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.

FILED ON: 2/5/2020

HOUSE . . . . . No. 4533

The Commonwealth of Massachusetts

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:

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

"Benzodiazepine", any substance or drug which contains a benzene ring fused to a 7 member diazepine ring, results in the depression of the central nervous system and is primarily intended to treat insomnia, convulsions and anxiety, and 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 appearing, is hereby further amended by inserting after the definition of "Narcotic drug" the following definition:-

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

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

Section 18AA. (a) Prior to prescribing a benzodiazepine or a non-benzodiazepine hypnotic, as defined in section 1 of chapter 94C for the first time, a practitioner registered under section 7 shall conduct the following 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. Following said review the practitioner shall 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. The commissioner shall prescribe a form for the practitioner to use in obtaining such consent. 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 the following information: (i) misuse and abuse by adults and children; (ii) risk of dependency and addiction; and (iii) risks associated with long-term use of the medication.

SECTION 4. Section 18A of said chapter 94C, as so appearing, 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 the following 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. Following said review the practitioner shall 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. The commissioner shall prescribe a form for the practitioner to use in obtaining such consent. 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 the following information: (i) misuse and abuse by adults and children; (ii) risk of dependency and addiction; and (iii) risks associated with long-term use of the medication.

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

(a) Prior to prescribing an opioid contained in Schedule II for the first time, a practitioner registered under section 7 shall conduct the following 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. Following said review the practitioner shall 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. The commissioner shall prescribe a form for the practitioner to use in obtaining such consent. 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 the following information: (i) misuse and abuse by adults and children; (ii) risk of dependency and addiction; and (iii) risks associated with long-term use of the medication.