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CITY OF HAVERHILL

In Municipal Council

ORDERED:

That the citizens of Haverhill qualified to vote as the law directs be notified and warned to assemble at their respective meeting places on **TUESDAY, the SIXTH DAY of NOVEMBER, 2012** to open at seven o'clock in the forenoon and to close at eight o'clock in the evening, then and there to give in their votes on one ballot for ELECTORS OF PRESIDENT AND VICE PRESIDENT for this Commonwealth; SENATOR IN CONGRESS for this Commonwealth; REPRESENTATIVE IN CONGRESS for the Third Congressional District; COUNCILLOR for the Fifth Councillor District; SENATOR IN GENERAL COURT for the First Essex Senatorial District; One REPRESENTATIVE IN GENERAL COURT for the Second Essex Representative District; One REPRESENTATIVE IN GENERAL COURT for the Third Essex Representative District; one REPRESENTATIVE IN GENERAL COURT for the Fourteenth Representative District; and one REPRESENTATIVE IN GENERAL COURT for the Fifteenth Representative District; CLERK OF COURTS for Essex County and REGISTER OF DEEDS for Essex Southern District.

QUESTION 1: LAW PROPOSED BY INITIATIVE PETITION

Do you approve of a law summarized below, on which no vote was taken by the Senate or the House of Representatives on or before May 1, 2012?

SUMMARY

This proposed law would prohibit any motor vehicle manufacturer, starting with model year 2015, from selling or leasing, either directly or through a dealer, a new motor vehicle without allowing the owner to have access to the same diagnostic and repair information made available to the manufacturer's dealers and in-state authorized repair facilities.

The manufacturer would have to allow the owner, or the owner's designated in-state independent repair facility (one not affiliated with a manufacturer or its authorized dealers), to obtain diagnostic and repair information electronically, on an hourly, daily, monthly, or yearly subscription basis, for no more than fair market value and on terms that do not unfairly favor dealers and authorized repair facilities.

The manufacturer would have to provide access to the information through a non-proprietary vehicle interface, using a standard applied in federal emissions-control regulations. Such information would have to include the same content, and be in the same form and accessible in the same manner, as is provided to the manufacturer's dealers and authorized repair facilities.

For vehicles manufactured from 2002 through model year 2014, the proposed law would require a manufacturer of motor vehicles sold in Massachusetts to make available for purchase, by vehicle owners and in-state independent repair facilities, the same diagnostic and repair information that the manufacturer makes available through an electronic system to its dealers and in-state authorized repair facilities. Manufacturers would have to make such information available in the same form and manner, and to the same extent, as they do for dealers and authorized repair facilities. The information would be available for purchase on an hourly, daily, monthly, or yearly subscription basis, for no more than fair market value and on terms that do not unfairly favor dealers and authorized repair facilities.

For vehicles manufactured from 2002 through model year 2014, the proposed law would also require manufacturers to make available for purchase, by vehicle owners and in-state independent repair facilities, all diagnostic repair tools, incorporating the same diagnostic, repair and wireless capabilities as those available to dealers and authorized repair facilities. Such tools would have to be made available for no more than fair market value and on terms that do not unfairly favor dealers and authorized repair facilities.

For all years covered by the proposed law, the required diagnostic and repair information would not include the information necessary to reset a vehicle immobilizer, an anti-theft device that prevents a vehicle from being started unless the correct key code is present. Such information would have to be made available to dealers, repair facilities, and owners through a separate, secure data release system.

The proposed law would not require a manufacturer to reveal a trade secret and would not interfere with any agreement made by a manufacturer, dealer, or authorized repair facility that is in force on the effective date of the proposed law. Starting January 1, 2013, the proposed law would prohibit any agreement that waives or limits a manufacturer's compliance with the proposed law.

Any violation of the proposed law would be treated as a violation of existing state consumer protection and unfair trade-practices laws.

A YES VOTE would enact the proposed law requiring motor vehicle manufacturers to allow vehicle owners and independent repair facilities in Massachusetts to have access to the same vehicle diagnostic and repair information made available to the manufacturers' Massachusetts dealers and authorized repair facilities.

A NO VOTE would make no change in existing laws.

QUESTION 2: LAW PROPOSED BY INITIATIVE PETITION

Do you approve of a law summarized below, on which no vote was taken by the Senate or the House of Representatives on or before May 1, 2012?

SUMMARY

This proposed law would allow a physician licensed in Massachusetts to prescribe medication, at a terminally ill patient's request, to end that patient's life. To qualify, a patient would have to be an adult resident who (1) is medically determined to be mentally capable of making and communicating health care decisions; (2) has been diagnosed by attending and consulting physicians as having an incurable, irreversible disease that will, within reasonable medical judgment, cause death within six months; and (3) voluntarily expresses a wish to die and has made an informed decision. The proposed law states that the patient would ingest the medicine in order to cause death in a humane and dignified manner.

The proposed law would require the patient, directly or through a person familiar with the patient's manner of communicating, to orally communicate to a physician on two occasions, 15 days apart, the patient's request for the medication. At the time of the second request, the physician would have to offer the patient an opportunity to rescind the request. The patient would also have to sign a standard form, in the presence of two witnesses, one of whom is not a relative, a beneficiary of the patient's estate, or an owner, operator, or employee of a health care facility where the patient receives treatment or lives.

The proposed law would require the attending physician to: (1) determine if the patient is qualified; (2) inform the patient of his or her medical diagnosis and prognosis, the potential risks and probable result of ingesting the medication, and the feasible alternatives, including comfort care, hospice care and pain control; (3) refer the patient to a consulting physician for a diagnosis and prognosis regarding the patient's disease, and confirmation in writing that the patient is capable, acting voluntarily, and making an informed decision; (4) refer the patient for psychiatric or psychological consultation if the physician believes the patient may have a disorder causing impaired judgment; (5) recommend that the patient notify next of kin of the patient's intention; (6) recommend that the patient have another person present when the patient ingests the medicine and to not take it in a public place; (7) inform the patient that he or she may rescind the request at any time; (8) write the prescription when the requirements of the law are met, including verifying that the patient is making an informed decision; and (9) arrange for the medicine to be dispensed directly to the patient, or the patient's agent, but not by mail or courier.

The proposed law would make it punishable by imprisonment and/or fines, for anyone to (1) coerce a patient to request medication, (2) forge a request, or (3) conceal a rescission of a request. The proposed law would not authorize ending a patient's life by lethal injection, active euthanasia, or mercy killing. The death certificate would list the underlying terminal disease as the cause of death.

Participation under the proposed law would be voluntary. An unwilling health care provider could prohibit or sanction another health care provider for participating while on the premises of, or while acting as an employee of or contractor for, the unwilling provider.

The proposed law states that no person would be civilly or criminally liable or subject to professional discipline for actions that comply with the law, including actions taken in good faith that substantially comply. It also states that it should not be interpreted to lower the applicable standard of care for any health care provider.

A person's decision to make or rescind a request could not be restricted by will or contract made on or after January 1, 2013, and could not be considered in issuing, or setting the rates for, insurance policies or annuities. Also, the proposed law would require the attending physician to report each case in which life-ending medication is dispensed to the state Department of Public Health. The Department would provide public access to statistical data compiled from the reports.

The proposed law states that if any of its parts was held invalid, the other parts would stay in effect.

A YES VOTE would enact the proposed law allowing a physician licensed in Massachusetts to prescribe medication, at the request of a terminally-ill patient meeting certain conditions, to end that person's life.

A NO VOTE would make no change in existing laws.

QUESTION 3: LAW PROPOSED BY INITIATIVE PETITION

Do you approve of a law summarized below, on which no vote was taken by the Senate or the House of Representatives on or before May 1, 2012?

SUMMARY

This proposed law would eliminate state criminal and civil penalties for the medical use of marijuana by qualifying patients. To qualify, a patient must have been diagnosed with a debilitating medical condition, such as cancer, glaucoma, HIV-positive status or AIDS, hepatitis C, Crohn's disease, Parkinson's disease, ALS, or multiple sclerosis. The patient would also have to obtain a written certification, from a physician with whom the patient has a bona fide physician-patient relationship, that the patient has a specific debilitating medical condition and would likely obtain a net benefit from medical use of marijuana.

The proposed law would allow patients to possess up to a 60-day supply of marijuana for their personal medical use. The state Department of Public Health (DPH) would decide what amount would be a 60-day supply. A patient could designate a personal caregiver, at least 21 years old, who could assist with the patient's medical use of marijuana but would be prohibited from consuming that marijuana. Patients and caregivers would have to register with DPH by submitting the physician's certification.

The proposed law would allow for non-profit medical marijuana treatment centers to grow, process and provide marijuana to patients or their caregivers. A treatment center would have to apply for a DPH registration by (1) paying a fee to offset DPH's administrative costs; (2) identifying its location and one additional location, if any, where marijuana would be grown; and (3) submitting operating procedures, consistent with rules to be issued by DPH, including cultivation and storage of marijuana only in enclosed, locked facilities.

A treatment center's personnel would have to register with DPH before working or volunteering at the center, be at least 21 years old, and have no felony drug convictions. In 2013, there could be no more than 35 treatment centers, with at least one but not more than five centers in each county. In later years, DPH could modify the number of centers.

The proposed law would require DPH to issue a cultivation registration to a qualifying patient whose access to a treatment center is limited by financial hardship, physical inability to access reasonable transportation, or distance. This would allow the patient or caregiver to grow only enough plants, in a closed, locked facility, for a 60-day supply of marijuana for the patient's own use.

DPH could revoke any registration for a willful violation of the proposed law. Fraudulent use of a DPH registration could be punished by up to six months in a house of correction or a fine of up to $500, and fraudulent use of a registration for the sale, distribution, or trafficking of marijuana for non-medical use for profit could be punished by up to five years in state prison or by two and one-half years in a house of correction.

The proposed law would (1) not give immunity under federal law or obstruct federal enforcement of federal law; (2) not supersede Massachusetts laws prohibiting possession, cultivation, or sale of marijuana for nonmedical purposes; (3) not allow the operation of a motor vehicle, boat, or aircraft while under the influence of marijuana; (4) not require any health insurer or government entity to reimburse for the costs of the medical use of marijuana; (5) not require any health care professional to authorize the medical use of marijuana; (6) not require any accommodation of the medical use of marijuana in any workplace, school bus or grounds, youth center, or correctional facility; and (7) not require any accommodation of smoking marijuana in any public place.

The proposed law would take effect January 1, 2013, and states that if any of its part were declared invalid, the other parts would stay in effect.

A YES VOTE would enact the proposed law eliminating state criminal and civil penalties related to the medical use of marijuana, allowing patients meeting certain conditions to obtain marijuana produced and distributed by new state-regulated centers or, in specific hardship cases, to grow marijuana for their own use.

A NO VOTE would make no change in existing laws.

QUESTION 4
THIS QUESTION IS NOT BINDING

Wards 1,2,3,4,5,6
Ward 7, Precincts 1 & 3

Shall the state representative from this district be instructed to vote in favor of a resolution calling upon Congress to propose an amendment to the U.S. constitution affirming that (1) corporations are not entitled to the constitutional rights of human beings, and (2) both Congress and the states may place limits on political contributions and political spending?

YES __
NO __

QUESTION 5
THIS QUESTION IS NOT BINDING

Ward 4, Precinct 3
Ward 7, Precinct 3

Shall the state representative from this district be instructed to vote in favor of a resolution calling upon Congress and the President to: (1) prevent cuts to Social Security, Medicare, Medicaid, and Veterans benefits, or to housing, food and unemployment assistance; (2) create and protect jobs by investing in manufacturing, schools, housing, renewable energy, transportation and other public services; (3) provide new revenues for these purposes and to reduce the long-term federal deficit by closing corporate tax loopholes, ending offshore tax havens, and raising taxes on incomes over $250,000; and (4) redirect military spending to these domestic needs by reducing the military budget, ending the war in Afghanistan and bringing U.S. troops home safely now?

YES__
NO __

And be it further

ORDERED: That notice of the above meeting shall be posted on the Municipal Bulletin Board and in the City Clerk's Office