



**6/30/09 Hearing  
3/16/10 Sent to  
Study**

## **OPPOSE SB888 – An Act to Ensure Safe Medication Administration (Sen. Pacheco)**

Referred to Joint Committee on Public Health

### **PROBLEM:**

Pet owners, boarding kennel owners, groomers, etc. would be prohibited from administering controlled substances listed in schedules II, III, IV, V or VI. Veterinarians could potentially prescribe the following drugs to be administered by clients to pets: Class II - Phenobarbital (seizures), Fentanyl patch (post operative pain control mostly in hospital use but in rare instances scripted); Class III - Mibolerone, (regulating cycling in bitches, avoiding pyometra), Testosterone (male urinary incontinence); Winstrol (to improve appetite, strength, vitality); Class IV - Alprazolam (thunderstorm phobias/anxieties) and other similar sedatives/antianxiotics; Butorphanol (post surgical pain control especially for cats that have extremely limited tolerance of NSAIDs, Clonazepam (anticonvulsant), Diazepam (often for rectal administration during seizures).

### **WHAT THIS BILL DOES:**

Prohibits any person other than a dentist, nurse, physician, podiatrist, perfusionist, optometrist or veterinarian from administering a controlled substance in schedules II, III, IV, V or VI; authorizes self administration, as defined; authorizes students of said professions to administer said controlled substances under the supervision of a licensed practitioner.

### **WHY YOU SHOULD OPPOSE:**

Controlled substance drugs listed above are used on a prescription basis for pets. It would be impossible for animals to be properly dosed if only a veterinarian could administer those drugs.

**We have been in contact with the Massachusetts Nurses Association, the bill originator, and the association is willing to work with us to amend the bill so that pet owners are protected.**

### **FOR MORE INFORMATION:**

**Massachusetts Federation of Dog Clubs and Responsible Dog Owners**

Virginia Rowland, President; [blackslate@aol.com](mailto:blackslate@aol.com); 978-424-1044

Julie Rembrandt Seeley, Corresponding Secretary; [jrembrandtseeley@aol.com](mailto:jrembrandtseeley@aol.com); 978-456-8644

MassFed: 05/13/09

SENATE . . . . . No. 888

The Commonwealth of Massachusetts

PRESENTED BY: Marc R. Pacheco

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 passage of the accompanying bill:

An Act to ensure safe medication administration.

PETITION OF:

Name: District/Address:

Marc R. Pacheco First Plymouth and Bristol

[SIMILAR MATTER FILED IN PREVIOUS SESSION

SEE SENATE, NO. S01320 OF 2007-2008.]

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

An Act to ensure safe medication administration.

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

SECTION 1. Section 7 of chapter 94C of the General Laws as most recently appearing in the 2004 Official Edition, is hereby amended by inserting after subsection (h), the following new subsection:-

(i) Notwithstanding any general or special law to the contrary, only a dentist, nurse, physician, podiatrist, perfusionist, optometrist or veterinarian licensed as a professional by chapter 112 of the General Laws, or any student enrolled in a course of study for said profession acting under the supervision of said licensed person and in accordance with the General Laws, may administer any controlled substance in schedule II, III, IV, V or VI of Section 3 of chapter 94C of the General Laws. This shall not be construed to prohibit the following: (1) self-administration (2) administration of epinephrine pens in an emergency; (3) administration of controlled substances by emergency medical system personnel or (4) administration of controlled substances by any ill, injured or infirm person's domestic partner or family member(s). For the purposes of this section, "self-administration" shall include the ability of any ill, injured or infirm person who has sufficient understanding of their prescribed controlled substance(s); the indications and contraindications for such controlled substance(s); a recollection of the administration schedule for such controlled substance(s) and an ability to communicate this knowledge and the experienced effect of having taken a controlled substance, to supervise an unlicensed person in the direct administration of such controlled substance(s) to them.