HOUSE DOCKET, NO. 1594 FILED ON: 2/10/2021

HOUSE . . . . . No. 3796

The Commonwealth of Massachusetts

PRESENTED BY:

Carole A. Fiola

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 relative to patient assessment and notification prior to prescribing certain medications.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Carole A. Fiola	*6th Bristol*	*2/4/2021*
Peter Capano	*11th Essex*	*2/10/2021*
Paul A. Schmid, III	*8th Bristol*	*2/19/2021*
Brian W. Murray	*10th Worcester*	*2/22/2021*
David Allen Robertson	*19th Middlesex*	*2/25/2021*
Christopher Hendricks	*11th Bristol*	*2/26/2021*
Paul McMurtry	*11th Norfolk*	*2/26/2021*
Mathew J. Muratore	*1st Plymouth*	*5/12/2021*
Alan Silvia	*7th Bristol*	*3/1/2021*
Josh S. Cutler	*6th Plymouth*	*5/12/2021*

HOUSE DOCKET, NO. 1594 FILED ON: 2/10/2021

HOUSE . . . . . No. 3796

By Ms. Fiola of Fall River, a petition (accompanied by bill, House, No. 3796) of Carole A. Fiola and others relative to patient assessment and notification prior to prescribing certain medications. Public Health.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Second General Court
(2021-2022)

An Act relative to patient assessment and notification prior to prescribing certain medications.

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 1 of chapter 94C of the General Laws, as amended by section 8 of chapter 260 of the acts of 2020, is hereby amended by inserting after the definition of "Agent" the following definition:-

"Benzodiazepine", any substance or drug that: (i) contains a benzene ring fused to a 7 member diazepine ring; (ii) results in the depression of the central nervous system; (iii) is primarily intended to treat insomnia, convulsions and anxiety; and (iv) is used for muscle relaxation and pre-operation treatment, including alprazolam, clonazepam, diazepam, lorazepam and temazepam.

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

"Non-benzodiazepine hypnotic", any substance or drug that produces effects similar to that of a benzodiazepine and is primarily intended to treat insomnia, including zaleplon, zopiclone and zolpidem.

SECTION 3. Section 18A of said chapter 94C, as appearing in the 2018 Official Edition, is hereby amended by striking out subsection (a) and inserting in place thereof the following subsection:-

(a) Prior to prescribing an extended-release long-acting opioid in a non-abuse deterrent form for outpatient use for the first time, a practitioner registered under section 7 shall conduct a review with a patient, and if the patient is a minor, the patient's parent or legal guardian, including: (i) an evaluation of the patient's current condition, risk factors, history of mental health or substance use disorder, if any, and whether the patient has taken or is currently taking medication to treat said disorder; (ii) an assessment of alternative treatments that may be available; and (iii) a discussion with the patient and, if the patient is a minor, the patient's parent or legal guardian, of the risks associated with the medication, including, but not limited to the risks of addiction and overdose associated with opioid drugs. Following the review the practitioner shall, in a form prescribed by the commissioner, obtain the patient's written informed consent, and, if the patient is a minor, the written informed consent of the patient's parent or legal guardian for the prescription of an extended-release long-acting opioid. The form shall be written in a manner designed to permit a person unfamiliar with medical terminology to understand its purpose and content, and shall include information regarding: (i) misuse and abuse of opioids by adults and children; (ii) risk of dependency and addiction; and (iii) risks associated with long-term use of the medication.

SECTION 4. Said chapter 94C is hereby amended by inserting after said section 18A the following section:-

Section 18A1/2. Prior to prescribing a benzodiazepine or a non-benzodiazepine hypnotic for the first time, a practitioner registered under section 7 shall conduct a review with a patient, and if the patient is a minor, the patient's parent or legal guardian, including: (i) an evaluation of the patient's current condition, risk factors, history of mental health or substance use disorder, if any, and whether the patient has taken or is currently taking medication to treat said disorder; (ii) an assessment of alternative treatments that may be available; and (iii) a discussion with the patient and, if the patient is a minor, the patient's parent or legal guardian, of the risks associated with the medication. Following the review, the practitioner shall, in a form prescribed by the commissioner, obtain the patient's written informed consent, and, if the patient is a minor, the written informed consent of the patient's parent or legal guardian for the prescription of a benzodiazepine or non-benzodiazepine hypnotic. The form shall be written in a manner designed to permit a person unfamiliar with medical terminology to understand its purpose and content and shall include information regarding: (i) misuse and abuse of benzodiazepines and non-benzodiazepine hypnotics by adults and children; (ii) risk of dependency and addiction; and (iii) risks associated with long-term use of the medication.

SECTION 5. Said chapter 94C is hereby further amended by striking out section 18C and inserting in place thereof the following section:-

Section 18C. Prior to prescribing an opioid contained in Schedule II or any other opioid pain reliever for the first time, a practitioner registered under section 7 shall conduct a review with a patient, and if the patient is a minor, the patient's parent or legal guardian, including: (i)

an evaluation of the patient's current condition, risk factors, history of mental health or substance use disorder, if any, and whether the patient has taken or is currently taking medications to treat any such disorders; (ii) an assessment of alternative treatments that may be available; and (iii) a discussion with the patient and, if the patient is a minor, the patient’s parent or legal guardian, of the risks associated with the medication, including, but not limited to the risks of addiction and overdose associated with opioid drugs. Prior to issuing a third prescription for an opioid contained in Schedule II or any other opioid to a patient, the practitioner shall conduct another review with the patient, and if the patient is a minor, the patient’s parent or legal guardian, including: (i) an assessment of alternative treatments that may be available; and (ii) a discussion with the patient and, if the patient is a minor, the patient’s parent or legal guardian, of the risks associated with the medication, including but not limited to the risks of addiction and overdose associated with opioid drugs. Following each review, the practitioner shall, in a form to be prescribed by the commissioner, obtain the patient’s written informed consent, and, if the patient is a minor, the written informed consent of the patient’s parent or legal guardian. This form shall be written in a manner designed to permit a person unfamiliar with medical terminology to understand its purpose and content and shall include information regarding: (i) misuse and abuse of opioids by adults and children; (ii) risk of dependency and addiction; and (iii) risks associated with long-term use of the medication.