



COPY

THE SENATE  
Twenty-Fourth Northern Marianas Commonwealth Legislature  
P. O. Box 500129  
Saipan, MP 96950

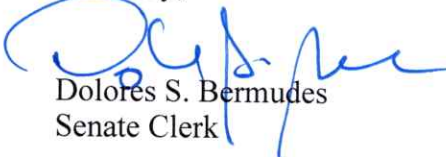
February 17, 2026

The Honorable Edmund S. Villagomez  
Speaker  
House of Representatives  
24<sup>th</sup> Northern Marianas Commonwealth Legislature  
Saipan, MP 96950

Dear Speaker Villagomez:

I have the honor of returning without amendments House Bill No. 24-35, entitled, "To amend certain provisions of the CNMI Good Samaritan Act [7 CMC § 2801 et seq.]; and for other purposes. The Senate passed on Final Reading H.B. No. 24-35, by the unanimous vote, in its 3<sup>rd</sup> Day, Third Regular Session on February 13, 2026.

Sincerely,

  
Dolores S. Bermudes  
Senate Clerk

Attachment

**Transmitted to HOUSE:**

Received by: KS Date: 02-17-2026 Time: 11:00 AM



**The Senate**  
NORTHERN MARIANAS COMMONWEALTH LEGISLATURE  
P.O. BOX 500129  
SAIPAN, MP 96950

STANDING COMMITTEE REPORT NO. **24-56**  
**Date: December 2, 2025**  
**RE: House Bill No. 24-35**

Honorable Karl R. King-Nabors  
President of the Senate  
Twenty-Fourth Northern Marianas  
Commonwealth Legislature  
Saipan, MP 96950

Dear Mr. President:

Your Committee on Judiciary, Government, and Law, to which House Bill No. 24-35 was referred, entitled:

“To amend certain provisions of the CNMI Good Samaritan Act [7 CMC § 2801 *et seq.*]; and for other purposes,”

begs leave to report as follows:

**I. RECOMMENDATION:**

After considerable discussion and deliberation, your Committee recommends the passage of House Bill No. 24-35 in its current form.

**II. ANALYSIS:**

A. Purpose:

The purpose of House Bill No. 24-35 is to establish limited immunity for members of the community from civil liability who administer opioid overdose reversal medication to a person who is drug overdose during an emergency by amending the CNMI Good Samaritans Act.

B. Committee Findings:

Your Committee finds that Public Law 23-23, codified under 3 CMC § 21401-21402 and 6 CMC § 2139, established the CNMI Drug Overdose Policy to enhance access to opioid overdose reversal medications. The law also grants limited immunity to certain healthcare professionals and first responders who prescribe, dispense, or administer such medications while on duty.

Realizing the urgent need to respond quickly to an overdose to save a life, your Committee agrees that it is crucial to expand civil liability protections for individuals acting in good conscience during an emergency.

Your Committee further finds that House Bill No. 24-35 seeks to expand access to opioid overdose reversal medications and encourage bystanders to seek immediate medical assistance for individuals in need, without fear of legal repercussions. The proposed legislation amends the Good Samaritan Act, codified under 7 CMC § 2801 *et seq.*, to include the administration of opioid overdose reversal medication by first responders, off-duty personnel, public entities, emergency rescue personnel, and employees of the CNMI Public School System during emergencies at school-related activities.

Your Committee met on December 2, 2025, to formally discuss the proposed legislation. After careful consideration, your Committee strongly supports the intent of the proposed legislation and recommends the passage of House Bill No. 24-35 in its current form.

C. Legislative History:

House Bill No. 24-35 was formally introduced by Representative Malcolm J. Omar on July 14, 2025 and was subsequently referred to the House Standing Committee on Judiciary and Governmental Operations (JGO) for disposition. On July 25, 2025, the House JGO Committee adopted House Standing Committee Report (SCR) No. 24-20, recommending passage of House Bill No. 24-35 in its current form. On August 29, 2025, during the Second Day, Second Regular Session of the House of Representatives, House SCR 24-20 was adopted, and the House of Representatives passed House Bill No. 24-35 in its current form. On September 2, 2025, House Bill No. 24-35 was transmitted to the Senate and was subsequently referred to the Senate Standing Committee on Judiciary, Government, and Law for disposition.

D. Public Hearing and Comment:

1. Public Hearing. No public hearing was scheduled for House Bill No. 24-35. However, a committee meeting, which is open to the public, was held on December 2, 2025. See below for further details.

2. Committee Meeting. The proposed legislation made its first appearance during the scheduled committee meeting on Tuesday, December 2, 2025. The committee meeting notices and agenda were officially posted on November 26, 2025, on various legislative forums and social media sites to invite members of the general public to provide comments as indicated under *Item No. IV. Public Comment* on the Committee Agenda. However, no oral testimonies in support or in opposition of the proposed legislation were presented to your Committee.
3. Written Comment. Your Committee sent out several requests for comments on the proposed legislation. To date, the status of comments received from the following government and private entities is as follows:
  - a. Office of the Attorney General, *no comment received*
  - b. Mayor of Rota, *no comment received*
  - c. Mayor of Tinian and Aguiguan, *no comment received*
  - d. Mayor of Saipan, *no comment received*
  - e. Department of Fire and Emergency Medical Services, *no comment received*
  - f. Department of Public Safety, *no comment received*

E. Estimated Fiscal Cost:

No fiscal analysis was prepared for the proposed legislation.

House Bill 24-35 may not impact budgetary resources upon its enactment as the proposed legislation intends to encourage immediate response by community members to act in good faith and save the life of persons experiencing an overdose in opioid-related emergencies.

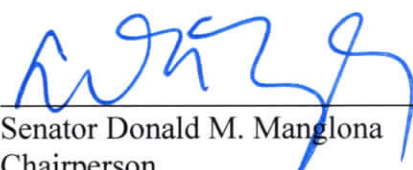
F. Summary of Committee Amendments:


Your Committee agreed that no further amendments were needed.

**III. CONCLUSION:**

Your Committee agrees with the intent and purpose of the proposed legislation and recommends the passage of House Bill 24-35 in its current form.

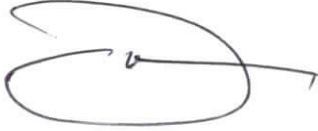
Respectfully submitted,

  
\_\_\_\_\_  
Senator Donald M. Manglona  
Chairperson

  
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Senator Manny Gregory T. Castro  
Vice Chairperson

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Senator Celina R. Babauta  
Member



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Senator Ronnie M. Calvo  
Member

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Senator Francisco Q. Cruz  
Member

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Senator Corina L. Magofna  
Member

Reviewed by:



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Senate Legal Counsel

TWENTY-FOURTH NORTHERN MARIANAS COMMONWEALTH  
LEGISLATURE

IN THE HOUSE OF REPRESENTATIVES

JULY 14, 2025

Fourth Special Session, 2025

H. B. 24-35

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**A BILL FOR AN ACT**

To amend certain provisions of the CNMI Good Samaritan Act  
[7 CMC § 2801 *et seq.*]; and for other purposes.

**BE IT ENACTED BY THE 24<sup>TH</sup> NORTHERN MARIANAS  
COMMONWEALTH LEGISLATURE:**

1        **Section 1. Findings and Purpose:** The Legislature finds that the opioid  
2 overdose epidemic continues to grow in the United States. According the Centers  
3 for Disease Control and Prevention, more than 750,000 people have died since 1999  
4 from a drug overdose. Two out of three drug overdose deaths in 2018 involved an  
5 opioid. Opioids are substances that work in the nervous system of the body or in  
6 specific receptors in the brain to reduce the intensity of pain. Overdose deaths  
7 involving opioids, including prescription opioids, heroin, and synthetic opioids  
8 (like fentanyl), have increased almost six times since 1999. Overdoses involving  
9 opioids killed nearly 47,000 people in 2018, and 32% of those deaths involved  
10 prescription opioids.

11        Many of these negative outcomes are preventable. Opioid overdose is  
12 reversible through the timely administration of an opioid overdose reversal

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**HOUSE BILL 24-35**

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1 medication including naloxone and, where needed, the provision of other  
2 emergency care. However, community access to opioid overdose reversal  
3 medication including naloxone is limited by laws and regulations that pre-date the  
4 overdose epidemic. At the urging of organizations including the U.S. Conference  
5 of Mayors, the American Medical Association, the American Public Health  
6 Association, and the National Association of Boards of Pharmacy, all states have  
7 removed some legal barriers to the seeking of emergency medical care and the  
8 timely administration of naloxone. These changes come in two general varieties.  
9 The first improves the availability of naloxone, typically by permitting it to be  
10 prescribed to people other than the person at risk of overdose or otherwise removing  
11 the need for a person to see a prescriber before obtaining the medication. The  
12 second encourages bystanders to become "Good Samaritans" by summoning  
13 emergency responders without fear of arrest or other negative legal consequences.

14 In an attempt to reverse the unprecedented increase in preventable overdose  
15 deaths, most states have also modified criminal law to provide limited immunity to  
16 individuals who seek help in an overdose emergency. The Legislature intends to  
17 encourage family members, friends, bystanders and first responders including  
18 emergency service employees, firefighters, police officers or other law enforcement  
19 officers, EMT, Advanced EMT, and paramedics to administer opioid overdose  
20 reversal medication to drug overdose victims through the establishment of limited

1 immunity from civil liability for those that administer such medication during an  
2 emergency situation.

3 **Section 2. Amendment.** 7 CMC § 2801 of the Commonwealth Code is  
4 hereby amended to read as follows:

5 **“§ 2801. Definitions.**

6 (a) When used in this chapter, the terms EMT, Advanced EMT, and  
7 paramedic are to be interpreted as those terms are defined by the Federal  
8 Department of Transportation in regard to national standard criteria for such  
9 positions.

10 (b) When used in this chapter, the term “nurse” means a registered nurse  
11 (RN), as the term registered nurse is defined in the CNMI Nurse Practice Act  
12 [3 CMC §§ 2301 et seq.], as that act may be amended after the effective date  
13 of this chapter in relation to the definition of a registered nurse.

14 (c) When used in this chapter, the term “physician” or the term  
15 “surgeon” means a medical doctor (MD) or a doctor of osteopathy (DO) that  
16 is U.S. licensed in such capacity.

17 (d) When used in this chapter, the term “gross negligence” shall mean  
18 the performing or failing to perform a manifest duty in reckless disregard of  
19 the consequences as affecting the life or property of another.

20 (e) A person is considered to act in “good faith”, when that term is used  
21 in this chapter, unless they act or fail to act with regard to a manifest duty,

1 with malice, or, with wanton or willful disregard of the consequences as  
2 affecting the life or property of another.

3 (f) When used in this chapter, the term "opioid overdose reversal  
4 medication" shall mean any drug used to reverse an opioid overdose that  
5 binds to opioid receptors and blocks or inhibits the effects of opioids acting  
6 on those receptors. It does not include intentional administration via the  
7 intravenous route.

8 (g) When used in this chapter, the term "opioid-related overdose"  
9 means a condition including, but not limited to, decreased level of  
10 consciousness, non-responsiveness, respiratory depression, coma, or death  
11 that: (i) Results from the consumption or use of an opioid or another  
12 substance with which an opioid was combined; or (ii) a lay person would  
13 reasonably believe to be an opioid-related overdose requiring medical  
14 assistance."

15 **Section 3. Amendment.** 7 CMC § 2803 of the Commonwealth Code is  
16 hereby amended to read as follows:

17 **"§ 2803. Statutory Liability Limitations: Persons Rendering**  
18 **Emergency Care at Emergency Scene for No Compensation.**

19 Any person who renders emergency care including the administration  
20 of an opioid overdose reversal medication, not for compensation, at the scene  
21 of an emergency shall only be liable in civil damages resulting from acts or

1 omissions performed in a grossly negligent manner or acts or omissions not  
2 performed in good faith. The scene of an emergency shall not include  
3 emergency departments and other places where medical care is usually  
4 offered. For the purposes of this section, "not for compensation" includes, but  
5 is not limited to, any physician, nurse, EMT of any level, firefighter, or any  
6 law enforcement officer, or any person who is employed or is a volunteer in  
7 law enforcement, firefighting, or the health care profession, who at the time  
8 of rendering emergency care under this section is off-duty from such  
9 employment or volunteer work."

10 **Section 4. Amendment.** 7 CMC § 2805 Commonwealth Code is hereby  
11 amended to read as follows:

12 **"§ 2805. Statutory Liability Limitations: Firefighters, Law**  
13 **Enforcement Officers, Emergency Medical Technicians; Employing**  
14 **Agencies.**

15 In order to encourage the provision of emergency medical services by  
16 firefighters, police officers or other law enforcement officers, EMT,  
17 Advanced EMT, and paramedics, a firefighter, police officer or other law  
18 enforcement officer, EMT, Advanced EMT, or paramedic who renders  
19 emergency medical services including the administration of an opioid  
20 overdose reversal medication at the scene of an emergency shall only be liable  
21 in civil damages for acts or omissions performed in a grossly negligent

1 manner or acts or omissions not performed in good faith. A public agency  
2 employing such a firefighter, police officer or other law enforcement officer,  
3 EMT, Advanced EMT, or paramedic shall not be liable for civil damages if  
4 the fire firefighter, police officer or other law enforcement officer, EMT,  
5 Advanced EMT, or paramedic is not liable.”

6 **Section 5. Amendment.** 7 CMC § 2806 of the Commonwealth Code is  
7 hereby amended to read as follows:

8 **“§ 2806. Statutory Liability Limitations: Emergency Services;**  
9 **Public Entities and Emergency Rescue Personnel.**

10 Neither a public entity nor emergency rescue personnel shall be liable  
11 for any injury caused by an action taken by the emergency rescue personnel  
12 acting within the scope of their employment to provide emergency services  
13 including the administration of an opioid overdose reversal medication,  
14 unless the action taken was performed in a bad faith or in a grossly negligent  
15 manner.

16 (a) For purposes of this section, it shall be presumed that the action  
17 taken when providing emergency services was performed in good faith and  
18 without gross negligence. This presumption shall be one affecting the burden  
19 of proof.

20 (b) For purposes of this section, “emergency rescue personnel” means  
21 any person who is a firefighter, police officer or other law enforcement

1 officer, EMT, Advanced EMT, or paramedic, of the federal government, the  
2 CNMI government, or local government, or other public or municipal  
3 corporation or political subdivision of this the CNMI, whether such person is  
4 a volunteer or partly paid or fully paid, while he is or she is actually engaged  
5 in providing emergency services as defined in this section.

6 (c) For purposes of this section, "emergency services" includes, but is  
7 not limited to, first aid and medical services, the administration of an opioid  
8 overdose reversal medication, rescue procedures and transportation, or other  
9 related activities necessary to insure the health or safety of a person in  
10 imminent peril."

11 **Section 6. Amendment.** Title 7, Division 2, Chapter 8 of the Commonwealth  
12 Code is hereby amended by adding a new section 2809 to read as follows:

13 **"§ 2809, Statutory Liability Limitations: Emergency Services; PSS**  
14 **Employee Rendering Emergency Care at an Emergency Scene.**

15 Any Public School System employee not licensed under the CNMI  
16 Nurse Practice Act [3 CMC §§ 2301 et seq.] who renders emergency care  
17 including administration of an opioid overdose reversal medication at the  
18 scene of an emergency during an officially designated school activity or who  
19 participates in transporting therefrom an injured person or persons for  
20 emergency medical treatment shall only be liable for civil damages resulting

1        from acts or omissions performed in a grossly negligent manner or acts or  
2        omissions not performed in good faith.”

3        **Section 7. Severability.** If any provisions of this Act or the application of  
4 any such provision to any person or circumstance should be held invalid by a court  
5 of competent jurisdiction, the remainder of this Act or the application of its  
6 provisions to persons or circumstances other than those to which it is held invalid  
7 shall not be affected thereby.

8        **Section 8. Savings Clause.** This Act and any repealer contained herein shall  
9 not be construed as affecting any existing right acquired under contract or acquired  
10 under statutes repealed or under any rule, regulation, or order adopted under the  
11 statutes. Repealers contained in this Act shall not affect any proceeding instituted  
12 under or pursuant to prior law. The enactment of the Act shall not have the effect  
13 of terminating, or in any way modifying, any liability, civil or criminal, which shall  
14 already be in existence on the date this Act becomes effective.

15        **Section 9. Effective Date.** This Act shall take effect upon its approval by the  
16 Governor, or it becoming law without such approval.

Prefiled: 7/7/2025

Date: \_\_\_\_\_ Introduced by: /s/ Rep. Malcolm J. Omar  
/s/ Rep. Julie M.A. Ogo

Reviewed for legal sufficiency by:

/s/ Joseph L.G. Taijeron, Jr.  
House Legal Counsel  
Date: 4/16/2025