

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.

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**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:

1 SECTION 1. Chapter 94C of the General Laws is hereby amended by striking out section
2 18C and inserting in place thereof the following section:-

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

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

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

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