

HOUSE No. 4868

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, January 5, 2026.

The committee on Public Health, to whom were referred the petition (accompanied by bill, House, No. 2362) of Jennifer Balinsky Armini, Natalie M. Higgins and others relative to chaperones for medical exams, and the petition (accompanied by bill, House, No. 2401) of Mindy Domb and Kimberly N. Ferguson relative to safe and consensual sensitive examinations, reports recommending that the accompanying bill (House, No. 4868) ought to pass [Representative Thurber of Somerset dissenting].

For the committee,

MARJORIE C. DECKER.

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

An Act relative to chaperones for medical exams.

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 111 of the General Laws is hereby amended by adding the
2 following section:-

3 Section 250. (a) As used in this section, the following words shall, unless the context
4 clearly requires otherwise, have the following meaning:

5 “Electronic health record”, an electronic record of patient health information generated
6 by 11 or more encounters in any care delivery setting.

7 “Familial chaperone”, a friend or family member of a patient who is chosen by a patient
8 to be physically present at the time of a sensitive examination when a medical chaperone is
9 unavailable.

10 “Health care facility”, an acute-care hospital licensed under section 51G, or a licensed
11 facility under the ownership or control of the acute-care hospital or its corporate parent, a long-
12 term care facility licensed under section 71, an urgent care center licensed under section 51O, a

participating healthcare facility as defined in section 9 of chapter 112, a hospital under section 51 and a physical therapy facility licensed under section 23M ½ of chapter 112.

“Medical chaperone”, a physician registered pursuant to section 2 of chapter 112, a nurse registered pursuant to section 74 of said section 112, a licensed practical nurse licensed pursuant to section 74A of said chapter 112, a physician assistant registered pursuant to section 9I of said chapter 112, a physical therapist licensed pursuant to section 23B of said chapter 112, a physical therapist assistant licensed pursuant to said section 23B of said chapter 112, an occupational therapist licensed pursuant to said section 23B of said chapter 112, an occupational therapy assistant licensed pursuant to said section 23B of said chapter 112, a nurses’ aide trained pursuant to section 72W, a community health worker, as defined in section 80B of said chapter 112 or a certified medical assistant, as defined in section 265 of said chapter 112, who has received health care facility medical chaperone training pursuant to subsection (j).

“Medical chaperone policy”, an institutional written policy offering a patient the option to request a medical chaperone to observe and support the patient during the delivery of a sensitive examination.

“Sensitive examination”, any physical examination, surgery or other medical procedure or examination involving the patient’s genitalia, breasts, perianal region or rectum, or any other examination or medical procedure that a patient finds uncomfortable undergoing without the presence of a medical chaperone.

“Treating provider”, a medical professional delivering any physical medical procedure or examination.

(b) Each health care facility shall have a medical chaperone policy. A medical chaperone policy shall require each treating provider to disclose to a patient that they may request a medical chaperone to observe and support a patient during a sensitive examination. Each medical chaperone policy shall be developed in accordance with industry-recognized best practices, including, but not limited to, the American Medical Society Code of Ethics and the University of Michigan Health patient chaperone policy, in addition to any other appropriate medical chaperone guidance as determined by the department. Each medical chaperone policy shall be issued in English, Spanish, Chinese, Haitian Creole, Italian, Portuguese, Vietnamese, Laotian, Khmer, Russian and any other language that is the primary language of at least 10,000 or one half of 1 per cent of all residents of the commonwealth.

(c) A health care facility shall disclose the medical chaperone policy to a patient in advance of an appointment and at the time a patient presents for their appointment. A treating provider shall provide the disclosure verbally and by written or printed communication, including, but not limited to, a communication digitally issued to a patient through an electronic health record system.

(d) A treating provider shall document in a patient's electronic health record the treating provider's disclosure of the medical chaperone policy. If the patient requests a medical chaperone, the treating provider shall document in the patient's electronic health record: (i) the patient's request for the presence of a medical chaperone; (ii) the procedure or examination that the patient deemed sensitive and for which they requested the presence of a medical chaperone; (iii) the name and any other applicable personal and professional information of the observing medical chaperone; (iv) acknowledgement of a patient's disclosure and understanding of

educational materials, as described in subsections (h) and (i); and (v) any other pertinent details as required by the medical chaperone policy.

(e) Each health care facility shall submit annually or upon request by the department a copy of its medical chaperone policy.

(f) Each health care facility shall annually report to the department on the use of medical and familial chaperones for the purpose of monitoring and assessing the effectiveness of chaperones and improving patient safety and comfort. Said report shall include the number of: (i) medical and familial chaperones utilized for a sensitive examination, (ii) instances in which a treating provider offered a medical chaperone and the patient declined; and (iii) uses of familial chaperones when a medical chaperone was not available.

(g) If a patient requests a medical chaperone but a medical chaperone is unavailable at the time of an appointment, a patient may request a familial chaperone to observe a sensitive examination to prevent deferred access to care. In such cases, each treating provider shall provide a familial chaperone with educational resources and materials that explain the nature of the sensitive examination and the role of the chaperone prior to said sensitive examination. Each treating provider shall document in the patient's electronic health record: (i) that a patient requested the presence of a medical chaperone; (ii) the reason or reasons for which a medical chaperone was unavailable at the time of an appointment; (iii) the procedure or examination for which the patient requested the presence of a medical chaperone; (iv) the name and any other applicable personal identifying information of the familial chaperone; (v) the written consent of both the patient and familial chaperone; (vi) a patient and familial chaperone's acknowledgement of the receipt of disclosure and understanding of educational materials, as described in

subsections (h) and (i); and (vii) any other any other pertinent details as determined by the department.

(h) Each health care facility shall develop and implement an educational program for all medical chaperones to ensure patient and provider comfort, privacy and safety during sensitive examinations. Such programs shall be developed in accordance with industry recognized best practices, including, but not limited to, the American Medical Society Code of Ethics and the University of Michigan Health patient chaperone policy, in addition to any other appropriate medical chaperone guidance as determined by the department. The educational program shall be made available to all employees eligible to serve as a medical chaperone not less than once per year or upon hiring.

(i) Each health care facility shall develop educational materials for all patients and familial chaperones to ensure patient and provider comfort, privacy and safety during sensitive examinations. Educational materials shall include, but not be limited to: (i) the components of a sensitive examination; (ii) the role of a medical and familial chaperone; and (iii) how to report concerns about inappropriate exams. Such materials shall be developed in accordance with industry recognized best practices, including, but not limited to, the American Medical Society Code of Ethics and the University of Michigan Health patient chaperone policy, in addition to any other appropriate medical chaperone guidance as determined by the department. The educational materials shall be provided to all patients and individuals serving as a familial chaperone prior to the sensitive examination of the patient.

(j) Health care facilities shall require that all employed certified medical assistants, as defined in section 265 of chapter 112, certified community health workers, as defined in section

80B of chapter 112 and nurses' aides trained pursuant to section 72W receive 1-time training on serving as a medical chaperone for sensitive examinations. Training shall be developed in accordance with industry recognized best practices, including, but not limited to, the American Medical Society Code of Ethics and the University of Michigan Health patient chaperone policy, in addition to any other appropriate medical chaperone guidance as determined by the department.

(k) A treating provider may not perform a sensitive examination on an anesthetized, deeply sedated or unconscious patient or supervise the performance of a sensitive examination on an anesthetized, deeply sedated or unconscious patient, unless: (i) the patient or the patient's representative has given specific informed consent in writing to the sensitive examination using an authorized informed consent form; or (ii) the sensitive examination is necessary for diagnosis or treatment of the patient and an emergency or urgent care situation prevented the securing of consent in (i).

(l) The department shall develop authorized informed consent forms to be used by a treating provider before performing or supervising the performance of a sensitive examination on an anesthetized, deeply sedated or unconscious patient pursuant to subsection (i). The form may be used in a paper or electronic format and shall be signed by the patient or the patient's representative before a sensitive examination is performed. The form shall be separate from any other notice or agreement and shall clearly identify that it requests consent for a sensitive examination. The form shall also clearly state the patient's right to request and have a medical chaperone present during a sensitive examination. In preparing the form, the department shall consider similar forms used in other states and consult with providers, medical educators and persons concerned about patient rights to autonomy.

(m) Actions by a treating provider not in compliance with this section shall be considered inconsistent or harmful to good patient care and safety under subsection (a) of section 203.

(n) The department shall promulgate regulations necessary for the implementation, administration and enforcement of this section.

SECTION 2. Section 2 of chapter 112 of the General Laws, as appearing in the 2024 Official Edition, is hereby amended by adding the following paragraph:-

The board shall require that any continuing education requirements necessary for the first time application or renewal of a physician's certificate of registration include the 1-time completion of a course of training and education on serving as a medical chaperone for sensitive examinations, pursuant to section 250 of chapter 111.

SECTION 3. Section 9F of said chapter 112, as so appearing, is hereby amended by adding the following paragraph:-

The board shall require that any continuing education requirements necessary for the first time application or renewal of a physician assistant's certificate of registration include the 1-time completion of a course of training and education on serving as a medical chaperone for sensitive examinations, pursuant to section 250 of chapter 111.

SECTION 4. Section 23B of said chapter 112, as so appearing, is hereby amended by adding the following paragraph:-

The board shall require that any continuing education requirements necessary for the first time application or renewal of a physical therapist's certificate of licensure, a physical therapy assistant's certificate of licensure, an occupational therapist's certificate of licensure, and an

occupational therapy assistant's certificate of licensure shall include the 1-time completion of a course of training and education on serving as a medical chaperone for sensitive examinations, as defined by section 249 of chapter 111.

SECTION 5. Section 74 of said chapter 112, as so appearing, is hereby amended by adding the following paragraph:-

The board shall require that any continuing education requirements necessary for the first time application or renewal of a registered nurse's certificate of registration shall include the 1-time completion of a course of training and education on serving as a medical chaperone for sensitive examinations, pursuant to section 250 of chapter 111.

SECTION 6. Section 74A of said chapter 112, as so appearing, is hereby amended by adding the following paragraph:-

The board shall require that any continuing education requirements necessary for the first time application or renewal of a practical nurse's certificate of licensure shall include the 1-time completion of a course of training and education on serving as a medical chaperone for sensitive examinations, pursuant to section 250 of chapter 111.

SECTION 7. All physicians, physician assistants, registered nurses, practical nurses, physical therapists, physical therapy assistants, occupational therapists and occupational therapy assistants as of the effective date of this act and required to complete the continuing education requirement of a 1-time course of training and education on serving as a medical chaperone pursuant to sections 2, 9F, 74, 74A and 23B of chapter 112 of the General Laws shall complete that 1-time course requirement not more than 2 years after the effective date of this act.

SECTION 8. This act shall take effect not later than December 31, 2026.