

HOUSE No. 1981

The Commonwealth of Massachusetts

PRESENTED BY:

Shaunna L. O'Connell

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 informed written consent for use of psychotropic drugs.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Shaunna L. O'Connell</i>	<i>3rd Bristol</i>
<i>Ryan C. Fattman</i>	<i>Worcester and Norfolk</i>
<i>Mathew J. Muratore</i>	<i>1st Plymouth</i>
<i>Toby Edelman</i>	
<i>Arlene Germain</i>	
<i>Patricia McGinnis</i>	
<i>Richard J. Mollot</i>	
<i>Lori Smetanka</i>	
<i>Nancy Sylvester</i>	

HOUSE No. 1981

By Mrs. O'Connell of Taunton, a petition (accompanied by bill, House, No. 1981) of Shaunna L. O'Connell and others relative to informed written consent for use of psychotropic drugs for certain patients. Public Health.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 3250 OF 2017-2018.]

The Commonwealth of Massachusetts

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

An Act relative to informed written consent for use of psychotropic drugs.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 Chapter 111 of the General Laws, as appearing in the 2014 Official Edition, is hereby
2 amended by striking section 72BB in its entirety and inserting in place thereof the following
3 section:—

4 Section 72BB. (a) For the purposes of this section, the following terms shall have the
5 following meanings:--

6 “Appropriate authorizer” is the patient or, if the patient is incapacitated, a legal
7 representative of the patient.

8 “Behavioral interventions” are individualized, non-pharmacological approaches to care
9 that are provided as part of a supportive environment, directed towards stabilizing or improving a
10 patient’s mental, physical or psychosocial well-being.

11 “Facility”, includes the following facilities under Chapter 111 of the General Laws:
12 hospitals under section 51, rehabilitation facilities under section 51, and nursing homes, rest
13 homes, and other long-term care facilities under section 71.

14 “Incapacitated person”, an individual who for reasons other than advanced age or
15 minority, has a clinically diagnosed condition that results in an inability to receive and evaluate
16 information or make or communicate decisions to such an extent that the individual lacks the
17 ability to meet essential requirements for physical health, safety, or self-care, even with
18 appropriate technological assistance.

19 “Legal representative”, for any patient adjudged incompetent under the laws of the
20 commonwealth, the person duly appointed by a court of competent jurisdiction to act on the
21 patient’s behalf, and, for any patient who has not been adjudged incompetent by a state court,
22 any legal-surrogate designated in accordance with state law.

23 “Prescribed medication”, a psychotropic medication or any medication that is used in the
24 treatment of a psychiatric diagnosis or symptom, whether or not it is a psychotropic medication.
25 Refer to prescriber order for determination of indication for use.

26 “Prescriber” includes licensed healthcare practitioners duly authorized to prescribe
27 medications (e.g. physicians, physician assistants, advanced practice registered nurses with
28 prescriptive authority, etc.).

29 “Psychotropic medication”, any medication that affects brain activities associated with
30 mental processes and behavior. These drugs include, but are not limited to, drugs in the
31 following categories: anti-psychotic, anti-depressant, anti-anxiety, and hypnotic.

32 (b) Except as provided in subsection (g), before administering a prescribed medication to
33 a patient, the prescriber shall obtain informed written consent from the appropriate authorizer on
34 a form provided by the department under subsection (d).

35

36 (c) The prescriber shall obtain a new informed written consent from the appropriate
37 authorizer no later than 3 consecutive calendar days upon increasing the dosage of a prescribed
38 medication under a current informed written consent. If a new informed written consent is not
39 obtained within this timeframe, then the change in dosage shall be tapered to the current
40 informed written consent approved dosage.

41 (d) The form approved by the department shall include, at a minimum, the following
42 information:

43 (1) Purpose for administering the prescribed medication, including patient diagnosis,
44 prognosis, and predominant symptoms.

45 (2) Prescribed medication dosage, covering size, frequency, and duration.

46 (3) Benefits and risks of the proposed medication, including any known effect or side
47 effect, risks of other conditions, boxed warnings, potential drug interactions with other
48 medications of the patient.

49 (4) How the patient will be monitored for the effects or side effects of the prescribed
50 medication, including who will do the monitoring, how often it will occur, and how often the
51 prescribed medication will be monitored for its continued need.

52 (5) Plan for a gradual dose reduction plan, unless clinically contraindicated.

53 (6) Alternative treatments, including behavioral interventions and other medications, their
54 risks, side effects, and benefits, as well as previously used treatments and their outcomes.

55 (7) Description of the possible consequences or benefits, if any, of not receiving the
56 medication.

57 (8) Period for which the informed consent is effective, which shall be no longer than 6
58 months from the time the consent is given.

59 (9) The form shall contain the following statements:

60 i. The appropriate authorizer has the right to accept or refuse the prescribed
61 medication in nonemergency situations.

62 ii. The appropriate authorizer may withdraw informed consent at any time.

63 iii. Withdrawal or refusal of treatment shall not relieve a facility of its duty to provide
64 reasonable treatment to the patient.

65 iv. A declaration that the appropriate authorizer has been provided with specific,
66 complete, and accurate information, and sufficient time to study the information or to seek
67 additional information, including outside advice, concerning the medication.

68 (10) Signature of prescriber and the appropriate authorizer, and date and time.

69 (e) The prescriber or facility shall give the appropriate authorizer a copy of the executed
70 informed consent form. The original shall be included in the patient file.

71 (f) Unless consent is withdrawn sooner, informed written consent obtained under this
72 subsection is valid for the period specified on the informed consent form; that consent shall not
73 exceed 6 months from the date the appropriate authorizer signed the form.

74 (g) A prescribed medication may be administered without prior informed written consent
75 in the following situations; provided that in (1) New admissions, the prescriber shall obtain
76 verbal informed consent prior to administration and in (1) New admissions and (3) Emergencies,
77 a prescriber shall obtain informed written consent as soon as practicable, but no later than 3
78 consecutive calendar days, following administration of the prescribed medication. If informed
79 written consent cannot be obtained within this three-day period, the dosage shall be reduced in a
80 clinically appropriate manner and documented to terminate the prescribed medication.

81 (1) New admissions: In the case of an admission of a patient to a facility when a patient
82 was already receiving a prescribed medication(s), and the facility is not able to obtain an
83 informed written consent prior to or at the time of admission to the facility.

84 (2) Hospice: A patient may be treated without informed written consent to prevent
85 extreme distress, discomfort, and/or pain for a patient on hospice care.

86 (3) Emergencies:

87 (a) A prescribed medication may be administered without prior informed written
88 consent if a patient is at imminent and serious risk of physical or emotional harm or the patient

89 puts others at imminent and serious risk of physical harm; provided that there is no clinically
90 appropriate alternative, including behavioral interventions, unless clinically contraindicated.

91 (b) In rare circumstances, a prescribed medication may be administered without prior
92 written informed consent, even though no threat of violence exists. A patient may be treated
93 without written informed consent to prevent the "immediate, substantial, and irreversible
94 deterioration of a serious medical condition in cases in which even the smallest of avoidable
95 delays would be intolerable.

96 (c) A facility, involving the prescriber, shall engage in continued evaluation of
97 emergency need following emergency administration of a prescribed medication. Emergency
98 administration rationale and subsequent consent shall be documented in the medical record.

99 (h) Rogers Guardianships shall be exempted from any requirement of this law which is in
100 conflict with Rogers Guardianship statutes and Court rules.

101 (i) The department shall adopt regulations to implement this section on or before June 30,
102 2019.