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The Honorable Aaron Michlewitz
Chair, House Committee on Ways & Means
State House, Room 243
Boston, MA 02133

Dear Chair Michlewitz,

On behalf of the Massachusetts Medical Society (MMS), representing more than 22,000 physicians, residents, and medical students across the Commonwealth, thank you for the opportunity to provide comments on H.4868*, An Act relative to chaperones for medical exams*. The MMS supports the bill's underlying goal of promoting patient comfort, safety, autonomy, and transparency during sensitive medical examinations. We also recognize that appropriately trained medical chaperones can provide important benefits for both patients and physicians by helping foster trust and clear communication during care delivery.

At the same time, we believe several provisions of the bill would benefit from further refinement to ensure that its requirements are practical, workable, and capable of being implemented consistently across a wide range of health care settings. We welcome the opportunity to work with the House to achieve these shared goals.

Our primary concerns relate to the scope of the bill, administrative burden, and operational implementation. First, the bill's definition of "sensitive examination" extends beyond traditionally recognized sensitive examinations to include any examination or procedure that a patient finds uncomfortable without the presence of a chaperone. While we appreciate the intent of this language, the resulting standard is highly subjective and may create uncertainty regarding when the bill's disclosure, documentation, and chaperone requirements apply. We encourage consideration of a more objective definition or allowing the Department of Public Health to further define covered examinations through regulation.

Second, we are concerned about the creation of a "familial chaperone" role in statute. The MMS strongly supports a patient's ability to have a family member, friend, caregiver, or other support person present during an examination. However, support persons and trained medical chaperones serve fundamentally different functions. Medical chaperones are trained health care personnel who play a defined professional role, while family members and friends primarily serve as sources of personal support. We recommend preserving patients' ability to have support persons present while limiting the formal role of medical chaperones to health care personnel.

Third, the bill's disclosure, documentation, reporting, and policy requirements may create significant administrative burdens for physicians and health care teams. The bill requires multiple forms of disclosure, extensive electronic

health record documentation, annual reporting, policy development, educational materials, and staff training obligations. Together, these requirements could require substantial workflow changes and administrative resources that may be particularly challenging for resource-constrained practices. We encourage consideration of streamlined documentation and reporting requirements and greater flexibility regarding how facilities satisfy disclosure obligations.

We are also concerned that the bill creates significant new staffing expectations without addressing reimbursement. Outside of pelvic examinations, there is generally no established reimbursement mechanism to support the costs associated with providing trained medical chaperones. To comply with the bill, many practices may need to dedicate additional clinical staff time and resources to chaperone services, documentation, training, and reporting activities. We therefore encourage consideration of the workforce and financial implications of these requirements and whether reimbursement mechanisms or other implementation supports may be necessary to ensure compliance does not create unintended barriers to patient access to care.

To ensure patient autonomy, facilities should have flexibility to provide information about chaperone availability through other members of the health care team rather than the treating physician. Patients may feel uncomfortable requesting or declining a chaperone directly to the physician conducting a sensitive examination. Allowing a neutral member of the care team to provide this information may better support informed decision-making and reduce discomfort.

Finally, we encourage flexibility regarding the bill's continuing education requirements. While chaperone training may be highly relevant for physicians and other clinicians who routinely perform sensitive examinations, a one-size-fits-all requirement may be less appropriate for specialties with little or no direct patient contact. We recommend allowing the Board of Registration in Medicine to determine which physician specialties should be subject to these training requirements.

The MMS appreciates the Committee's consideration of these comments. We support the bill's goals and believe that, with targeted refinement, the legislation can strengthen patient protections while remaining practical and feasible for physicians and health care facilities across the Commonwealth.

Sincerely,

Rebecca W. Brendel, MD, JD
President