

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Marjorie C. Decker and John J. Lawn, Jr.

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 preventing overdose deaths and increasing access to treatment.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>1/17/2025</i>

HOUSE No.

[Pin Slip]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

An Act relative to preventing overdose deaths and increasing access to treatment.

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 111 of the General Laws, as appearing in the 2022 edition, is
2 hereby amended by inserting after section 215 the following new section:-

3 Section 215A. (a) For the purposes of this section, the following words shall have the
4 following meanings unless the context clearly requires otherwise:

5 “Harm reduction program”, a program or service that reduces the adverse consequences
6 of substance use, including use-related morbidity and mortality, stabilizes and improves the
7 health of people who use substances, and advances public health. Programming or services
8 provided by a harm reduction program may include, but shall not be limited to: needle exchange;
9 primary care, including disease prevention and health screenings; access or referral to evidence-
10 based treatment options; drug testing services; overdose reversal care; supervision of persons
11 who use pre-obtained substances; and other social support services deemed permissible by the
12 department.

13 “Harm reduction program operators”, entities or individuals directly involved in the
14 operation, administration or staffing of a harm reduction program, including directors, board
15 members, consultants, health care providers, service providers, staff and volunteers.

16 (b) Not later than 1 year after the implementation of a harm reduction program under this
17 subsection, the department shall report the results of authorized programs pursuant to this section
18 and any recommendations by filing the report with the clerks of the senate and house of
19 representatives, the joint committee on mental health, substance use and recovery, the joint
20 committee on public health and the senate and house committees on ways and means.

21 (c) Notwithstanding any general or special law to the contrary, harm reduction program
22 operators, individuals who access harm reduction program services, owners, lessors and sub-
23 lessors of property used for harm reduction programs and state, county and municipal employees
24 involved in approving or operating harm reduction programs shall, for actions related to the
25 approval or operation of, or participation in, a harm reduction program, be immune from: (i)
26 arrest, charge or prosecution, including for attempting, aiding and abetting or conspiracy to
27 commit a violation, pursuant to sections 32, 32A, 32B, 32C, 32D, 32E, 32I, 34, 40, 43 and 47 of
28 chapter 94C and chapter 271A; (ii) seizure or forfeiture of data, records, assets or property under
29 state law; (iii) civil suit, liability or damages alleged to have been sustained by an act or omission
30 by a harm reduction program operator in the course of providing harm reduction services; (iv)
31 denial of any right or privilege; and (v) for health care providers, disciplinary action by a
32 professional licensing board, credentialing restriction, contractual liability, adverse employment
33 action or denial of any professional privilege; provided, however, that the immunity described in
34 this subsection shall apply only if the harm reduction program is approved by the department and

35 operates in good faith in accordance with this section and regulatory requirements issued by the
36 department.

37 (d) Entering or exiting or utilizing a harm reduction program cannot serve as the basis
38 for, or a fact contributing to the existence of, reasonable suspicion or probable cause to conduct a
39 search or seizure.

40 (e) The immunity provided under subsection (c) shall not apply: (i) if the damage was
41 caused by an act or omission constituting gross negligence or recklessness, conduct with an
42 intent to harm, discrimination based on race, ethnicity, national origin, religion, disability, sexual
43 orientation or gender identity, or conduct outside the scope of responsibility of a harm reduction
44 program employee or volunteer, as determined by the department; (ii) to consumer protection
45 actions brought by the attorney general; (iii) to false claims actions brought by or on behalf of
46 the commonwealth; or (iv) privacy violations.

47 (f) Notwithstanding any general law or special law to the contrary, a person or entity
48 providing harm reduction services under this section and approved by the department shall not be
49 required to register their activities pursuant to section 7 of chapter 94C.

50 (g) The department shall promulgate regulations to implement this section.

51 SECTION 2. Section 193U of chapter 175 of the general laws, as amended by section 23
52 of chapter 127 of the acts of 2022, is hereby amended by inserting in the first sentence of the
53 second paragraph, after the word “that,” the following words:- “a health care provider provides
54 services at a harm reduction program, or”.