

HOUSE No. 1480

The Commonwealth of Massachusetts

PRESENTED BY:

Brian R. Mannel

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:	DATE ADDED:
<i>Brian R. Mannel</i>	<i>2nd Barnstable</i>	<i>1/16/2015</i>

HOUSE No. 1480

By Mr. Mannal of Barnstable, a petition (accompanied by bill, House, No. 1480) of Brian R. Mannal relative to the care and custody of drug dependent individuals revived with naloxone. The Judiciary.

The Commonwealth of Massachusetts

In the One Hundred and Eighty-Ninth General Court
(2015-2016)

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.

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

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

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

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

Striking out Chap. 111E Sec. 9 and inserting in place thereof:

Section 9. Any facility may afford emergency treatment to a drug dependent person or a person in need of immediate assistance due to the use of a dependency related drug if the person requests such treatment. The term of emergency treatment shall not exceed forty-eight hours without compliance with the provisions of section eight relating to procedures for admission to a facility; provided, however, that if prior to the termination of the emergency treatment period the

person applies for admission pursuant to section eight, he may, in the discretion of the administrator, continue to receive treatment at the facility while his application is under consideration. Any facility may afford observation and necessary emergency treatment of a person transported in protective custody pursuant to this section attendant to overdose suspension or reversal, with or without that person's consent, only until, in the medical opinion of the treating clinician, the probable risk of resumed overdose or incapacitation has passed and after a period of time not less than 24 hours.

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

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

A person assisted to a facility pursuant to the provisions of this section, shall not be considered to have been arrested or to have been charged with any crime. An entry of custody

shall be made indicating the date, time, place of custody, the name of the assisting officer, the name of the officer in charge, and whether the person held in custody exercised his right to take a blood test, which entry shall not be treated for any purposes, as an arrest or criminal record.

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

Section 12V. Any person who, in good faith, attempts to render emergency care including, but not limited to, cardiopulmonary resuscitation, defibrillation, transport to a hospital, or administration of an opioid antagonist such as naloxone, and does so without compensation, shall not be liable for acts or omissions, other than gross negligence or willful or wanton misconduct, resulting from the attempt to render such emergency care.