

# HOUSE . . . . . No. 4538

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## The Commonwealth of Massachusetts

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HOUSE OF REPRESENTATIVES, March 9, 2020.

The committee on Mental Health, Substance Use and Recovery, to whom was referred the joint petition (accompanied by bill, House, No. 1747) of Smitty Pignatelli, Joan B. Lovely and others relative to requirements and procedures necessary for first responders to provide urgent help to persons overdosing from opioids, reports recommending that the accompanying bill (House, No. 4538) ought to pass.

For the committee,

MARJORIE C. DECKER.

**HOUSE . . . . . No. 4538**

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**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-First General Court  
(2019-2020)**

An Act to reduce harm from opioids.

*Whereas*, The deferred operation of this act would tend to defeat its purpose, which is to authorize forthwith certain requirements and procedures necessary for first responders to provide urgent help to persons at risk of serious and deadly harm from opioids and opioid overdose, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public health.

*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. Section 34A of chapter 94C of the General Laws, as appearing in the 2018  
2 Official Edition, is hereby amended by inserting at the end thereof the following 2 subsections:-

3                   (f) State and municipal law enforcement personnel and emergency medical  
4 personnel to include, but not limited to, emergency medical technicians (EMTs), paramedics, and  
5 fire department personnel may provide and transfer an opioid antagonist, which may include  
6 naloxone, to an individual or to the individual’s responsible family member, friend, or other  
7 person, along with instructions on administration and use of the opioid antagonist, to provide  
8 opioid overdose protection to the individual. Said provision and transfer of an opioid antagonist  
9 shall be based upon the good faith judgement of the law enforcement or emergency medical  
10 personnel including but not limited to their experience, training, knowledge, observations and the

11 information provided by the individual at substantial risk of experiencing an opioid-related  
12 overdose event or from the individual's family, friend or others with knowledge of the  
13 individual's prior opioid use.

14 (g) A person acting in good faith may provide, administer or utilize testing equipment to  
15 assist another person in identifying or in analyzing the strength, effectiveness or purity of a  
16 controlled substance. A person who, in good faith, provides, administers or utilizes testing  
17 equipment to assist another person in identifying or in analyzing the strength, effectiveness or  
18 purity of a controlled substance shall not be charged or prosecuted for possession of drug  
19 paraphernalia under section 32I. Testing equipment shall include, but not be limited to, fentanyl  
20 test strips, colorimetric reagents, high-performance liquid chromatography, gas chromatography  
21 and mass spectrometry.

22 SECTION 2. Section 201 of chapter 111, as so appearing, is hereby amended by inserting  
23 after the first paragraph the following paragraph:-

24 Such first aid training shall also require instruction to administer opioid  
25 antagonists, which may include naloxone, in overdosing emergencies. The instruction shall meet  
26 the standards prescribed by the department. Police and fire members, shall satisfactorily  
27 complete an initial instruction as soon as practical, but in no event more than 1 year after the date  
28 of their employment. Notwithstanding, police and fire members who began their employment  
29 before the effective date of the training requirement prescribed under this paragraph, shall  
30 satisfactorily complete their instruction as soon as practical, but in no event more than 1 year  
31 after said date. Satisfactory completion of a refresher course in administering opioid antagonists

32 as approved by the department shall be required every 3 years, unless the department by  
33 regulation establishes an earlier time requirement.

34 SECTION 3. Said chapter 111, as so appearing, is hereby amended by inserting  
35 after section 201, the following section:-

36 Section 201½. (a) As used in this section, the following words, unless the context  
37 clearly requires otherwise, shall have the following meanings:-

38 “Emergency first response vehicle”, any official government motor vehicle and  
39 motorized watercraft, which is intended and primarily operated to provide for the transport and  
40 rapid response of first responders to emergencies involving the public.

41 “First responders”, members of police and fire departments, members of the state police  
42 participating in highway patrol, and members of emergency reserve units of a volunteer fire  
43 department or fire protection district, who are trained to administer an opioid antagonist pursuant  
44 to the first aid training requirements under section 201; provided however, that first responders  
45 shall not include police officers, fire fighters and persons engaged in police and fire work whose  
46 duties are primarily clerical or administrative.

47 “Opioid antagonist”, Naloxone or other drug approved by the federal Food and  
48 Drug Administration as a competitive narcotic antagonist used in the reversal of overdoses  
49 caused by opioids and that is in a form approved by the commissioner for use by first responders;  
50 provided any dosage of such drug, including any integrated delivery system to administer the  
51 drug (i) is not expired under its labelled expiration date, and (ii) has no damage or other  
52 condition, determinable by visual inspection or known information, that would affect adversely  
53 the drug’s use or suitability.

54 (b) A governmental entity or organization shall be responsible to provide  
55 its first responders when on duty with an opioid antagonist for use in opioid overdose  
56 emergencies. This requirement shall be complied with by implementing one, or any part or  
57 combination, of the following methods: (i) equipping with an opioid antagonist any emergency  
58 first response vehicle that it owns or has care and control, or (ii) supplying an opioid antagonist  
59 to its first responders to be carried by such persons when on duty; provided the selected method  
60 when implemented shall provide all first responders with reasonable direct access to an opioid  
61 antagonist in overdose emergencies.

62 (c) The requirement of a government entity or organization to provide its first  
63 responders with an opioid antagonist under this section, shall be subject to such drug's  
64 availability, provided the government entity or organization has taken reasonable measures as  
65 soon as practicable, to acquire and replenish its supply of an obtainable opioid antagonist to  
66 comply with this requirement.

67 (d) No cost shall be assessed to first responders by their employing or appointing  
68 governmental entity or organization for any opioid antagonist required under this section to be  
69 supplied or made available to first responders, including any device necessary for first  
70 responders to carry the drug when on duty, which shall be provided by such entity or  
71 organization.

72 (e) The immunity provisions established under subsection (g) of section  
73 19B of chapter 94C shall also apply to first responders who administer an opioid antagonist in  
74 accordance with to said subsection.

75                   SECTION 4. Subsections (b) through (d), inclusive, of Section 2 shall take effect  
76   8 months after the passage of this act.