

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 ~~X~~ 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.