SENATE . . . . . No. 2992

The Commonwealth of Massachusetts

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

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

FILED ON: 3/2/2026

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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:

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

Section 33 ½.

(1) Definitions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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