
OLR Bill Analysis

sHB 5397

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

SUMMARY

This bill expands a police officer's duty to take certain incapacitated people into protective custody. As under current law for those incapacitated by alcohol, the bill requires police officers, when finding someone who appears to be incapacitated by drugs or due to a medical emergency, to take the person into protective custody and transport them to a (1) treatment facility that provides medical triage or (2) hospital. However, unlike with individuals incapacitated by alcohol, officers may only take these other individuals if they are requested to do so by emergency medical services personnel.

The bill similarly expands current requirements on treatment facilities, hospitals, and their medical officers. Like current requirements regarding people brought to them who appear to be incapacitated by alcohol, the bill requires them to also care for those who may be incapacitated by drugs or due to a medical emergency. This includes determining whether the person requires inpatient treatment.

The bill also makes technical changes.

EFFECTIVE DATE: October 1, 2024

PROTECTIVE CUSTODY INVOLVING DRUGS OR MEDICAL EMERGENCY

Under the bill, individuals incapacitated by drugs or due to a medical emergency may only be taken into protective custody by police if emergency medical services personnel request it after having (1) evaluated the individual, to the extent possible, and (2) received

direction from their appropriate medical control officer to have the individual transported to a hospital (or, presumably, a treatment facility). The bill states that nothing in it limits any police officer from taking any reasonable action in good faith to protect the wellbeing of these individuals before emergency medical services personnel arrive.

POLICE ACTIONS

Under existing law for someone incapacitated by alcohol and the bill for someone incapacitated by drugs or due to a medical emergency, taking someone into protective custody is not an arrest and no record may be made to indicate that a person was arrested or charged with a crime. Police must make every reasonable effort to protect the health and safety of someone they take into this custody and may take reasonable steps to protect themselves.

MEDICAL ACTIONS

Similarly, under existing law and the bill, a medical officer must examine a person the police bring to his or her treatment facility or hospital as soon as possible and determine whether the person requires inpatient treatment. If a medical officer determines that the person requires inpatient treatment, the person must be (1) admitted to, referred to, or detained at a treatment facility that provides medical treatment for detoxification or a hospital or (2) committed to a treatment facility operated by the Department of Mental Health and Addiction Services for emergency treatment. If the person is referred to another treatment facility or hospital, the referring facility or hospital must arrange for the person's transportation.

Anyone who is not committed for emergency treatment must be released once he or she is no longer incapacitated or within 48 hours, whichever is shorter, unless he or she consents to more evaluation or treatment. If someone is admitted, his or her family or next of kin must be notified as promptly as possible unless (1) prohibited by federal law or (2) the person is not incapacitated and requests that there be no notification.

Existing law and the bill allow a person to be taken to his or her home,

if any, if he or she is not admitted or referred to a treatment facility or hospital and has no money. But if the person does not have a home, the facility must help him or her get shelter.

APPLICATION

By law, and under the bill, “drugs” are those containing any quantity of a substance designated:

1. as subject to the federal Controlled Substances Act;
2. as a depressant or stimulant drug under federal food and drug laws; or
3. by the consumer protection commissioner in regulations as having a stimulant, depressant, or hallucinogenic effect upon the higher functions of the central nervous system and tending to promote abuse or psychological or physiological dependence, or both.

These drugs are classifiable as amphetamine-type, barbiturate-type, cannabis-type, cocaine-type, hallucinogenic, morphine-type, and other stimulant and depressant drugs. They specifically do not include alcohol, nicotine, and caffeine (CGS §§ 17a-680(6) & 21a-240(8)).

Under current law, “medical triage” is a service that provides (1) immediate assessment of substance abuse symptoms, (2) immediate care and treatment of those symptoms as necessary, (3) a determination of the need for treatment, and (4) help with getting appropriate continued treatment. The bill expands this definition to include the immediate care and treatment of medical emergencies.

Under the bill, “emergency medical services personnel” is a certified emergency medical responder, emergency medical technician, advanced emergency medical technician, emergency medical services instructor, or a licensed paramedic (CGS § 20-206jj(5)).

Under existing law, “incapacitated by alcohol” is a condition in which a person’s judgment is so impaired because of alcohol that he or

she is incapable of realizing and making a rational decision about his or her need for treatment (CGS § 17a-680(11)).

COMMITTEE ACTION

Public Safety and Security Committee

Joint Favorable Substitute

Yea 25 Nay 0 (03/19/2024)