

# Public Safety and Security Committee

## JOINT FAVORABLE REPORT

**Bill No.:** HB-5397

AN ACT CONCERNING EMERGENCY INTERVENTION BY A POLICE OFFICER WHEN A PERSON IS INCAPACITATED BY DRUGS OR DUE TO A

**Title:** MEDICAL EMERGENCY.

**Vote Date:** 3/19/2024

**Vote Action:** Joint Favorable Substitute

**PH Date:** 3/7/2024

**File No.:**

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### SPONSORS OF BILL:

**Rep. Craig C. Fishbein, 90th Dist.**

### REASONS FOR BILL:

This bill would allow a police officer to take into protective custody a person who is experiencing an overdose or other medical emergency, with the approval of an appropriate medical control officer to a hospital or a treatment facility for emergency medical services.

This bill seeks to ease burden off of our first responder Police Officers and allow citizens experiencing medical emergency to get the help from medical professionals faster, possibly saving their lives in certain situations.

### Substitute Language:

Adds the line "by drugs or due to a medical emergency" to the reasons for an officer to take a person into protective custody and transport them to emergency medical services.

Adds an explanation for when an officer is allowed to take a person into protective custody and transport them to medical emergency services. An officer may only take a person incapacitated by drugs, alcohol, or a medical emergency if there are no medical personnel available to transport said person and only if they get approval from the appropriate medical control officer for emergency medical services personnel.

Adds a clarification for the term "Medical Triage". It is defined as a service that provides immediate assessment of symptoms of substance abuse, immediate care and treatment of medical emergencies and such symptoms as necessary, a determination of need for treatment and assistance in attaining appropriate continued treatment.

Changes language used across bill to define who may be taken into protected custody and transported to medical services to a more all-encompassing descriptor, "such person" or "a person".

#### **RESPONSE FROM ADMINISTRATION/AGENCY:**

##### **Nancy Navarretta, Commissioner, Department of Mental Health & Addiction Services,**

###### **Opposes:**

Opposes bill as it stands and suggests alternative language be added to current bill. Suggests removing language that specifies "alcohol" or "drug use" and retaining the language of any "medical emergency" in order to prevent further stigmatization of individuals with substance use disorders. Includes, as written and its potential application to allow involuntary transportation of all individuals exhibiting symptoms of a substance use disorder. Removing the element of patient choice in health care can traumatize and trigger individuals with a behavioral health disorder. Having a negative association with police or treatment may make it less likely for patient to positively engage law enforcement and reduce engagement in voluntarily in treatment in the future. Adds that they do support processes that would ensure that individuals who have experienced incapacitating intoxication or an overdose can choose voluntary access to behavioral health services.

#### **NATURE AND SOURCES OF SUPPORT:**

##### **Carol Hall, State Representative, CT General Assembly, Supports:**

Within the current law, officers are not allowed to transport victims of drug overdoses that have received Narcan to Emergency Medical Services if they refuse treatment. This has led to officers being repeatedly called back to administer Narcan to the same victims multiple times a day. Connecticut would join Massachusetts and Vermont, by allowing any police officer with reasonable cause, to take affected citizens to a hospital for emergency examination, evaluation and arrange for medical support or rehabilitation. Adds, this would ease the burden on our first responders and ease the stress on the families of these victims and in the end get these victims the help they so desperately need.

#### **NATURE AND SOURCES OF OPPOSITION:**

##### **Amelia Breyre, EMS Medical Director, Yale New Haven EMS, Opposes:**

##### **Charles Ingram, Associate EMS Medical Director, Yale New Haven Hospital EMS,**

###### **Opposes:**

The current proposal removes the responsibility of determining patient medical-making capacity from EMS personnel/clinicians and places the onus onto onsite medical control officers. EMS clinicians have a well-defined set of state EMS protocols that clearly outline when contacting medical control officers is necessary in the case of high-risk refusals of transport. As the on-scene clinicians, EMS clinicians are the most medically appropriate individuals to assess a patient, and to legislatively remove that part of their training is professionally demeaning.

##### **Katherine Couturier, MPH-EMS Medical Director, Opposes:**

Suggests that this bill shifts the accountability from the personnel on scene to the ED Clinician while causing a significant number of interruptions to busy Emergency Department

physicians. Expresses how this may potentially have a negative effect on emergency department workflow. Suggests an amendment to recognize the DPH OEMS licensed and certified providers as well as the State EMS protocols. This will ensure a true assessment of patient capacity by a trained medical professional who is authorized by the sponsor hospital and EMS Medical Director to practice; ensuring both appropriate patient care as well as accounting for the patients' rights and wishes.

**Sydney de Lannoy, Policy Intern, CT Community Nonprofit Alliance, Opposes:**

While nonprofit organizations play a vital role in providing support and resources to individuals struggling with addiction and medical crises, these organizations operate with a focus on empathy, understanding, and voluntary participation, which are essential components of successful treatment. Involuntary intervention undermines the principles of choice and autonomy that are central to the nonprofit sector's approach. Most treatment facilities are not equipped designed to handle or "detain," involuntary patients. These facilities lack the infrastructure necessary to accommodate individuals who are not there willingly. Forcing individuals into treatment against their will not only compromises the integrity of these facilities but also undermines the trust and rapport built between patients and caregivers.

**Kathleen Flaherty, Executive Director, CT Legal Rights Project Inc., Opposes:**

Sites the importance of the citizen's ability to refuse that assistance when offered. Taking someone to a hospital against their will is coercive, traumatic, and often does not lead to long-term, sustained recovery. We need to create substantive changes to our existing systems that will result in more people engaging voluntarily with services. Having police take people into protective custody is not a public health approach.

**Jess Zaccagnino, Policy Counsel, ACLU-CT, Opposes:**

Relying on police as first responders to drug overdoses and other addiction crises will not improve our public health outlook for opioid addiction, but rather will prop up the system of mass incarceration. Suggests the creation of policy that supports a longer-term move away from dispatching police to drug use calls in favor of a public health-based approach.

**Ben Zura, Director Innovation Strategy, Emergency Resource Management, Opposes:**

Suggests the bill is based on a common myth that most overdose patients that receive Naloxone subsequently refuse transport by ambulance to the ER. Goes on to explain how EMS is generally dispatched alongside PD for these types of patients so there is generally no need for officers to permit patients to Emergency Services without EMS present.

**Reported by: Casey Urso (Assistant Clerk)**

**Date: March 27<sup>th</sup>, 2024**