of its member hospitals, health systems, physician organizations, and allied healthcare providers, appreciates the opportunity to submit these comments regarding 105 CMR 722 - Dispensing Procedures for Clinic and Hospital Pharmacies.

MHA appreciates the clarifications these proposed amendments make and the Department’s inclusion that a clinic can dispense naloxone even if it does not have pharmacy services listed on its health facility license. Given the ongoing effects of the substance use disorder (SUD) crisis in Massachusetts, it is critical that there is access to naloxone and other life-saving medications. MHA and its members continue to support innovations in the delivery of medications for opioid use disorder (MOUD), including the ability to dispense buprenorphine directly to patients in emergency departments (EDs). Many hospitals have also developed “bridge clinics” for patients to receive treatment, including MOUD, after discharge from the ED until an ongoing SUD provider can be identified. While MHA’s inquiries have determined that identified hospital bridge clinics are largely licensed by the hospital’s overarching license and not a clinic license, MHA urges the Department to examine any effects these proposed changes may have on the ability of a facility licensed as a clinic to dispense buprenorphine or other MOUD.

MHA looks forward to our continued work with the Department around the ability of providers to ensure patients have access to MOUD. Please do not hesitate to contact me at lsimons@mhalink.org with any questions or concerns.

Sincerely,

Leigh E. Simons

Senior Director, Healthcare Policy

Massachusetts Health & Hospital Association