

**HOUSE . . . . . No.**

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**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:
<i>Carole A. Fiola</i>	<i>6th Bristol</i>	<i>1/9/2025</i>

**HOUSE . . . . . No.**

[Pin Slip]

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 2164 OF 2023-2024.]

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**

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:*

1 SECTION 1. Section 1 of chapter 94C of the General Laws, as appearing in the 2022  
2 Official Edition, is hereby amended by inserting after the definition of “Agent” the following  
3 definition:-

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

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

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

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

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

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

35 Section 18A1/2. Prior to prescribing a benzodiazepine or a non-benzodiazepine hypnotic  
36 for the first time, a practitioner registered under section 7, not including veterinarians, shall  
37 conduct a review with a patient, and if the patient is a minor, the patient's parent or legal  
38 guardian, including: (i) an evaluation of the patient's current condition, risk factors, history of  
39 mental health or substance use disorder, if any, and whether the patient has taken or is currently  
40 taking medication to treat said disorder; (ii) an assessment of alternative treatments that may be  
41 available; and (iii) a discussion with the patient and, if the patient is a minor, the patient's parent  
42 or legal guardian, of the risks associated with the medication. Following the review, the  
43 practitioner, not including veterinarians, shall, in a form prescribed by the commissioner, obtain  
44 the patient's written informed consent, and, if the patient is a minor, the written informed consent  
45 of the patient's parent or legal guardian for the prescription of a benzodiazepine or non-  
46 benzodiazepine hypnotic. The form shall be written in a manner designed to permit a person  
47 unfamiliar with medical terminology to understand its purpose and content and shall include  
48 information regarding: (i) misuse and abuse of benzodiazepines and non-benzodiazepine  
49 hypnotics by adults and children; (ii) risk of dependency and addiction; and (iii) risks associated  
50 with long-term use of the medication.

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

53 Section 18C. Prior to prescribing an opioid contained in Schedule II or any other opioid  
54 pain reliever for the first time, a practitioner registered under section 7, not including

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