

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

James J. O'Day and Edward R. Philips

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 end of life options.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>James J. O'Day</i>	<i>14th Worcester</i>	<i>1/16/2025</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>1/19/2025</i>

HOUSE No.

[Pin Slip]

The Commonwealth of Massachusetts

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

An Act relative to end of life options.

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

1 The General Laws are hereby amended by inserting after chapter 201F the following
2 chapter:-

3 CHAPTER 201G.

4 MASSACHUSETTS END OF LIFE OPTIONS ACT

5 Section 1. For the purposes of this chapter, the following terms shall have the following
6 meanings unless the context clearly requires otherwise:

7 “Adult”, an individual who is 18 years of age or older.

8 “Attending physician”, an attending physician as defined in section 1 of chapter 201D.

9 “Consulting physician”, a physician who is qualified by specialty or experience to make a
10 professional diagnosis and prognosis regarding a terminally ill patient’s condition.

11 “Counseling”, one or more consultations as necessary between a licensed mental health
12 care professional and a patient for the purpose of determining that the patient is mentally capable
13 and not suffering from a psychiatric or psychological disorder or depression causing impaired
14 judgment.

15 “Guardian”, an individual who has qualified as a guardian of an incapacitated person
16 pursuant to court appointment and includes a limited guardian, special guardian and temporary
17 guardian, but excludes one who is merely a guardian ad litem as defined in section 5-101 of
18 article V of chapter 190B. Guardianship shall not include a health care proxy as defined by
19 chapter 201D.

20 “Health care entity”, a general hospital, medical clinic, nursing home, hospice or any
21 other entity. A health care entity does not include providers.

22 “Health care provider”, an individual licensed, certified or otherwise authorized or
23 permitted by law to diagnose and treat medical conditions, and prescribe and dispense
24 medication, including controlled substances.

25 “Incapacitated person”, an individual who for reasons other than advanced age or being a
26 minor, has a clinically diagnosed condition that results in an inability to receive and evaluate
27 information or make or communicate decisions to such an extent that the individual lacks the
28 ability to meet essential requirements for physical health, safety, or self-care, even with
29 appropriate technological assistance. An “incapacitated person” shall be defined consistent with
30 the definition of an individual described in section 5-101 of article V of chapter 190B.

31 “Informed decision”, a decision by a mentally capable individual to request and obtain a
32 prescription for medication pursuant to this chapter that the individual may self-administer to

33 bring about a peaceful death, after being fully informed by the attending physician and
34 consulting physician of:

35 (a) The individual’s diagnosis and prognosis;

36 (b) The potential risk associated with taking the medication to be prescribed;

37 (c) The probable result of taking the medication to be prescribed;

38 (d) The feasible end-of-life care and treatment options for the individual’s terminal
39 disease, including but not limited to comfort care, palliative care, hospice care and pain control,
40 and the risks and benefits of each; and

41 (e) The individual’s right to withdraw a request pursuant to this chapter, or consent for
42 any other treatment, at any time.

43 “Licensed mental health care professional”, a treatment provider who is a psychiatrist,
44 psychologist, psychiatric social worker or psychiatric nurse and others who by virtue of
45 education, credentials and experience are permitted by law to evaluate and care for the mental
46 health needs of patients.

47 “Medical aid in dying”, the practice of evaluating a request, determining qualification,
48 performing the duties in sections 6, 7 and 8, and providing a prescription to a qualified patient
49 pursuant to this chapter.

50 “Medically confirmed,” the medical opinion of the attending physician has been
51 confirmed by a consulting physician who has examined the patient and the patient’s relevant
52 medical records.

53 “Medical aid in dying medication”, medication to bring about a peaceful death.

54 “Mentally capable”, in the opinion of the attending physician and licensed mental health
55 care professional, the individual requesting medication pursuant to this chapter has the ability to
56 make and communicate an informed decision.

57 “Palliative care”, a health care treatment as defined in section 227 of chapter 111,
58 including interdisciplinary end-of-life care and consultation with patients and family members, to
59 prevent or relieve pain and suffering and to enhance the patient’s quality of life, including
60 hospice care.

61 “Patient”, an individual who has received health care services from a health care provider
62 for treatment of a medical condition.

63 “Physician”, a doctor of medicine or osteopathy licensed to practice medicine in
64 Massachusetts by the board of registration in medicine.

65 “Qualified patient”, a mentally capable adult who is a resident of Massachusetts, has been
66 diagnosed as being terminally ill, and has satisfied the requirements of this chapter.

67 “Resident”, an individual who demonstrates residency in Massachusetts by presenting
68 one form of identification which may include but is not limited to:

69 (a) possession of a Massachusetts driver’s license;

70 (b) proof of registration to vote in Massachusetts;

71 (c) proof that the individual owns or leases real property in Massachusetts;

72 (d) proof that the individual has resided in a Massachusetts health care facility for at least
73 3 months;

74 (e) a bill from a bank or mortgage company, utility company, doctor, or hospital;

75 (f) a W-2 form, property or excise tax bill, or Social Security Administration or other
76 pension or retirement annual benefits summary statement dated within the current or prior year;

77 (g) a MassHealth or Medicare benefit statement; or

78 (h) filing of a Massachusetts tax return for the most recent tax year.

79 “Self-administer”, a qualified patient’s act of ingesting medication obtained under this
80 chapter.

81 “Terminally ill”, having a terminal illness or condition which can reasonably be expected
82 to cause death within 6 months, whether or not treatment is provided.

83 Section 2. (a) A patient wishing to receive a prescription for medication under this
84 chapter shall make an oral request to the patient's attending physician. The patient shall also
85 submit a written request to the patient's attending physician in substantially the form set in
86 section 4 no less than 15 days after making the oral request.

87 (b) A terminally ill patient may voluntarily make an oral request for medical aid in dying
88 and a prescription for medication that the patient can choose to self-administer to bring about a
89 peaceful death if the patient:

90 (1) is a mentally capable adult;

91 (2) is a resident of Massachusetts; and

92 (3) has been determined by the patient's attending physician to be terminally ill.

93 (c) A patient may provide a written request for medical aid in dying and a prescription for
94 medication that the patient can choose to self-administer to bring about a peaceful death if the
95 patient:

96 (1) has met the requirements in subsection (b);

97 (2) has been determined by a consulting physician to be terminally ill; and

98 (3) has had no less than 15 days pass after making the oral request.

99 (d) A patient shall not qualify under this chapter if the patient has a guardian.

100 (e) A patient shall not qualify under this chapter solely because of age or disability.

101 Section 3. (a) A valid written request must be witnessed by at least 2 individuals who, in
102 the presence of the patient, attest that to the best of their knowledge and belief that patient is:

103 (1) personally known to the witnesses or has provided proof of identity;

104 (2) acting voluntarily; and

105 (3) not being coerced to sign the request.

106 (b) At least 1 of the witnesses shall be an individual who is not:

107 (1) a relative of the patient by blood, marriage or adoption;

108 (2) an individual who at the time the request is signed would be entitled to any portion of
109 the estate of the qualified patient upon death under any will or by operation of law;

110 (3) financially responsible for the medical care of the patient; or

111 (4) an owner, operator or employee of a health care facility where the qualified patient is
112 receiving medical treatment or is a resident.

113 (c) The patient's attending physician at the time the request is signed shall not serve as a
114 witness.

115 Section 4. A written request and witness declaration under section 2 shall substantially
116 take the following form:

117 REQUEST FOR MEDICAL AID IN DYING MEDICATION PURSUANT TO THE
118 MASSACHUSETTS END OF LIFE OPTIONS ACT

119 I, , am an adult of sound mind and a resident of the State of
120 Massachusetts. I am suffering from , which my attending physician has
121 determined is a terminal illness or condition which can reasonably be expected to cause death
122 within 6 months. This diagnosis has been medically confirmed as required by law.

123 I have been fully informed of my diagnosis, prognosis, the nature of the medical aid in
124 dying medication to be prescribed and potential associated risks, the expected result, and the
125 feasible alternatives and additional treatment opportunities, including, but not limited to, comfort
126 care, palliative care, hospice care, and pain control.

127 I request that my attending physician prescribe medical aid in dying medication that will
128 end my life in a peaceful manner if I choose to take it, and I authorize my attending physician to
129 contact any pharmacist to fill the prescription.

130 I understand that I have the right to rescind this request at any time. I understand the full
131 import of this request and I expect to die if I take the medical aid in dying medication to be
132 prescribed. I further understand that although most deaths occur within three hours, my death
133 may take longer and my physician has counseled me about this possibility. I make this request
134 voluntarily, without reservation, and without being coerced, and I accept full responsibility for
135 my actions.

136 Signed:..... Dated:.....

137 DECLARATION OF WITNESSES

138 By signing below, on the date the patient named above signs, we declare that the patient
139 making and signing the above request is personally known to us or has provided proof of
140 identity, and appears not to be under duress, fraud, or undue influence.

141 Printed Name of Witness 1:.....

142 Signature of Witness 1/Date:.....

143 Printed Name of Witness 2:.....

144 Signature of Witness 2/Date:.....

145 Section 5. (a) A qualified patient may at any time rescind the request for medication
146 under this chapter without regard to the qualified patient's mental state.

147 (b) A prescription for medication under this chapter shall not be written without the
148 attending physician offering the qualified patient an opportunity to rescind the request for
149 medication.

150 Section 6. (a) The attending physician shall:

151 (1) make the initial determination of whether an adult patient:

152 (i) is a resident of this state;

153 (ii) is terminally ill;

154 (iii) is mentally capable; and

155 (iv) has voluntarily made the oral and written request for medical aid in dying.

156 (2) ensure that the patient is making an informed decision by discussing with the patient:

157 (i) the patient's medical diagnosis;

158 (ii) the patient's prognosis;

159 (iii) the potential risks associated with taking the medication to be prescribed;

160 (iv) the probable result of taking the medication to be prescribed; and

161 (v) the feasible alternatives and additional treatment opportunities, including, but not

162 limited to, palliative care and hospice care.

163 (3) refer the patient to a consulting physician to medically confirm the diagnosis and

164 prognosis and for a determination that the patient is mentally capable and is acting voluntarily;

165 (4) refer the patient for counseling pursuant to section 8;

166 (5) ensure that sections 6 through 8, inclusive, are followed;

- 167 (6) have a prior clinical relationship with the patient, unless the patient’s attending
168 physician is unwilling to participate;
- 169 (7) recommend that the patient notify the patient's family or any person who plays a
170 significant role in an individual’s life;
- 171 (8) recommend that the patient complete a Medical Order for Life-Sustaining Treatment
172 form;
- 173 (9) counsel the patient about the importance of:
- 174 (i) having another individual present when the patient takes the medication prescribed
175 under this chapter; and
- 176 (ii) not taking the medication in a public place;
- 177 (10) inform the patient that the patient may rescind the request for medication at any time
178 and in any manner;
- 179 (11) verify, immediately prior to writing the prescription for medication, that the patient
180 is making an informed decision;
- 181 (12) educate the patient on how to self-administer the medication;
- 182 (13) fulfill the medical record documentation requirements in section 13;
- 183 (14) ensure that all appropriate steps are carried out in accordance with this chapter
184 before writing a prescription for medication for a qualified patient; and

185 (15) (i) dispense medications directly, including ancillary medications intended to
186 minimize the qualified patient's discomfort, if the attending physician is authorized under law to
187 dispense and has a current drug enforcement administration certificate; or

188 (ii) with the qualified patient's written consent:

189 (A) contact a pharmacist, inform the pharmacist of the prescription, and

190 (B) deliver the written prescription personally, by mail or by otherwise permissible
191 electronic communication to the pharmacist, who will dispense the medications directly to either
192 the qualified patient, the attending physician or an expressly identified agent of the qualified
193 patient. Medications dispensed pursuant to this paragraph shall not be dispensed by mail or other
194 form of courier.

195 (b) The attending physician may sign the patient's death certificate which shall list the
196 underlying terminal disease as the cause of death.

197 Section 7. (a) Before a patient may be considered a qualified patient under this chapter
198 the consulting physician shall:

199 (1) examine the patient and the patient's relevant medical records;

200 (2) confirm in writing the attending physician's diagnosis that the patient is suffering
201 from a terminal illness; and

202 (3) verify that the patient:

203 (i) is mentally capable;

204 (ii) is acting voluntarily; and

205 (iii) has made an informed decision.

206 Section 8. (a) An attending physician shall refer a patient who has requested medical aid
207 in dying medication under this chapter to counseling to determine that the patient is not suffering
208 from a psychiatric or psychological disorder or depression causing impaired judgment. The
209 licensed mental health care professional shall review the medical history of the patient relevant
210 to the patient's current mental health and then shall submit a final written report to the attending
211 physician.

212 (b) The medical aid in dying medication may not be prescribed until the individual
213 performing the counseling determines that:

214 (1) the patient is not suffering from a psychiatric or psychological disorder or depression
215 causing impaired judgment; and

216 (2) there is no reason to suspect coercion in the patient's decision-making process.

217 Section 9. Immediately before issuing a prescription for medical aid in dying medication
218 under this chapter the attending physician shall verify that the qualified patient is making an
219 informed decision.

220 Section 10. The attending physician shall recommend that a qualified patient notify the
221 patient's family or any person who plays a significant role in an individual's life of the patient's
222 request for medical aid in dying medication pursuant to this chapter. A request for medical aid in
223 dying medication shall not be denied because a patient declines or is unable to notify the family
224 or any person who plays a significant role in an individual's life.

225 Section 11. The following items shall be documented or filed in the patient's medical
226 record:

227 (1) the determination and the basis for determining that a patient requesting medical aid
228 in dying medication pursuant to this chapter is a qualified patient;

229 (2) all oral requests by a patient for medical aid in dying medication;

230 (3) all written requests by a patient for medical aid in dying medication made pursuant to
231 sections 3 through 5, inclusive;

232 (4) the attending physician's diagnosis, prognosis and determination that the patient is
233 mentally capable, is acting voluntarily and has made an informed decision;

234 (5) the consulting physician's diagnosis, prognosis and verification that the patient is
235 mentally capable, is acting voluntarily and has made an informed decision;

236 (6) a report of the outcome and determinations made during counseling;

237 (7) the attending physician's offer before prescribing the medical aid in dying medication
238 to allow the qualified patient to rescind the patient's request for the medication;

239 (8) other care options that were offered to the patient, including, but not limited to,
240 hospice and palliative care; and

241 (9) a note by the attending physician indicating:

242 (i) that all requirements under this chapter have been met; and

243 (ii) the steps taken to carry out the request, including a notation of the medication
244 prescribed.

245 Section 12. Any medical aid in dying medication dispensed under this chapter that was
246 not self-administered shall be disposed of by lawful means. The medication dispenser shall be
247 responsible for informing the individual collecting the medication what disposal by lawful means
248 entails.

249 Section 13. Physicians shall keep a record of the number of requests for medical aid in
250 dying medication; the number of prescriptions written; the number of requests rescinded; the
251 number of qualified patients who took the medication under this chapter; the general
252 demographic and socioeconomic characteristics of the patient, including race and ethnicity, and
253 any physical disability of the patient. This data shall be reported to the department of public
254 health annually. The department shall analyze the data and annually issue a public report on their
255 findings. Except as otherwise required by law, the information collected by the department of
256 public health is not a public record and is not available for public inspection.

257 Section 14. (a) Any provision in a contract, will or other agreement, whether written or
258 oral, to the extent the provision would affect whether a qualified patient may make or rescind a
259 request for medical aid in dying medication pursuant to this chapter, is not valid.

260 (b) A qualified patient's act of making or rescinding a request for medical aid in dying
261 shall not provide the sole basis for the appointment of a guardian or conservator.

262 (c) A qualified patient's act of self-administering medical aid in dying medication
263 obtained pursuant to this chapter shall not constitute suicide or have an effect upon any life,
264 health or accident insurance or annuity policy.

265 (d) Actions taken by health care providers or other persons supporting a qualified patient
266 exercising his or her rights pursuant to this chapter, including being present when the qualified
267 patient self-administers medical aid in dying medication, shall not for any purpose, constitute
268 elder abuse, neglect, assisted suicide, mercy killing or homicide under any civil or criminal law.

269 (e) A person, health care provider or health care entity shall not be subject to criminal
270 liability, licensing sanctions or other professional disciplinary action for actions taken in good
271 faith compliance with this act.

272 (f) State regulations, documents and reports shall not refer to the practice of medical aid
273 in dying under this chapter as suicide or assisted suicide.

274 Section 15. (a) A health care provider or health care entity may choose not to practice
275 medical aid in dying.

276 (b) A health care provider or health care entity may not subject an individual to censure,
277 discipline, suspension, loss of license, loss of privileges, loss of membership or other penalty for
278 participating or refusing to participate in providing medical aid in dying medication to a qualified
279 patient under this chapter.

280 (c) If a health care provider is unable or unwilling to carry out a patient's request under
281 this chapter and the patient transfers care to a new health care provider, the prior health care
282 provider shall transfer, upon request, a copy of the patient's relevant medical records to the new
283 health care provider.

284 (d) (1) A health care entity shall provide notice to the public by posting on their website
285 if it prohibits providers from qualifying, prescribing or dispensing medication pursuant to this
286 chapter while they are performing duties for the entity.

287 (2) Health care providers and health care entities shall maintain and disclose upon request
288 their written policies outlining the extent to which they refuse to participate in providing to a
289 qualified patient any medical aid in dying medication under this chapter.

290 (i) The commissioner of the department of public health shall develop and publish a
291 standard form for health care providers and health care entities to disclose said written policies.

292 (3) The required consumer disclosure referenced in the preceding paragraph shall at
293 minimum:

294 (i) include information about this chapter;

295 (ii) identify the specific services related to medical aid in dying in which the health care
296 provider and health care entity refuse to participate;

297 (iii) clarify any difference between institution-wide objections and those that may be
298 raised by individual licensed providers who are employed or work on contract;

299 (iv) describe the mechanism the provider will use to provide patients a referral to another
300 provider or provider in the provider's service area;

301 (v) describe the provider's policies and procedures relating to transferring patients to
302 other providers; and

303 (vi) inform consumers that the cost of transferring records will be borne by the
304 transferring provider.

305 Section 16. (a) Purposely or knowingly altering or forging a request for medical aid in
306 dying medication under this chapter without authorization of the patient or concealing or
307 destroying a rescission of a request for medical aid in dying medication shall be punishable as a
308 felony if the act is done with the intent or effect of causing the patient's death.

309 (b) An individual who coerces or exerts undue influence on a patient to request medical
310 aid in dying medication, or to destroy a rescission of a request, shall be guilty of a felony
311 punishable by imprisonment in the state prison for not more than 3 years or in the house of
312 correction for not more than 2½ years or by a fine of not more than \$1,000 or by both such fine
313 and imprisonment.

314 (c) Nothing in this chapter shall limit further liability for civil damages resulting from
315 other negligent conduct or intentional misconduct by any individual.

316 (d) The penalties in this chapter shall not preclude criminal penalties applicable under
317 law for conduct inconsistent with the provisions of this chapter.

318 Section 17. A governmental entity that incurs costs resulting from a qualified patient self-
319 administering medical aid in dying medication in a public place while acting pursuant to this
320 chapter may submit a claim against the estate of the patient to recover costs and reasonable
321 attorney fees related to enforcing the claim.

322 Section 18. If an emergency medical provider finds a patient who has self-administered
323 medical aid in dying medication, they shall follow standard resuscitation protocol. If a Medical

324 Order for Life-Sustaining Treatment or other legally recognized do-not-resuscitate order is
325 found, then the medical provider shall follow the directives of the form.

326 Section 19. Nothing in this chapter shall be construed to authorize a physician or any
327 other individual to end a patient's life by lethal injection, mercy killing, assisted suicide or active
328 euthanasia.

329 Section 20. The department of public health shall promulgate regulations to implement
330 the provisions of this chapter.

331 Section 21. If any part of this chapter is determined to be invalid, all valid parts that are
332 severable from the invalid part shall remain in effect. If any part of this chapter is deemed invalid
333 in one or more of its applications, such part shall remain in effect for all valid applications that
334 are severable from the invalid applications.