

HOUSE No. 4533

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, March 9, 2020.

The committee on Mental Health, Substance Use and Recovery, to whom were referred the petition (accompanied by bill, House, No. 1713) of Carole A. Fiola and others relative to requiring practitioners to assess and inform patients prior to prescribing certain opioid medications and the petition (accompanied by bill, House, No. 1739) of Paul McMurtry and others relative to benzodiazepines and non-benzodiazepine hypnotics, reports recommending that the accompanying bill (House, No. 4533) ought to pass.

For the committee,

MARJORIE C. DECKER.

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**In the One Hundred and Ninety-First General Court
(2019-2020)**

An Act requiring practitioners to assess and inform patients prior to prescribing certain addictive medications.

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 1. Section 1 of chapter 94C of the General Laws, as appearing in the 2018
2 Official Edition, is hereby amended by inserting after the definition of “Agent” the following
3 definition:-

4 “Benzodiazepine”, any substance or drug which contains a benzene ring fused to a 7
5 member diazepam ring, results in the depression of the central nervous system and is primarily
6 intended to treat insomnia, convulsions and anxiety, and used for muscle relaxation and pre-
7 operation treatment including alprazolam, clonazepam, diazepam, lorazepam, and temazepam.

8 SECTION 2. Said section 1 of said chapter 94C, as so appearing, is hereby further
9 amended by inserting after the definition of “Narcotic drug” the following definition:-

10 “Non-benzodiazepine hypnotic”, any substance or drug which produces effects similar to
11 that of a benzodiazepine and is primarily intended to treat insomnia, including zaleplon,
12 zopiclone, and zolpidem.

13 SECTION 3. Said chapter 94C is hereby amended by inserting after section 18A the
14 following section:-

15 Section 18AA. (a) Prior to prescribing a benzodiazepine or a non-benzodiazepine
16 hypnotic, as defined in section 1 of chapter 94C for the first time, a practitioner registered under
17 section 7 shall conduct the following review with a patient, and if the patient is a minor, the
18 patient's parent or legal guardian, including: (i) an evaluation of the patient's current condition,
19 risk factors, history of mental health or substance use disorder, if any, and whether the patient
20 has taken or is currently taking medications to treat any such disorders; (ii) an assessment of
21 alternative treatments that may be available; and (iii) a discussion with the patient and, if the
22 patient is a minor, the patient's parent or legal guardian, of the risks associated with the
23 medication. Following said review the practitioner shall obtain the patient's written informed
24 consent, and, if the patient is a minor, the written informed consent of the patient's parent or
25 legal guardian. The commissioner shall prescribe a form for the practitioner to use in obtaining
26 such consent. This form shall be written in a manner designed to permit a person unfamiliar with
27 medical terminology to understand its purpose and content, and shall include the following
28 information: (i) misuse and abuse by adults and children; (ii) risk of dependency and addiction;
29 and (iii) risks associated with long-term use of the medication.

30 SECTION 4. Section 18A of said chapter 94C, as so appearing, is hereby amended by
31 striking out subsection (a) and inserting in place thereof the following subsection:-

32 (a) Prior to prescribing an extended-release long-acting opioid in a non-abuse deterrent
33 form for outpatient use for the first time, a practitioner registered under section 7 shall conduct
34 the following review with a patient, and if the patient is a minor, the patient's parent or legal

35 guardian, including: (i) an evaluation of the patient's current condition, risk factors, history of
36 mental health or substance use disorder, if any, and whether the patient has taken or is currently
37 taking medications to treat any such disorders; (ii) an assessment of alternative treatments that
38 may be available; and (iii) a discussion with the patient and, if the patient is a minor, the patient's
39 parent or legal guardian, of the risks associated with the medication. Following said review the
40 practitioner shall obtain the patient's written informed consent, and, if the patient is a minor, the
41 written informed consent of the patient's parent or legal guardian. The commissioner shall
42 prescribe a form for the practitioner to use in obtaining such consent. This form shall be written
43 in a manner designed to permit a person unfamiliar with medical terminology to understand its
44 purpose and content, and shall include the following information: (i) misuse and abuse by adults
45 and children; (ii) risk of dependency and addiction; and (iii) risks associated with long-term use
46 of the medication.

47 SECTION 5. Section 18C of said chapter 94C, as so appearing, is hereby amended by
48 striking out subsection (a) and inserting in place thereof the following subsection:-

49 (a) Prior to prescribing an opioid contained in Schedule II for the first time, a practitioner
50 registered under section 7 shall conduct the following review with a patient, and if the patient is a
51 minor, the patient's parent or legal guardian, including: (i) an evaluation of the patient's current
52 condition, risk factors, history of mental health or substance use disorder, if any, and whether the
53 patient has taken or is currently taking medications to treat any such disorders; (ii) an assessment
54 of alternative treatments that may be available; and (iii) a discussion with the patient and, if the
55 patient is a minor, the patient's parent or legal guardian, of the risks associated with the
56 medication. Following said review the practitioner shall obtain the patient's written informed
57 consent, and, if the patient is a minor, the written informed consent of the patient's parent or

58 legal guardian. The commissioner shall prescribe a form for the practitioner to use in obtaining
59 such consent. This form shall be written in a manner designed to permit a person unfamiliar with
60 medical terminology to understand its purpose and content, and shall include the following
61 information: (i) misuse and abuse by adults and children; (ii) risk of dependency and addiction;
62 and (iii) risks associated with long-term use of the medication.