

**SENATE . . . . . No. 2992**

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**The Commonwealth of Massachusetts**

—  
**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**  
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SENATE, March 23, 2026.

The committee on The Judiciary to whom was referred the petition (accompanied by bill, Senate, No. 1230) of Patrick M. O'Connor for legislation to establish medical civil rights, report the accompanying bill (Senate, No. 2992).

For the committee,  
Lydia Edwards

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**The Commonwealth of Massachusetts**

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

An Act establishing medical civil rights.

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

1 Chapter 276 is hereby amended by adding the following new section:-

2 Section 33 ½.

3 (1) Definitions:

4 (a) “Emergency medical condition” a medical condition, whether physical, behavioral,  
5 related to a substance use disorder, or mental, manifesting itself by symptoms of sufficient  
6 severity, including but not limited to severe pain, that the absence of prompt medical attention  
7 could reasonably be expected by a law enforcement officer to result in placing the health of the  
8 person or another person in serious jeopardy, serious impairment to body function or serious  
9 dysfunction of any body organ or part.

10 (b) “Medically unstable,” any condition, whether physical, behavioral, or related to  
11 substance use or mental health disorders, that manifests in an unstable medical or mental health  
12 status, which could to lead to an emergency medical condition.

13 (c) “Law enforcement agency”, (i) a state, county, municipal or district law enforcement  
14 agency, including, but not limited to: a city, town or district police department, the office of  
15 environmental law enforcement, the University of Massachusetts police department, the  
16 department of the state police, the Massachusetts Port Authority police department, also known  
17 as the Port of Boston Authority police department, and the Massachusetts Bay Transportation  
18 Authority police department; (ii) a sheriff’s department in its performance of police duties and  
19 functions; or (iii) a public or private college, university or other educational institution or  
20 hospital police department.

21 (d) “Law enforcement officer” or “officer”, any officer of an agency, including the head  
22 of the agency; a special state police officer appointed pursuant to section 58 or section 63 of  
23 chapter 22C; a special sheriff appointed pursuant to section 4 of chapter 37 performing police  
24 duties and functions; a deputy sheriff appointed pursuant to section 3 of said chapter 37  
25 performing police duties and functions; a constable executing an arrest for any reason; or any  
26 other special, reserve or intermittent police officer.

27 (e) “Correctional officer”, any officer with supervisory, custodial, or other control  
28 responsibilities within a correctional agency.

29 (f) “Correctional agency”, the Department of Corrections, a House of Corrections, or a  
30 jail.

31 (g) “Medical personnel”, any person licensed to provide health care, including but not  
32 limited to an emergency medical technician, physician or nurse.

33 (2) Any person who experiences an emergency medical condition or is medically unstable  
34 while in direct audio or visual contact with, or under the custody or control of, a law enforcement  
35 or correctional officer shall have the right to be provided with emergency medical services.

36 (3) Except as provided in subsection (4) of this section, a law enforcement or correctional  
37 officer shall immediately request emergency medical services for any person who is under such  
38 officer's custody or control or otherwise in direct audio or visual contact with the officer when  
39 such person: (1) Has communicated to the officer that the person is (A) experiencing an  
40 emergency medical condition, or (B) medically unstable, or (2) has been observed by the officer  
41 to be (A) experiencing an emergency medical condition, or (B) medically unstable.

42 (4) A law enforcement or correctional officer shall not be required to request emergency  
43 medical services when such officer (1) has made a reasonable determination that the person is  
44 not (A) experiencing an emergency medical condition, or (B) medically unstable, or (C) has  
45 affirmatively verified that the sole cause of such person's condition is that under the influence of  
46 alcohol or other substances or (2) knows that such person has been seen by a medical  
47 professional within the previous twenty-four hours and was released from such medical  
48 professional's care after a determination that such person was not (A) experiencing an emergency  
49 medical condition, or (B) medically unstable.

50 (5) In circumstances where medical personnel and law enforcement or correctional  
51 officers are simultaneously involved, a law enforcement or correctional officer shall immediately  
52 allow medical personnel to commence treatment for any person who is under such officer's  
53 custody or control when such person: (1) Has communicated to the officer that the person is (A)  
54 experiencing an emergency medical condition, or (B) medically unstable, or (2) has been

55 reasonably observed by the officer to be (A) experiencing an emergency medical condition, or  
56 (B) medically unstable.

57 (6) Not later than one year after the date of enactment of this Act, the Massachusetts  
58 Executive Office of Public Safety and Security (EOPSS), in consultation with Municipal Police  
59 Departments, College/University Law Enforcement Agencies, Department of Corrections, and  
60 Emergency Medical Services (EMS), shall submit an annual report regarding the delivery of  
61 emergency medical care to persons held in custody to the Massachusetts Attorney General.

62 (a) This annual report shall include information such as the frequency, nature, and  
63 timing of the delivery of such care, including but not limited to the number of emergency  
64 department admissions and hospitalizations along with limited data regarding the cause for the  
65 admission; the number of emergency medical services (EMS) activations, including the primary  
66 impression; and information regarding the emergency medical care provided to a person prior to  
67 a death in custody, along with other clinical data, if relevant or available, regarding the medical  
68 care provided prior to such a death.

69 (b) This report should include a section on psychiatric crises during arrest,  
70 including whether a 3-digit crisis report was made prior to law enforcement contact, and whether  
71 medical care was provided by emergency medical services (EMS), hospitalization or otherwise.

72 (c) For psychiatric crises involving medical personnel whose data is not  
73 integrated into the electronic medical record (EMR), such as under co-response models, this  
74 report is to create a uniform summary regarding critical incident responses and the medical care  
75 provided.

76 (d) Such data shall culminate in a yearly report regarding the delivery of  
77 emergency medical care to persons in custody, including a summary regarding the nature or  
78 primary impression associated with the medical need, the prevalence of such emergencies, and  
79 whether care was provided in a timely manner.