

HOUSE No. 1194

The Commonwealth of Massachusetts

PRESENTED BY:

Louis L. Kafka

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:
<i>Louis L. Kafka</i>	<i>8th Norfolk</i>
<i>Barbara A. L'Italien</i>	<i>Second Essex and Middlesex</i>
<i>William C. Galvin</i>	<i>6th Norfolk</i>
<i>James E. Timilty</i>	<i>Bristol and Norfolk</i>
<i>Frank I. Smizik</i>	<i>15th Norfolk</i>
<i>Stephen Kulik</i>	<i>1st Franklin</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>
<i>Chris Walsh</i>	<i>6th Middlesex</i>
<i>Gailanne M. Cariddi</i>	<i>1st Berkshire</i>
<i>William Smitty Pignatelli</i>	<i>4th Berkshire</i>
<i>Anne M. Gobi</i>	<i>Worcester, Hampden, Hampshire and Middlesex</i>
<i>Jennifer E. Benson</i>	<i>37th Middlesex</i>
<i>John W. Scibak</i>	<i>2nd Hampshire</i>
<i>Lori A. Ehrlich</i>	<i>8th Essex</i>
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>
<i>Joseph W. McGonagle, Jr.</i>	<i>28th Middlesex</i>
<i>Jay R. Kaufman</i>	<i>15th Middlesex</i>

<i>Jonathan Hecht</i>	<i>29th Middlesex</i>
<i>Aaron Vega</i>	<i>5th Hampden</i>
<i>Cory Atkins</i>	<i>14th Middlesex</i>
<i>Josh S. Cutler</i>	<i>6th Plymouth</i>
<i>Michael J. Barrett</i>	<i>Third Middlesex</i>
<i>Jay D. Livingstone</i>	<i>8th Suffolk</i>
<i>Patricia D. Jehlen</i>	<i>Second Middlesex</i>
<i>Paul W. Mark</i>	<i>2nd Berkshire</i>
<i>Kenneth I. Gordon</i>	<i>21st Middlesex</i>
<i>Leonard Mirra</i>	<i>2nd Essex</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>
<i>Christine P. Barber</i>	<i>34th Middlesex</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>
<i>William N. Brownsberger</i>	<i>Second Suffolk and Middlesex</i>
<i>Stephan Hay</i>	<i>3rd Worcester</i>
<i>Michael J. Moran</i>	<i>18th Suffolk</i>
<i>Dylan Fernandes</i>	<i>Barnstable, Dukes and Nantucket</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>
<i>Carmine L. Gentile</i>	<i>13th Middlesex</i>
<i>Adrian Madaro</i>	<i>1st Suffolk</i>
<i>Cynthia S. Creem</i>	<i>First Middlesex and Norfolk</i>
<i>Jack Lewis</i>	<i>7th Middlesex</i>
<i>Michelle M. DuBois</i>	<i>10th Plymouth</i>
<i>Brendan P. Crighton</i>	<i>11th Essex</i>
<i>Sarah K. Peake</i>	<i>4th Barnstable</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Mike Connolly</i>	<i>26th Middlesex</i>

HOUSE No. 1194

By Mr. Kafka of Stoughton, a petition (accompanied by bill, House, No. 1194) of Louis L. Kafka and others relative to end of life options. Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Ninetieth General Court
(2017-2018)**

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 Section 1: The General Laws, as appearing in the 2014 Official Edition, is hereby
2 amended by inserting after Chapter 201F the following new chapter:-

3 CHAPTER 201G

4 MASSACHUSETTS END OF LIFE OPTIONS ACT

5 Section 1. Definitions.

6 The definitions in this section apply throughout this chapter unless the context clearly
7 requires otherwise.

8 “Adult” means an individual who is 18 years of age or older.

9 “Aid in Dying” means the medical practice of a physician prescribing lawful medication
10 to a qualified patient, which the patient may choose to self-administer to bring about a peaceful
11 death.

12 “Attending physician” means the physician who has primary responsibility for the care of
13 a terminally ill patient.

14 “Capable” means having the capacity to make informed, complex health care decisions;
15 understand the consequences of those decisions; and to communicate them to health care
16 providers, including communication through individuals familiar with the patient’s manner of
17 communicating if those individuals are available.

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

20 “Counseling” means one or more consultations as necessary between a licensed mental
21 health professional and a patient for the purpose of determining that the patient is capable and
22 not suffering from a psychiatric or psychological disorder or depression causing impaired
23 judgment. A licensed mental health professional that is part of interdisciplinary team defined in
24 105 CMR 141.203, for a patient receiving hospice care, may provide the necessary consultations,
25 provided that a consultation occurs after the patient has made the oral request.

26 “Guardian” means an individual who has qualified as a guardian of an incapacitated
27 person pursuant to court appointment and includes a limited guardian, special guardian and
28 temporary guardian, but excludes one who is merely a Guardian ad litem (as defined in Chapter
29 190B, Article V, Section 5-101). Guardianship does not include a Health Care Proxy (as defined
30 by Chapter 201D of the Massachusetts General Laws).

31 “Health care provider” means an individual licensed, certified, or otherwise authorized or
32 permitted by law to administer health care or dispense medication in the ordinary course of
33 business or practice of a profession, and includes a health care facility.

34 “Incapacitated person” means an individual who for reasons other than advanced age or
35 minor, has a clinically diagnosed condition that results in an inability to receive and evaluate
36 information or make or communicate decisions to such an extent that the individual lacks the
37 ability to meet essential requirements for physical health, safety, or self-care, even with
38 appropriate technological assistance. This term shall follow as described by Chapter 190B,
39 Article V, Section 5-101)

40 “Informed decision” means a decision by a qualified patient to request and obtain a
41 prescription for medication pursuant to this chapter that is based on an understanding and
42 acknowledgment of the relevant facts and that is made after being fully informed by the
43 attending physician of:

- 44 (a) The patient’s medical diagnosis;
- 45 (b) The patient’s prognosis;
- 46 (c) The potential risks associated with taking the medication to be prescribed;
- 47 (d) The probable result of taking the medication to be prescribed; and
- 48 (e) The feasible alternatives or additional treatment opportunities, including but not
49 limited to palliative care as defined in Ch. 111 § 227.

50 “Medically confirmed” means 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 “Medication” means aid in dying medication.

54 “Palliative care” means a health care treatment as defined in Ch. 111 § 227, including
55 interdisciplinary end-of-life care and consultation with patients and family members, to prevent
56 or relieve pain and suffering and to enhance the patient’s quality of life, including hospice.”

57 “Patient” means an individual who has received health care services from a health care
58 provider for treatment of a medical condition.

59 “Physician” means a doctor of medicine or osteopathy licensed to practice medicine in
60 Massachusetts by the board of registration in medicine.

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

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

65 (a) Possession of a Massachusetts driver’s license;

66 (b) Proof of registration to vote in Massachusetts;

67 (c) Proof that the individual owns or leases real property in Massachusetts;

68 (d) Proof that the individual has resided in a Massachusetts health care facility for at least
69 3 months;

70 (e) Computer-generated bill from a bank or mortgage company, utility company, doctor,
71 or hospital;

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

74 (g) A Medicaid or Medicare benefit statement; or

75 (h) Filing of a Massachusetts tax return for the most recent tax year;

76 “Self-administer” means a qualified patient’s act of ingesting medication obtained
77 pursuant to this chapter.

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

80 Section 2. Terminally ill patient’s right to request aid in dying and obtain prescription for
81 medication pursuant to this chapter.

82 (1) A terminally ill patient may voluntarily make an oral request for aid in dying and a
83 prescription for medication that the patient can choose to self-administer to bring about a
84 peaceful death if the patient:

85 (a) is a capable adult;

86 (b) is a resident of Massachusetts; and

87 (c) has been determined by the patient’s attending physician to be terminally ill.

88 (2) A terminally ill patient may provide a written request for aid in dying and a
89 prescription for medication that the patient can choose to self-administer to bring about a
90 peaceful death if the patient:

91 (a) has met the requirements in part (1) of this section;

92 (b) has been determined by a consulting physician to be terminally ill;

93 (c) has been approved by a licensed mental health professional; and

94 (d) has had no less than fifteen days pass after making the oral request.

95 (3) A patient may not qualify under this chapter if the patient has a guardian.

96 (4) A patient may not qualify under this chapter solely because of age or disability.

97 Section 3. Oral and Written Requests.

98 (1) A patient wishing to receive a prescription for medication pursuant to this chapter
99 shall make an oral request to the patient's attending physician. No less than fifteen days after
100 making said request the patient will submit a written request to the patient's attending physician
101 in substantially the form set in Section 4.

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

104 (a) personally known to the witnesses or has provided proof of identity;

105 (b) acting voluntarily; and

106 (c) not being coerced to sign the request.

107 (3) At least one of the witnesses shall be an individual who is not:

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

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

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

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

115 (5) If the patient is a patient in a long-term care facility at the time the written request is
116 made, one of the witnesses shall be an individual designated by the facility.

117 Section 4. Form of Written Request and Witness Declaration.

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

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

124 I have been fully informed of my diagnosis, prognosis, the nature of the aid in dying
125 medication to be prescribed and potential associated risks, the expected result, and the feasible
126 alternatives and additional treatment opportunities, including comfort care, hospice care, and
127 pain control.

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

131 I understand that I have the right to rescind this request at any time. I understand the full
132 import of this request and I expect to die if I take the aid in dying medication to be prescribed. I
133 further understand that although most deaths occur within three hours, my death may take longer
134 and my physician has counseled me about this possibility. I make this request voluntarily,
135 without reservation, and without being coerced, and I accept full responsibility for 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 to not 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. Right to rescind request -- requirement to offer opportunity to rescind.

146 (1) A qualified patient may at any time rescind the request for medication pursuant to this
147 chapter without regard to the qualified patient's mental state.

148 (2) A prescription for medication pursuant to this chapter may not be written without the
149 attending physician offering the qualified patient an opportunity to rescind the request for
150 medication.

151 Section 6. Attending physician responsibilities.

152 (1) The attending physician shall:

153 (a) make the initial determination of whether an adult patient:

154 (i) is a resident of this state;

155 (ii) is terminally ill;

156 (iii) is capable; and

157 (iv) has voluntarily made the request for aid in dying.

158 (b) ensure that the patient is making an informed decision by discussing with the patient:

159 (i) a patient's medical diagnosis;

160 (ii) a patient's prognosis;

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

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

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

164 limited to palliative care as defined in Ch. 111 § 227.

165 (c) refer the patient to a consulting physician to medically confirm the diagnosis and

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

167 (d) refer the patient for counseling pursuant to section 8;

168 (e) recommend that the patient notify the patient's next of kin;

169 (f) counsel the patient about the importance of:

170 (i) having another individual present when the patient takes the medication prescribed

171 pursuant to this chapter; and

172 (ii) not taking the medication in a public place;

173 (h) inform the patient that the patient may rescind the request for medication at any time

174 and in any manner;

175 (i) verify, immediately prior to writing the prescription for medication, that the patient is

176 making an informed decision;

177 (j) fulfill the medical record documentation requirements of section 13;

178 (k) ensure that all appropriate steps are carried out in accordance with this chapter before

179 writing a prescription for medication for a qualified patient; and

180 (l) (i) dispense medications directly, including ancillary medications intended to facilitate

181 the desired effect to minimize the patient's discomfort, if the attending physician is authorized

182 under law to dispense and has a current drug enforcement administration certificate; or

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

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

185 (B) deliver the written prescription personally, by mail, or by otherwise permissible

186 electronic communication to the pharmacist, who will dispense the medications directly to either

187 the patient, the attending physician, or an expressly identified agent of the patient. Medications

188 dispensed pursuant to this paragraph (l) shall not be dispensed by mail or other form of courier.

189 (2) The attending physician may sign the patient's death certificate which shall list the
190 underlying terminal disease as the cause of death.

191 Section 7. Consulting physician confirmation.

192 (1) Before a patient may be considered a qualified patient under this chapter the
193 consulting physician shall:

194 (a) examine the patient and the patient's relevant medical records;

195 (b) confirm in writing the attending physician's diagnosis that the patient is suffering
196 from a terminal illness; and

197 (c) verify that the patient:

198 (i) is capable;

199 (ii) is acting voluntarily; and

200 (iii) has made an informed decision.

201 Section 8. Counseling referral.

202 (1) An attending physician shall refer a patient, who has requested medication under this
203 chapter, to counseling to determine that the patient is not suffering from a psychiatric or
204 psychological disorder or depression causing impaired judgment. The licensed mental health
205 professional must submit a final written report to the prescribing physician.

206 (2) The medication may not be prescribed until the individual performing the counseling
207 determines that the patient is not suffering from a psychiatric or psychological disorder or
208 depression causing impaired judgment.

209 Section 9. Informed decision required.

210 A qualified patient may not receive a prescription for medication pursuant to this chapter
211 unless the patient has made an informed decision as defined in section 1. Immediately before
212 writing a prescription for medication under this chapter the attending physician shall verify that
213 the qualified patient is making an informed decision.

214 Section 10. Family notification recommended -- not required.

215 The attending physician shall recommend that a patient notify the patient's next of kin of
216 the patient's request for medication pursuant to this chapter. A request for medication shall not
217 be denied because a patient declines or is unable to notify the next of kin.

218 Section 11. Medical record documentation requirements.

219 The following items must be documented or filed in the patient's medical record:

220 (1) the determination and the basis for determining that a patient requesting medication
221 pursuant to this chapter is a qualified patient;

222 (2) all oral requests by a patient for medication;

223 (3) all written requests by a patient for medication made pursuant to sections 3 through 5;

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

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

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

229 (7) the attending physician's offer before prescribing the medication to allow the qualified
230 patient to rescind the patient's request for the medication; and

231 (8) a note by the attending physician indicating:

232 (a) that all requirements under this chapter have been met; and

233 (b) the steps taken to carry out the request, including a notation of the medication
234 prescribed.

235 Section 12. Disposal of unused medications.

236 Any medication dispensed under this chapter that was not self-administered shall be
237 disposed of by lawful means.

238 Section 13. Data Collection.

239 Physicians are required to keep a record of the number of requests; number of
240 prescriptions written; number of requests rescinded; and the number of qualified patients that
241 took the medication under this chapter. This data shall be reported to the Department of Public
242 Health annually, which will subsequently be made available to the public.

243 Section 14. Effect on wills, contracts, insurance, annuities, statutes and regulations.

244 (1) Any provision in a contract, will, or other agreement, whether written or oral, to the
245 extent the provision would affect whether a patient may make or rescind a request for medication
246 pursuant to this chapter, is not valid.

247 (2) A qualified patient's act of making or rescinding a request for aid in dying shall not:
248 provide the sole basis for the appointment of a guardian or conservator.

249 (3) A qualified patient's act of self-administering medication obtained pursuant to this act
250 shall not constitute suicide or have an effect upon any life, health, or accident insurance or
251 annuity policy.

252 (4) Actions taken by health care providers and patient advocates supporting a qualified
253 patient exercising his or her rights pursuant to this chapter, including being present when the
254 patient self-administers medication, shall not for any purpose, constitute elder abuse, neglect,
255 assisted suicide, mercy killing, or homicide under any civil or criminal law or for purposes of
256 professional disciplinary action.

257 (5) State regulations, documents and reports shall not refer to the practice of aid in dying
258 under this chapter as "suicide" or "assisted suicide."

259 Section 15. Provider Participation.

260 (1) A health care provider may choose whether to voluntarily participate in providing to a
261 qualified patient medication pursuant to this act and is not under any duty, whether by contract,
262 by statute, or by any other legal requirement, to participate in providing a qualified patient with
263 the medication.

264 (2) A health care provider or professional organization or association may not subject an
265 individual to censure, discipline, suspension, loss of license, loss of privileges, loss of
266 membership, or other penalty for participating or refusing to participate in providing medication
267 to a qualified patient pursuant to this chapter.

268 (3) If a health care provider is unable or unwilling to carry out a patient's request under
269 this chapter and the patient transfers care to a new health care provider, the prior health care
270 provider shall transfer, upon request, a copy of the patient's relevant medical records to the new
271 health care provider.

272 (4) (a) Health care providers shall maintain and disclose to consumers upon request their
273 written policies outlining the extent to which they refuse to participate in providing to a qualified
274 patient any medication pursuant to this act.

275 (b) The required consumer disclosure shall at minimum:

276 (i) include information about the Massachusetts End of Life Options Act;

277 (ii) identify the specific services in which they refuse to participate;

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

280 (iv) describe the mechanism the provider will use to provide patients a referral to another
281 provider or provider in the provider's service area who is willing to perform the specific health
282 care service;

283 (v) describe the provider's policies and procedures relating to transferring patients to
284 other providers who will implement the health care decision;

285 (vi) inform consumers that the cost of such transfer will be borne by the transferring
286 provider;

287 (vii) describe the internal and external consumer complaint processes available to patients
288 affected by the provider's objections.

289 (c) The consumer disclosure shall be provided:

290 (i) to any individual upon the request;

291 (ii) to a patient or resident or their authorized appointed health care agents, guardians,
292 surrogate decision-maker upon admission or at the time of initial receipt of health care.

293 Section 16. Liabilities.

294 (1) Purposely or knowingly altering or forging a request for medication pursuant to this
295 chapter without authorization of the patient or concealing or destroying a rescission of a request
296 for medication is punishable as a felony if the act is done with the intent or effect of causing the
297 patient's death.

298 (2) An individual who coerces or exerts undue influence on a patient to request
299 medication to end the patient's life, or to destroy a rescission of a request, shall be guilty of a
300 felony punishable by imprisonment in the state prison for not more than three years or in the
301 house of correction for not more than two and one-half years or by a fine of not more than one
302 thousand dollars or by both such fine and imprisonment.

303 (3) Nothing in this act limits further liability for civil damages resulting from other
304 negligent conduct or intentional misconduct by any individual.

305 (4) The penalties in this chapter do not preclude criminal penalties applicable under other
306 law for conduct inconsistent with the provisions of this act.

307 Section 17. Claims by governmental entity for costs incurred.

308 A governmental entity that incurs costs resulting from a qualified patient self-
309 administering medication in a public place while acting pursuant to this chapter may submit a
310 claim against the estate of the patient to recover costs and reasonable attorney fees related to
311 enforcing the claim.

312 Section 18. Construction.

313 Nothing in this chapter may be construed to authorize a physician or any other individual
314 to end a patient's life by lethal injection, mercy killing, assisted suicide, or active euthanasia.

315 Section 19. Severability.

316 If any provision of this act or its application to any individual or circumstance is held
317 invalid, the remainder of the act or the application of the provision to other individuals or
318 circumstances is not affected.