

## Joint Committee on Public Health

### Bill Summary

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<b><u>BILL NUMBER</u></b>	Senate, No. 1486
<b><u>TITLE</u></b>	An Act relative to end of life options
<b><u>SPONSORS</u></b>	Senators Comerford, Rausch, Eldridge, Brownsberger, Keenan, Montigny, Cyr, Creem, Lewis, Barrett, Oliveira, Finegold, Jehlen, Fernandes, Lovely, Miranda, and Feeney; Representatives Domb of Amherst, Sylvia of Fairhaven, Howard of Lowell, Whipps of Athol, Cruz of Salem, and Stanley of Waltham
<b><u>HEARING DATE</u></b>	Wednesday, April 2, 2025 at 09:00 AM - 02:00 PM, Gardner Auditorium
<b><u>SIMILAR MATTERS</u></b>	H.2505
<b><u>PRIOR HISTORY</u></b>	
	S.1331 (193GC)
<b><u>CURRENT LAW</u></b>	
	None

## **SUMMARY**

The legislation adds a new Chapter 201G to the General Laws, containing the following sections:

### Section 1: Definitions

Definitions for terms used in the chapter.

### Section 2: Eligibility and Initiation of Process

A terminally ill patient may voluntarily make an oral request for medical aid in dying and a prescription for medication that the patient can choose to self-administer to bring about a peaceful death if the patient follows this law. The person must first make an oral request to their attending physician, followed up with a written request at least 15 days later. The person must be a Massachusetts resident, mentally capable, and determined by their physician to be terminally ill, meaning they have a terminal illness or condition which can reasonably be expected to cause death within 6 months. A person may not qualify if they have a guardian.

### Section 3: Written Request

The written request must be witnessed by two people, who attest that the patient is acting voluntarily without coercion. One of the witnesses must not be a relative, heir or a person financially responsible for the patient's care.

### Section 4: Written Request Form

The section specifies the text of the written request form and the witnesses' attestation. It includes a paragraph where the patient states that "I have been fully informed of my diagnosis, prognosis, the nature of the medical aid in dying medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives and additional treatment opportunities, including, but not limited to, comfort care, palliative care, hospice care, and pain control."

### Section 5: Opportunity to Rescind Request

The patient may rescind the request for the medication at any time, and must be offered an opportunity to rescind the request before the prescription is written.

### Section 6: Duties of the Attending Physician

The attending physician must determine that the patient is terminally ill, mentally capable, and making a voluntary, informed decision. The doctor must discuss with the patient the risks and consequences of taking the medication, and recommend that the patient talk to their family about the decision. The doctor also must discuss the feasible alternatives and additional treatment opportunities, including pain control, palliative care and hospice care. The doctor then refers the patient to a consulting physician, who must confirm the diagnosis, and to a mental health counselor. The doctor also instructs the patient on how to take the medication and documents that every required step occurred.

### Section 7: Consulting Physician

The consulting physician must examine the patient and their medical records, and independently

confirm in writing that the patient has a terminal prognosis, is mentally capable and making a voluntary informed decision.

#### Section 8: Mental Health Counseling

The patient must have counseling with a licensed mental health professional who must determine in writing that the patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment and that there is no reason to suspect coercion in the patient's decision-making process.

#### Section 9: Final Verification

Immediately before issuing the prescription for medical aid in dying medication, the attending physician must verify that the qualified patient is making an informed decision.

#### Section 10: Family Notification

The attending physician must recommend that the patient notify their family or any person who plays a significant role in the individual's life of the patient's request for medical aid in dying medication.

#### Section 11: Documentation in Medical Record

The medical record of the patient must document that each requirement of the law is followed.

#### Section 12: Disposing of Unused Medication

The pharmacist dispensing the medication must inform the person picking up the medication about how to legally dispose of the medication if it is not used. Any medical aid in dying medication that was not self-administered must be disposed of according to state law.

#### Section 13: Physician Recordkeeping

Physicians must keep a record of all requests for aid in dying medication, the number of prescriptions written; the number of requests rescinded; how many patients took the medication; the general demographic and socioeconomic characteristics of the patient, and any physical disability of the patient. This deidentified data shall be reported to the Department of Public Health annually, and made available to the public.

#### Section 14: Impact on Contracts and Other Laws

No will or contract may contain a provision that might affect someone requesting or rescinding a request for medical aid in dying medication. Taking medication under this law will not be considered suicide for purposes of life or health insurance, or an annuity policy. Actions by medical professionals under this law will not be considered elder abuse, neglect, assisted suicide, mercy killing, or homicide under any civil or criminal law.

#### Section 15: Rights Not to Participate

A health care provider or health care entity may choose not to practice medical aid in dying, and health care providers or professional organizations may not subject an individual to censure, discipline, suspension, loss of license or privileges, or other penalty for participating or refusing to participate in

legally providing medical aid in dying medication. Health care entities shall post on their website if they do not allow providers in their organization to participate in medical aid in dying, and both entities and providers who do not participate must provide on request a written statement of their policies. The DPH shall create a standard disclosure form for providers to use.

#### Section 16: Penalties

Purposely or knowingly altering or forging a request for medical aid in dying medication without the patient's authorization, or concealing or destroying a rescission of a request for medical aid in dying medication is punishable as a felony, in addition to any other applicable crimes.

#### Section 17: Government Costs

A governmental entity that incurs costs resulting from a patient self-administering medical aid in dying medication in a public place may submit a claim against the estate of the patient to recover costs and reasonable attorney fees.

#### Section 18: Emergency Responders

If an emergency medical provider finds a patient who has self-administered medical aid in dying medication, they must follow standard resuscitation protocols. If a Medical Order for Life-Sustaining Treatment or other legally recognized do-not-resuscitate order is found, then the medical provider shall follow the directives of the form.

#### Section 19: Requirement that Law be Followed

This law shall not be construed to authorize a physician or anyone else to end a person's life by lethal injection, mercy killing, assisted suicide, or active euthanasia.

#### Section 20: DPH Regulations

Regulations to implement the chapter shall be promulgated by the Department of Public Health.

#### Section 21: Severability

If any part of the chapter is found invalid, the valid parts of the law that operate independently will remain in effect.