SENATE . . . . . No. 3197

The Commonwealth of Massachusetts

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

SENATE, August 10, 2026.

The committee on Public Health, to whom was referred the petitions (accompanied by bill, Senate, No. 1485) of Joanne M. Comerford, Rebecca L. Rausch, Jason M. Lewis, Julian Cyr and other members of the Senate for legislation to prohibit nonconsensual intimate examinations of anesthetized or unconscious patients; and (accompanied by bill, Senate, No. 1491) of Brendan P. Crighton, Rory McCarthy, James B. Eldridge and Joanne M. Comerford for legislation relative to chaperones for medical exams, report the accompanying bill (Senate, No. 3197).

For the committee,
William J. Driscoll, Jr.

FILED ON: 7/22/2026

SENATE . . . . . No. 3197

The Commonwealth of Massachusetts

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

An Act relative to medical chaperones and 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:

SECTION 1. Chapter 111 of the General Laws, as appearing in the 2024 Official Edition, is hereby amended by adding the following section:-

Section XXXX.

(a) As used in this section, the following words shall, unless the context clearly requires otherwise, have the following meaning:-

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

"Health care facility," an acute care hospital licensed under section 51 of chapter 111 of the general laws, or a licensed facility under the ownership or control of the acute care hospital or its corporate parent.

"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 (f), or a trained member of the healthcare facility staff.

"Medical chaperone policy," an institutional written policy addressing a patient's request for a medical chaperone to observe and support the patient during the delivery of a sensitive examination.

"Sensitive examination," a breast, genital, pelvic, rectal, or prostate examination, or other medical procedure or examination that a patient finds uncomfortable undergoing without the presence of a medical chaperone, provided, however, that "sensitive examination" shall not include emergency examination or treatment where delay could imminently endanger the life, limb, or health of the patient.

"Treating provider," a medical professional delivering a procedure or examination that a patient finds uncomfortable undergoing without the presence of a medical chaperone.

(b) Each health care facility shall have a medical chaperone policy. Each policy shall require, each health care facility to disclose to each patient that they have the ability to request a medical chaperone to observe and support a patient through a sensitive examination, at the

patient's request. Each policy shall provide for exceptions in emergency or urgent care situations in which delay could endanger the patient. Each policy shall be developed in accordance with industry recognized best practices, included 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.

(c) Each health care facility shall disclose to each patient the ability to request a medical chaperone for a sensitive examination. Patient disclosure may be offered verbally, in writing, or through health care facility signage at the time a patient presents for their appointment, or digitally issued to a patient through an electronic health record system in advance of an appointment. The disclosure must be made prior to the patient's presentation before the treating provider.

(d) Each health care facility shall document in a patient's electronic health record that: (i) a patient requested the presence of a medical chaperone; (ii) the procedure or examination for which the patient deemed sensitive and requested the presence of a medical chaperone; (iii) the name and any other applicable personal and professional identifying information of the observing medical chaperone, as informed by the American Medical Society Code of Ethics, the University of Michigan Health patient chaperone policy, and any other appropriate medical chaperone guidance as determined by the department, and; (iv) any other pertinent details as informed by aforementioned best practices and any other appropriate medical chaperone guidance as determined by the department.

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

(f) Each health care facility shall develop and implement an educational program for all medical chaperones in order to ensure patient and provider comfort, privacy, and safety during sensitive examinations. Such programs shall be developed in accordance with industry recognized best practices, included 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.

(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 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.

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, as defined by section X 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, as defined by section X of chapter 111.

SECTION 4. 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, as defined by section X of chapter 111.

SECTION 5. 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, as defined by section X of chapter 111.

SECTION 6. Notwithstanding any general or special law to the contrary, each health care facility defined by section X of chapter 111 shall offer to any employed or contracted non-licensed health care professional that will be serving as a medical chaperone defined by said section and chapter, 1-time training on serving as a medical chaperone for sensitive examinations pursuant to subsection (g) of said section and chapter. Training shall be developed by each health care facility in accordance with industry recognized best practices, included 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 of public health. Non-licensed health care professionals shall complete 1-time training prior to serving as a medical chaperone.

SECTION 7. All physicians, physician assistants, registered nurses and practical nurses licensed 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 and 74A 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 no later than January 1, 2027.

SECTION 9. Notwithstanding any general or special law to the contrary, the department of public health shall file with the clerks of the house and senate, the chairs of the joint committee on public health, and the chairs of the joint committee on health care financing, a report on the implementation of this section no later than one year after its effective date.