HOUSE . . . . . No. 4656

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, May 23, 2024.

The committee on Mental Health, Substance Use and Recovery, to whom were referred the joint petition (accompanied by bill, House, No. 1962) of James Arciero, Walter F. Timilty and others relative to non-opioid alternatives in pain treatment and the petition (accompanied by bill, House, No. 1971) of Tackey Chan for legislation to enhance patient education and informed consent before issuance of opioids, reports recommending that the accompanying bill (House, No. 4656) ought to pass.

For the committee,

ADRIAN C. MADARO.

FILED ON: 5/15/2024

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The Commonwealth of Massachusetts

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

An Act relative to non-opioid alternatives in pain treatment.

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. Chapter 94C of the General Laws is hereby amended by striking out section 18C and inserting in place thereof the following section:-

Section 18C. (a) Prior to issuing a prescription for an opioid contained in Schedule II of section 3, a practitioner registered under section 7 shall: (i) consult with the patient or, where applicable, a designee, representative or guardian of the patient or, if the patient is a minor, the patient's parent or guardian regarding the quantity of the opioid and the patient's option to fill the prescription in a lesser quantity; (ii) inform the patient or the patient's designee, representative, parent or guardian, where applicable, of the risks associated with the opioid prescribed; (iii) discuss with the patient or the patient's designee, representative, parent or guardian, where applicable, appropriate, available non-opioid alternatives for the treatment of pain, and the options for referring or prescribing appropriate non-opioid treatment alternatives based on the practitioner's clinical judgment and following generally accepted clinical guidelines, taking into consideration the preference and consent of the patient or the patient's designee, representative, parent or guardian, where applicable; (iv) discuss with the patient or the

patient's designee, representative, parent or guardian, where applicable, the advantages and disadvantages of the use of non-opioid treatment alternatives, considering the patient's risk of substance misuse; (v) provide the patient or the patient's designee, representative, parent or guardian, where applicable, with a printed copy of the educational material described in subsection (c); and (vi) document the conversation, including non-opioid alternatives considered, in the patient's record. For the purposes of this section, non-opioid treatment alternatives include, but are not limited to, medications, restorative therapies, interventional procedures, behavioral health approaches and complementary and integrative treatments.

(b) The requirements of subsection (a) shall not apply if: (i) the patient is receiving care for acute pain in a hospital or surgical care setting, excluding upon discharge; (ii) the patient is receiving outpatient hospice services under section 227 of chapter 111 or is a resident of a long term care facility; or (iii) the opioid is prescribed for use in the treatment of substance use disorder or opioid dependence.

(c) The department, in consultation with relevant stakeholders and experts in the treatment and management of acute and chronic pain and based in part on the Pain Management Best Practices Inter-Agency Task Force Report issued by the United States Department of Health and Human Services, shall develop, publish and maintain on its website educational information regarding the use of non-opioid alternatives for the treatment of acute and chronic pain. The educational information shall include, but not be limited to: (i) information on available non-opioid alternatives for the treatment of pain, including non-opioid medications and non-pharmacological therapies; and (ii) the advantages and disadvantages of the use of such non-opioid alternatives.