

**SENATE . . . . . No. 1143**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***James B. Eldridge***

*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 prohibiting the participation of health care professionals in the torture and abuse of prisoners.

PETITION OF:

NAME:

*James B. Eldridge*

DISTRICT/ADDRESS:

*Middlesex and Worcester*

**SENATE . . . . . No. 1143**

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By Mr. Eldridge, a petition (accompanied by bill, Senate, No. 1143) of James B. Eldridge for legislation to prohibit the participation of health care professionals in the torture and abuse of prisoners. Public Health.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 1011 OF 2013-2014.]

**The Commonwealth of Massachusetts**

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

An Act prohibiting the participation of health care professionals in the torture and abuse of prisoners.

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

1           SECTION 1. Chapter 112 of the General Laws is hereby amended by inserting after  
2 section 1B the following sections:-

3           Section 1C. As used in sections 1C to 1K, inclusive, the following terms shall, unless the  
4 context clearly requires otherwise, have the following meanings:-

5           "Health care professional" means any person licensed, registered, certified, or exempt to  
6 practice a health-related profession under the laws of the commonwealth of Massachusetts,  
7 including but not limited to the following: chapter 111; chapter 111C; or sections 2, 3, 9C, 13,  
8 23A, 23R, 24, 43, 51, 51 ½ , 66, 73C, 74, 87WWW, 89, 108, 118, 130, 138, 149, 163, 196, 211,  
9 or 252 of chapter 112;

10 "Torture" means any intentional act or intentional omission by which severe pain or  
11 suffering, whether physical or mental, is inflicted on a person for any of the following purposes:  
12 to obtain from the subject or from a third person information or a confession; to punish the  
13 subject for an act that the subject or a third person has committed or is suspected of having  
14 committed; to punish the subject or a third person for actual or suspected beliefs or membership  
15 in any group; to intimidate or coerce the subject or a third person; or for any discriminatory  
16 reason.

17 "Abusive treatment" means (i) cruel, inhuman or degrading, treatment or punishment as  
18 defined by applicable international treaties and their corresponding interpreting bodies; (ii) cruel  
19 and unusual punishment as defined in the United States Constitution or the laws of  
20 Massachusetts; or (iii) any violation of subsection two of this section.

21 "Prisoner" means any person who is being detained, incarcerated, or held involuntarily,  
22 whether by a government or non-government actor, entity, or official; and whether or not under  
23 color of law.

24 To "adversely affect" a person's physical or mental health or condition does not include  
25 causing adverse effects that may arise from treatment or care when that treatment or care is  
26 performed in accordance with generally applicable legal, health and professional standards and  
27 for the purposes of evaluating, treating, protecting or improving the person's health.

28 "Interrogation" means the questioning of a prisoner, whether by a government or non-  
29 government actor, entity or official, for purposes of: (1) law enforcement; (2) the enforcement of  
30 rules or regulations of a closed institution such as a jail or other detention facility, police facility,  
31 prison, immigration facility, or psychiatric or military facility; (3) obtaining military and national

32 security intelligence; or (4) aiding or accomplishing any illegal activity or purpose. Questioning  
33 by licensed health care professionals to assess the physical or mental condition of an individual  
34 for the exclusive purpose of providing care and treatment of that individual within the patient-  
35 provider relationship does not constitute interrogation.

36 The terms "torture" and "abusive treatment" shall be interpreted in accordance with  
37 applicable international treaties, principles and standards, as well as the decisions, observations  
38 and recommendations of the corresponding interpreting bodies.

39 Section 1D. No health care professional shall:

40 (a) apply his or her knowledge or skills in relation to, engage in any professional  
41 relationship with, or perform services using his or her knowledge and skills in relation to any  
42 prisoner except for:

43 (i) the purpose of evaluating, treating, protecting, or improving the physical or mental  
44 health of the prisoner within a patient-provider relationship; or

45 (ii) situations permitted by paragraphs (a), (b) or (c) of section 1F.

46 (b) engage, directly or indirectly, in the torture or abusive treatment of a prisoner, nor  
47 participate in, incite, assist in, plan or design, or conspire to commit torture or abusive treatment.

48 This general prohibition includes, but is not limited to:

49 (i) providing means or knowledge with the intent to facilitate the practice of torture or  
50 abusive treatment;

51 (ii) permitting his or her knowledge, or the clinical findings, treatment or health records  
52 regarding a prisoner, to be used in the process of torture or abusive treatment;

53 (iii) examining, evaluating, or treating a prisoner to certify whether torture or abusive  
54 treatment can begin or be resumed;

55 (iv) being present while torture or abusive treatment is being administered;

56 (v) omitting indications of torture or abusive treatment from records or reports; or

57 (vi) altering health care records or reports to hide, misrepresent or destroy evidence of  
58 torture or abusive treatment;

59 (c) use his or her knowledge or skills in any way to help create conditions of  
60 confinement, incarceration or detention designed to harm, weaken, break down, exhaust or  
61 otherwise impair a prisoner;

62 (d) use his or her knowledge or skills to further or facilitate the punishment, intimidation,  
63 or coercion of a prisoner, except as permitted by paragraph (a) or (b) of section 1F;

64 (e) use his or her knowledge or skills in any way to assist in the detention or incarceration  
65 of a prisoner when such assistance may adversely affect the prisoner's physical or mental health,  
66 except as permitted by paragraph (a) or (b) of section 1F; or

67 (f) participate in the interrogation of a prisoner, including, but not limited to, being  
68 physically present in the interrogation room, having the ability to see or hear what is taking place  
69 in the interrogation room by any technical means or methods, asking or suggesting questions,  
70 advising on the use of specific interrogation techniques, monitoring the interrogation, or  
71 medically or psychologically evaluating a person for the purpose of identifying potential  
72 interrogation methods or strategies. However, this paragraph shall not bar a health care  
73 professional from assessing the competency or sanity of a prisoner in connection with his or her

74 participation in a matter authorized by paragraph (a) section 1F or from engaging in conduct  
75 permitted under paragraph (d) of section 1F.

76 Section 1E. Every health care professional who uses his or her knowledge or skills in  
77 relation to a prisoner shall do so in a way consistent with generally applicable legal, health and  
78 professional standards, including but not limited to those pertaining to the confidentiality of  
79 patient information. In all clinical assessments relating to a prisoner, whether for therapeutic or  
80 evaluative purposes, health care professionals shall exercise their professional judgment  
81 independent of the interests of a government or other third party.

82 Section 1F. A health care professional may engage in the following conduct, so long as it  
83 is consistent with legal and professional standards; it does not adversely affect the physical or  
84 mental health or condition of an individual; it does not violate section 1D and 1E; and it is not  
85 otherwise unlawful:

86 (a) participate in or aid the investigation, prosecution, or defense of a criminal,  
87 administrative or civil matter;

88 (b) participate in acts to restrain or temporarily alter the physical or mental activity of a  
89 prisoner, where necessary for the physical or mental health or safety of the prisoner or for the  
90 safety of other prisoners, or persons directly caring for, guarding or confining the prisoner;

91 (c) conduct human subject research in accordance with all safeguards for human subjects  
92 required by Massachusetts, federal and international law, including but not limited to the  
93 informed consent of the subject and institutional review board approval;

94 (d) conduct training related to the non-abusive interrogation of prisoners solely for one or  
95 more of the following purposes, provided that such training is not specific to ongoing or  
96 anticipated interrogations:

97 (i) assessing a physical or mental illness or condition of a person subject to interrogation;

98 (ii) assessing the possible physical and mental effects of particular techniques and  
99 conditions of interrogation; and

100 (iii) developing effective, non-abusive interrogation strategies.

101 Section 1G. A health care professional who has reasonable grounds, based on more  
102 information than is publicly available, to believe that torture, abusive treatment or conduct in  
103 violation of this section has occurred, is ongoing, or will take place in the future shall  
104 immediately report such conduct to:

105 (a) a government agency that the health care professional reasonably believes has legal  
106 authority to investigate, prevent or punish the continuation of torture or abusive treatment of a  
107 prisoner or conduct in violation of this section and is reasonably likely to attempt to do so; and

108 (b) in the case of an alleged violation by a health care professional licensed under the  
109 laws of Massachusetts, the appropriate licensing authority.

110 Section 1H. It shall be a violation of this section if the health care professional knew or  
111 reasonably should have known his or her conduct is of the kind prohibited, and regardless of  
112 whether he or she is acting in his or her professional capacity. If a health care professional is  
113 denied access to the information necessary to ascertain whether torture or abusive treatment has

114 occurred, is occurring or will occur, the health care professional must presume that the prisoner  
115 is at risk of torture or abusive treatment.

116 Section 1I. The following may be considered in full or partial mitigation of a violation of  
117 this section by the health care professional:

118 (a) compliance with section 1F; or

119 (b) cooperation in good faith with an investigation of a violation of sections 1D, 1E, 1F.

120 Section 1J. Sections 1C to 1H shall apply without regard to whether the proscribed  
121 conduct takes place within or outside of the commonwealth of Massachusetts; whether it is  
122 committed by a governmental or non-governmental entity, official, or actor; or whether it is  
123 committed under actual or asserted color of law.

124 Section 1K. Sections 1C to 1J shall not be construed to expand the lawful scope of  
125 practice of any health care professional.

126 SECTION 2. This act shall not be construed to mean that the conduct proscribed herein  
127 does not already violate state law or constitute professional misconduct.