

**HOUSE . . . . . No. 3044**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Josh S. Cutler*

*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 the care and custody of individuals revived with naloxone.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Josh S. Cutler</i>	<i>6th Plymouth</i>
<i>Thomas J. Calter</i>	<i>12th Plymouth</i>
<i>David F. DeCoste</i>	<i>5th Plymouth</i>
<i>James R. Miceli</i>	<i>19th Middlesex</i>

**HOUSE . . . . . No. 3044**

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By Mr. Cutler of Duxbury, a petition (accompanied by bill, House, No. 3044) of Josh S. Cutler and others relative to the care and custody of drug dependent individuals revived with naloxone. The Judiciary.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 1480 OF 2015-2016.]

**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninetieth General Court  
(2017-2018)**  
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An Act relative to the care and custody of individuals revived with naloxone.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 Be it enacted by the Senate and House of Representatives in General Court assembled,  
2 and by the authority of same, as follows:

3 Striking out Chap. 111C Sec. 18 and inserting in place thereof:

4 Section 18. Subject to regulations and guidelines promulgated by the department, an  
5 emergency medical technician may restrain a person who presents an immediate or serious threat  
6 of bodily harm to himself or others. In the case of a person who is revived from incapacitation  
7 via naloxone or experiencing the suspension of a drug overdose through the use and/or  
8 administration of an opioid antagonist, an emergency medical technician may request and be  
9 assisted by police officers, fire fighters, or other professional first responders for the purpose of

10 restraining said person and to facilitate transportation to a hospital, clinic, or other health care  
11 facility. Any such restraint shall be noted in the written report of said emergency medical  
12 technician.

13 Striking out Chap. 111C Section 21 and inserting in place thereof:

14 Section 21. No EMS personnel certified, accredited or otherwise approved under this  
15 chapter, and no additional personnel certified or authorized under section 9, who in the  
16 performance of their duties and in good faith render emergency first aid, cardiopulmonary  
17 resuscitation, transportation, transportation attendant to apparent overdose suspension or  
18 reversal, or other EMS, to an injured person or to a person incapacitated by illness shall be  
19 personally liable as a result of rendering such aid or services or, in the case of an emergency  
20 medical technician or additional personnel, as a result of transporting such person to a hospital or  
21 other health care facility, nor shall they be liable to a hospital for its expenses if, under  
22 emergency conditions, including attendant to apparent overdose, they cause the admission of  
23 such person to said hospital or health care facility.

24 Inserting into Chap. 111E Sec. 1 the following definition:

25 “Incapacitated”, the condition of a person who, by reason of the consumption of  
26 dependency related drug is (1) unconscious, (2) in need of medical attention including but not  
27 limited to observation (3) likely to suffer or cause physical harm or damage property, or (4)  
28 disorderly.

29 Inserting into Chap. 111E Sec. 9 the following paragraphs:

30 Any person who is incapacitated, including but not limited to a person who is  
31 experiencing the suspension of a drug overdose through the use of naloxone and/or  
32 administration of an opioid antagonist or similar intervention, may be restrained and transported  
33 with or without consent to a hospital, clinic, or other health care facility for assessment,  
34 treatment and medical observation until, in the medical opinion of the treating clinician, the  
35 danger posed by opioid overdose has subsided and the patient has been observed for a period of  
36 time not less than 24 hours.

37 An police officer acting in accordance with the provisions of this section may use such  
38 force as is reasonably necessary to carry out his authorized responsibilities. If the police officer  
39 reasonably believes that his safety or the safety of other persons present so requires, he may  
40 search such person and his immediate surroundings, but only to the extent necessary to discover  
41 and seize any dangerous weapons or controlled substances and contraband which may on that  
42 occasion be used against the officer or another person present.

43 A person assisted to a facility pursuant to the provisions of this section, shall not be  
44 considered to have been arrested or to have been charged with any crime. An entry of custody  
45 shall be made indicating the date, time, place of custody, the name of the assisting officer, the  
46 name of the officer in charge, and whether the person held in custody exercised his right to take a  
47 blood test, which entry shall not be treated for any purposes, as an arrest or criminal record.

48 Striking out Chapter 112 Section 12V and inserting in place thereof:

49 Section 12V. Any person who, in good faith, attempts to render emergency care  
50 including, but not limited to, cardiopulmonary resuscitation, defibrillation, transport to a hospital,  
51 or administration of an opioid antagonist such as naloxone, and does so without compensation,

- 52 shall not be liable for acts or omissions, other than gross negligence or willful or wanton
- 53 misconduct, resulting from the attempt to render such emergency care.