Dear Physician,

On March 14, 2016, Governor Charles Baker signed into law Chapter 52 of the Acts of 2016, “An Act Relative to Substance Use, Treatment, Education and Prevention.” Of special interest to physicians are the following provisions, which became effective on March 14, 2016.

- If the patient requests it, pharmacists may dispense a lesser quantity of a Schedule II opioid substance than prescribed. The pharmacist must notify the prescriber within 7 days of the actual amount dispensed and must record the quantity dispensed in the medical record. The remaining quantity of the prescription is void. (Section 21)

- Any Schedule II prescription for an opioid must include a statement on the prescription that the patient may fill it for less than full amount. (Section 26)

- The pain management training required in M.G.L. c. 94C, § 18(e) previously only included the following elements:
  - Effective pain management;
  - Identification of patients at risk for substance use disorders; and
  - Counseling patients about the side effects, addictive nature and proper storage and disposal of prescription medications.

- The new statute also requires training on three new elements:
  - the risks of abuse and addiction associated with opioid medication;
  - appropriate quantities for prescription medications that have an increased risk of abuse; and
  - opioid antagonists, overdose prevention treatments and instances in which a patient may be advised on both the use of and ways to access opioid antagonists and overdose prevention treatments. (Section 22)

- Any first-time opioid prescription is limited to a 7-day supply, with certain exceptions. This applies to any opioid/opiate in Schedules II-VI. The 7-day limit does not apply if the prescription is for the treatment of substance use disorder or opioid dependence. The other exceptions to the 7-day rule are when the prescription is for pain related to an acute medical condition, chronic pain management, pain associated with a cancer diagnosis or for palliative care. Whenever a first-time prescription is written for more than 7 days, there must be documentation in the medical record of what the exception is and what the presenting condition or treatment is. The physician must indicate in the record whether there are any known and available non-opiate alternatives. (Section 24)
If the patient is a minor, an opioid prescription is limited to a 7-day supply at any time. However, there are some exceptions to this rule. The 7-day limit does not apply if the prescription is for the treatment of substance use disorder or opioid dependence, if the prescription is for pain related to an acute medical condition, chronic pain management, pain associated with a cancer diagnosis or for palliative care. The physician must talk with the parent/guardian about the known risks of the medication and explain why an opioid is necessary. (Section 24)

**PRESCRIPTION MONITORING PROGRAM**

- M.G.L. c. 94C, § 24A requires that physicians check the Prescription Monitoring Program before they prescribe a narcotic in Schedule II and III for the first time, or before prescribing a benzodiazepine for the first time.

- As of March 14, 2016, a physician prescribing an Extended-Release, Long-Acting Opioid in a Non-Abuse Deterrent form for outpatient use for the first time (1) must evaluate the patient’s current condition, risk factors, history of substance abuse, if any, and current medications and (2) must inform the patient as to why this is an appropriate treatment. In addition, if the physician is recommending this for long-term pain management, the physician and the patient must enter into a written pain management treatment agreement.

- On October 15, 2016, the law will require that a physician utilize the PMP each time before prescribing a narcotic in Schedule II or III. This requirement will be in addition to the existing requirements.

- The Board of Registration in Medicine strongly encourages physicians to continue to use the PMP as currently required and become familiar with additional details of the new law going into effect in October, 2016.

If you would like to view the entire legislation, it may be found at: [https://malegislature.gov/Laws/SessionLaws/Acts/2016/Chapter52](https://malegislature.gov/Laws/SessionLaws/Acts/2016/Chapter52).

All of the above provisions are effective immediately. In addition, there are other provisions in the new law that have future effective dates. The Board will communicate with you in the future concerning provisions of this law that have future effective dates.

*Massachusetts Board of Registration in Medicine*