

**HOUSE . . . . . No. 2381**

---

**The Commonwealth of Massachusetts**

PRESENTED BY:

***James J. O'Day and John J. Mahoney***

*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>2/8/2021</i>
<i>John J. Mahoney</i>	<i>13th Worcester</i>	<i>2/8/2021</i>
<i>James Arciero</i>	<i>2nd Middlesex</i>	<i>2/26/2021</i>
<i>Christine P. Barber</i>	<i>34th Middlesex</i>	<i>2/22/2021</i>
<i>John Barrett, III</i>	<i>1st Berkshire</i>	<i>2/18/2021</i>
<i>Natalie M. Blais</i>	<i>1st Franklin</i>	<i>2/9/2021</i>
<i>Antonio F. D. Cabral</i>	<i>13th Bristol</i>	<i>2/25/2021</i>
<i>Peter Capano</i>	<i>11th Essex</i>	<i>2/11/2021</i>
<i>Daniel R. Carey</i>	<i>2nd Hampshire</i>	<i>2/15/2021</i>
<i>Michelle L. Ciccolo</i>	<i>15th Middlesex</i>	<i>2/25/2021</i>
<i>Daniel M. Donahue</i>	<i>16th Worcester</i>	<i>2/26/2021</i>
<i>Mindy Domb</i>	<i>3rd Hampshire</i>	<i>2/10/2021</i>
<i>Carol A. Doherty</i>	<i>3rd Bristol</i>	<i>2/20/2021</i>
<i>Patricia A. Duffy</i>	<i>5th Hampden</i>	<i>2/16/2021</i>
<i>Carolyn C. Dykema</i>	<i>8th Middlesex</i>	<i>2/26/2021</i>
<i>Lori A. Ehrlich</i>	<i>8th Essex</i>	<i>2/11/2021</i>
<i>Dylan A. Fernandes</i>	<i>Barnstable, Dukes and Nantucket</i>	<i>2/25/2021</i>
<i>William C. Galvin</i>	<i>6th Norfolk</i>	<i>2/25/2021</i>

<i>Sean Garballey</i>	<i>23rd Middlesex</i>	<i>2/18/2021</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>	<i>2/21/2021</i>
<i>Tami L. Gouveia</i>	<i>14th Middlesex</i>	<i>2/22/2021</i>
<i>James K. Hawkins</i>	<i>2nd Bristol</i>	<i>2/26/2021</i>
<i>Christopher Hendricks</i>	<i>11th Bristol</i>	<i>2/19/2021</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>2/26/2021</i>
<i>Sally P. Kerans</i>	<i>13th Essex</i>	<i>2/25/2021</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>2/18/2021</i>
<i>David Henry Argosky LeBoeuf</i>	<i>17th Worcester</i>	<i>2/9/2021</i>
<i>Jack Patrick Lewis</i>	<i>7th Middlesex</i>	<i>2/8/2021</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>	<i>2/19/2021</i>
<i>Jay D. Livingstone</i>	<i>8th Suffolk</i>	<i>2/18/2021</i>
<i>Adrian C. Madaro</i>	<i>1st Suffolk</i>	<i>2/26/2021</i>
<i>Paul W. Mark</i>	<i>2nd Berkshire</i>	<i>2/22/2021</i>
<i>Christina A. Minicucci</i>	<i>14th Essex</i>	<i>2/26/2021</i>
<i>Michael J. Moran</i>	<i>18th Suffolk</i>	<i>2/26/2021</i>
<i>Tram T. Nguyen</i>	<i>18th Essex</i>	<i>2/25/2021</i>
<i>Jacob R. Oliveira</i>	<i>7th Hampden</i>	<i>2/18/2021</i>
<i>Steven C. Owens</i>	<i>29th Middlesex</i>	<i>2/26/2021</i>
<i>Sarah K. Peake</i>	<i>4th Barnstable</i>	<i>2/23/2021</i>
<i>Smitty Pignatelli</i>	<i>4th Berkshire</i>	<i>2/18/2021</i>
<i>Edward R. Philips</i>	<i>8th Norfolk</i>	<i>2/19/2021</i>
<i>Maria Duaine Robinson</i>	<i>6th Middlesex</i>	<i>2/8/2021</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>	<i>2/25/2021</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>2/9/2021</i>
<i>Danillo A. Sena</i>	<i>37th Middlesex</i>	<i>2/16/2021</i>
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>	<i>2/19/2021</i>
<i>Tommy Vitolo</i>	<i>15th Norfolk</i>	<i>2/8/2021</i>
<i>Susannah M. Whipps</i>	<i>2nd Franklin</i>	<i>2/22/2021</i>
<i>Bud L. Williams</i>	<i>11th Hampden</i>	<i>2/9/2021</i>
<i>Donald H. Wong</i>	<i>9th Essex</i>	<i>2/19/2021</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Bristol and Middlesex</i>	<i>2/18/2021</i>
<i>Jason M. Lewis</i>	<i>Fifth Middlesex</i>	<i>2/22/2021</i>
<i>Michael J. Barrett</i>	<i>Third Middlesex</i>	<i>2/23/2021</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/26/2021</i>
<i>Michelle M. DuBois</i>	<i>10th Plymouth</i>	<i>2/26/2021</i>
<i>Jessica Ann Giannino</i>	<i>16th Suffolk</i>	<i>2/26/2021</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>	<i>3/15/2021</i>
<i>Alice Hanlon Peisch</i>	<i>14th Norfolk</i>	<i>3/2/2021</i>

<i>Andres X. Vargas</i>	<i>3rd Essex</i>	<i>3/1/2021</i>
<i>Patricia D. Jehlen</i>	<i>Second Middlesex</i>	<i>3/1/2021</i>
<i>Mark C. Montigny</i>	<i>Second Bristol and Plymouth</i>	<i>3/3/2021</i>
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>3/19/2021</i>
<i>Lenny Mirra</i>	<i>2nd Essex</i>	<i>3/22/2021</i>
<i>Meghan Kilcoyne</i>	<i>12th Worcester</i>	<i>3/26/2021</i>
<i>Kate Lipper-Garabedian</i>	<i>32nd Middlesex</i>	<i>3/31/2021</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>4/6/2021</i>
<i>Kenneth I. Gordon</i>	<i>21st Middlesex</i>	<i>4/6/2021</i>
<i>Adam J. Scanlon</i>	<i>14th Bristol</i>	<i>4/13/2021</i>

**HOUSE . . . . . No. 2381**

By Messrs. O'Day of West Boylston and Mahoney of Worcester, a petition (accompanied by bill, House, No. 2381) of James J. O'Day, John J. Mahoney and others relative to end of life options. Public Health.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-Second General Court  
(2021-2022)**

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 2018 Official Edition, are hereby  
2 amended by inserting after chapter 201F the following chapter:-

3 CHAPTER 201G

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

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

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

10 “Attending physician”, the physician who has primary responsibility for the care of a  
11 terminally ill patient.

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

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

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

21 A licensed mental health professional, as defined by the department of public health for the  
22 purposes of this chapter, that is part of an interdisciplinary team defined in 105 CMR 141.203,  
23 for a patient receiving hospice care, may provide the necessary consultations, provided that a  
24 consultation occurs after the patient has made the oral request.

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

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

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

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

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

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

51           “Medication”, aid in dying medication.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

79 Section 2. (a) A patient wishing to receive a prescription for medication under this  
80 chapter shall make an oral request to the patient's attending physician. No less than 15 days after  
81 making the request the patient shall submit a written request to the patient's attending physician  
82 in substantially the form set in section 4.

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

86 (1) is a capable adult;

87 (2) is a resident of Massachusetts; and

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



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

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

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

94 (3) has been approved by a licensed mental health professional; and

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

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

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

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

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

101 (2) acting voluntarily; and

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

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

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

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

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

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

110 (d) The patient's attending physician at the time the request is signed shall not serve as a  
111 witness.

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

114 Section 4.

115 REQUEST FOR AID IN DYING MEDICATION PURSUANT TO THE  
116 MASSACHUSETTS END OF LIFE OPTIONS ACT

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

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

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

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

133

134 Signed:..... Dated:.....

135

136 DECLARATION OF WITNESSES

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

140 Printed Name of Witness 1: .....

141

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

143

144 Printed Name of Witness 2: .....

145

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

147

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

150           (b) A prescription for medication under this chapter may not be written without the  
151 attending physician offering the qualified patient an opportunity to rescind the request for  
152 medication.

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

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

155           (i) is a resident of this state;

156           (ii) is terminally ill;

157           (iii) is capable; and

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

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

160           (i) the patient's medical diagnosis;

161           (ii) the patient's prognosis;

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

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

164 (v) the feasible alternatives and additional treatment opportunities, including, but not  
165 limited to, palliative care as defined in section 227 of chapter 111.

166 (3) refer the patient to a consulting physician to medically confirm the diagnosis and  
167 prognosis and for a determination that the patient is capable and is acting voluntarily;

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

169 (5) ensure that sections 6 through 8, inclusive, are followed in chronological order;

170 (6) have a prior clinical relationship with the patient, unless the patient's primary care  
171 physician is unwilling to participate;

172 (7) recommend that the patient notify the patient's next of kin;

173 (8) recommend that the patient complete a Medical Order for Life-Sustaining Treatment  
174 form;

175 (9) counsel the patient about the importance of:

176 (i) having another individual present when the patient takes the medication prescribed  
177 under this chapter; and

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

179 (10) inform the patient that the patient may rescind the request for medication at any time  
180 and in any manner;

181 (11) verify, immediately prior to writing the prescription for medication, that the patient  
182 is making an informed decision;

183 (12) educate the patient on how to self-administer the medication;  
184 (13) fulfill the medical record documentation requirements of section 13;  
185 (14) ensure that all appropriate steps are carried out in accordance with this chapter  
186 before writing a prescription for medication for a qualified patient; and

187 (15) (i) dispense medications directly, including ancillary medications intended to  
188 facilitate the desired effect to minimize the patient's discomfort, if the attending physician is  
189 authorized under law to dispense and has a current drug enforcement administration certificate;

190 or

191 (ii) with the qualified patient's written consent;

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

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

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

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

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

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

204 (3) verify that the patient:

205 (i) is capable;

206 (ii) is acting voluntarily; and

207 (iii) has made an informed decision.

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

213 (b) The medication may not be prescribed until the individual performing the counseling  
214 determines that:

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

217 (2) the licensed mental health professional has no reason to suspect coercion in the  
218 patient's decision-making process.

219 Section 9. A qualified patient may not receive a prescription for medication pursuant to  
220 this chapter unless the patient has made an informed decision. Immediately before writing a

221 prescription for medication under this chapter the attending physician shall verify that the  
222 qualified patient is making an informed decision.

223 Section 10. The attending physician shall recommend that a patient notify the patient's  
224 next of kin of the patient's request for medication pursuant to this chapter. A request for  
225 medication shall not be denied because a patient declines or is unable to notify the next of kin.

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

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

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

231 (3) all written requests by a patient for medication made pursuant to sections 3 through 5,  
232 inclusive;

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

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

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

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



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

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

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

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

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

249 Section 13. Physicians shall keep a record of the number of requests; number of  
250 prescriptions written; number of requests rescinded; the number of qualified patients that took  
251 the medication under this chapter; the general demographic and socioeconomic characteristics of  
252 the patient, and any physical disability of the patient. This data shall be reported to the  
253 department of public health annually, and shall subsequently be made available to the public.

254 Section 14. (a) Any provision in a contract, will, or other agreement, whether written or  
255 oral, to the extent the provision would affect whether a patient may make or rescind a request for  
256 medication pursuant to this chapter, is not valid.

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

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

262 (d) Actions taken by health care providers and patient advocates supporting a qualified  
263 patient exercising his or her rights pursuant to this chapter, including being present when the  
264 patient self-administers medication, shall not for any purpose, constitute elder abuse, neglect,  
265 assisted suicide, mercy killing, or homicide under any civil or criminal law.

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

268 Section 15. (a) A health care provider may choose whether to voluntarily participate in  
269 providing to a qualified patient medication pursuant to this chapter and shall not be under any  
270 duty, whether by contract, by statute, or by any other legal requirement, to participate in  
271 providing a qualified patient with the medication.

272 (b) A health care provider or professional organization or association may not subject an  
273 individual to censure, discipline, suspension, loss of license, loss of privileges, loss of  
274 membership, or other penalty for participating or refusing to participate in providing medication  
275 to a qualified patient under this chapter.

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

280 (d) (1) Health care providers shall maintain and disclose upon request their written  
281 policies outlining the extent to which they refuse to participate in providing to a qualified patient  
282 any medication under this chapter.

283 (2) The required consumer disclosure shall at minimum:

284 (i) include information about this chapter;

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

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

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

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

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

295 (c) The consumer disclosure shall be provided to an individual upon request.

296 Section 16. (a) Purposely or knowingly altering or forging a request for medication under  
297 this chapter without authorization of the patient or concealing or destroying a rescission of a  
298 request for medication is punishable as a felony if the act is done with the intent or effect of  
299 causing the patient's death.

300 (b) An individual who coerces or exerts undue influence on a patient to request  
301 medication to end the patient's life, or to destroy a rescission of a request, shall be guilty of a  
302 felony punishable by imprisonment in the state prison for not more than 3 years or in the house  
303 of correction for not more than 2½ years or by a fine of not more than \$1,000 or by both such  
304 fine and imprisonment.

305 (c) Nothing in this chapter limits further liability for civil damages resulting from other  
306 negligent conduct or intentional misconduct by any individual.

307 (d) The penalties in this chapter do not preclude criminal penalties applicable under other  
308 law for conduct inconsistent with the provisions of this chapter.

309 Section 17. A governmental entity that incurs costs resulting from a qualified patient self-  
310 administering medication in a public place while acting pursuant to this chapter may submit a  
311 claim against the estate of the patient to recover costs and reasonable attorney fees related to  
312 enforcing the claim.

313 Section 18. If an emergency medical provider finds a patient who has self-administered  
314 the prescription, they shall follow standard resuscitation protocol. If a Medical Order for Life-  
315 Sustaining Treatment or other legally recognized do-not-resuscitate order is found, then the  
316 medical provider shall follow the directives of the form.

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

320           Section 20. If any provision of this chapter or its application to any individual or  
321   circumstance is held invalid, the remainder of the act or the application of the provision to other  
322   individuals or circumstances is not affected.