



TWENTY-FOURTH NORTHERN MARIANAS COMMONWEALTH LEGISLATURE
HOUSE OF REPRESENTATIVES
**COMMITTEE ON JUDICIARY AND GOVERNMENTAL
OPERATIONS**

P.O. BOX 500586 SAIPAN, MP 96950

JOEL CAMACHO
CHAIRMAN

STANDING COMMITTEE REPORT NO. 24-20
DATE: July 25, 2025
RE: House Bill 24-35

The Honorable Edmund S. Villagomez
Speaker of the House of Representatives
Twenty-Fourth Northern Marianas
Commonwealth Legislature
Capitol Hill
Saipan, MP 96950

Dear Mr. Speaker:

Your Committee on Judiciary and Governmental Operations to which was referred:

House Bill No. 24-35: "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, your Committee recommends that House Bill No. 24-35 be passed by the House in its current form.

II. ANALYSIS:

A. Purpose:

The purpose of the Act is to promote the timely administration of opioid overdose reversal medication and encourage emergency help by providing limited immunity from civil liability

TO THE CLERK'S OFFICE
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to those who assist during an overdose emergency.

B. Committee Findings:

Your Committee finds that the opioid overdose epidemic continues to increase in the United States, with significant loss of life each year. Many of these deaths are preventable through the timely use of overdose reversal medications, like naloxone, but existing laws create barriers to access and emergency response. To address this, your Committee proposes amendments to the Commonwealth Code that remove legal obstacles and encourage rapid medical intervention by providing limited legal immunity to those who assist during an overdose emergency.

The proposed amendments define key terms, including “opioid overdose-reversal medication” and “opioid-related overdose,” and expand civil-liability protections for individuals who respond to overdoses in good faith. Community members who provide emergency aid without compensation, as well as school employees who administer overdose-reversal drugs or otherwise act during an overdose, are shielded from civil lawsuits except in cases of gross negligence or bad faith. By removing the threat of litigation, the bill promotes faster, safer intervention and strengthens public health efforts to save lives across the CNMI.

C. Public Comments/Public Hearing:

The following entities were invited to present written and/or oral testimony on the day of the committee meeting:

- Commonwealth Healthcare Corporation
- Office of the Attorney General

The Committee received written comments from the following:

- Esther L. Muna, Chief Executive Officer, Commonwealth Healthcare Corporation. Comments dated July 23, 2025.

“I express strong support for House Bill No. 24-35, which proposes amendments to the Good Samaritan Act.”

- Eleanor T. Cabrera, Chief Strategy Officer, Commonwealth Healthcare Corporation. Comments dated July 25, 2025.

“CHCC asks for your support in advancing HB 24-35 to help ensure timely, compassionate intervention is both encouraged and protected.”

The Committee received oral testimony from the following:

- Eleanor T. Cabrera, Chief Strategy Officer, Commonwealth Healthcare Corporation. Testimony dated July 25, 2025.

Comments received have been attached as part of the committee report. Oral comments can be made available upon request.

D. Legislative History:

On July 14, 2025, Representative Malcolm J. Omar introduced House Bill No. 24-35, which was subsequently referred to the House Standing Committee on Judiciary and Governmental Operations on that same date.


E. Cost Benefit:

The proposed amendments to House Bill No. 24-35 are cost-neutral for the CNMI government. They clarify existing law and extend protections to individuals who act in good faith, without creating any new programs, positions, or facilities. Because no additional personnel, infrastructure, or funding is required, the bill imposes no financial burden while enhancing the community's ability to respond effectively to opioid-related emergencies.


III. CONCLUSION:

The committee is in accord with the intent and purpose of House Bill No. 24-35 and recommends its passage.

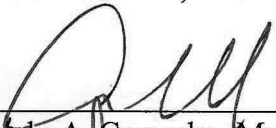
Respectfully submitted,



Rep. Joel Camacho,
Chairman



Rep. Vincent S. Aldan, Member

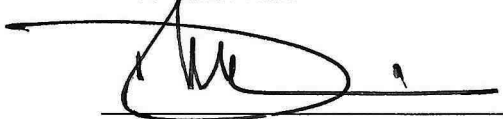


Rep. Angelo A. Camacho, Member




Rep. Marissa R. Flores, Member

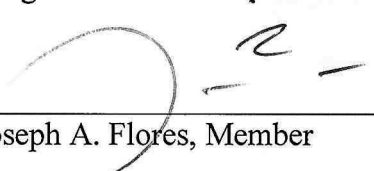
Rep. Blas Jonathan "BJ" T. Attao,
Vice Chairman



Rep. Daniel I. Aquino Jr., Member




Rep. Diego V.F. Camacho, Member



Rep. Joseph A. Flores, Member



Rep. Julie A. Ogo, Member

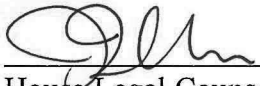


Rep. John Paul P. Sablan, Member



Rep. Ralph N. Yumul, Member

Reviewed by:



House Legal Counsel

Date: August 7, 2025



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

1178 Hinemlu' St. Garapan, Saipan, MP 96950



CEO-L25-903

July 23, 2025

Honorable Joel C. Camacho
Chair, Committee on Judiciary & Governmental Operations
House of Representatives, 24th Northern Marianas Commonwealth Legislature
Capitol Hill, Saipan MP 96950

Re: HB 24-35 - To amend certain provisions of the CNMI Good Samaritan Act [7 CMC § 2801 et seq.]; and for other purposes

Håfa Adai, Tirow Representative Camacho and Committee Members,

On behalf of the Commonwealth Healthcare Corporation (CHCC), I express strong support for House Bill No. 24-35, which proposes amendments to the Good Samaritan Act. This important legislation represents a critical step toward strengthening our community's response to growing opioid misuse by expanding civil liability protections for individuals and agencies acting in good faith during overdose emergencies.

By extending Good Samaritan protections to:

- First responders including EMTs, law enforcement officers, and firefighters
- Off-duty personnel who act in emergencies
- Public entities and emergency rescue personnel and
- Public School System (PSS) employees responding to emergencies during school activities,

this bill empowers our entire community to respond quickly and without hesitation when every second counts. HB 24-35 also builds upon the significant progress established through Public Law No. 23-23, which created the CNMI Drug Overdose Policy. That foundational law authorized and mandated the possession and use of opioid overdose reversal medications by first responders, permitted standing orders for naloxone, and offered limited immunity to those dispensing it.

Together, these legislative efforts reflect the CNMI Legislature's unwavering commitment to public health and community resilience. We at CHCC commend and support this proactive approach, and we urge the swift passage of HB 24-35 to ensure that all who serve or intervene in good faith are protected and empowered to continue saving lives.

Sincerely,

Esther Lizama Muña, PhD, MHA, FACHE
Chief Executive Officer
State/Territorial Health Official



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
1178 Hinemlu' St. Garapan, Saipan, MP 96950



July 25, 2025

Honorable Joel C. Camacho and Members
House Standing Committee on Judiciary and Governmental Operations
24th Northern Marianas Commonwealth Legislature
Capitol Hill, Saipan

Public Comments: Commonwealth Healthcare Corporation (CHCC) in support of House Bill 24-35 and 24-36

Hafa Adai, Tirow Chair Camacho and Committee Members,

My name is Eleanor Cabrera, and I represent CHCC as the Chief Strategy Officer. Thank you for this opportunity for CHCC to express strong support for both House Bills 24-35 and 24-36.

HB 24-35 – Amendments to the Good Samaritan Act

The bill seeks to expand legal protections for individuals in the likeliest of positions based on the nature of their work to respond to opioid overdose emergencies. By covering first responders, off-duty personnel, school employees, and other community members acting in good faith, the proposed amendments strengthen our community's ability to save lives without fear of legal consequences. The proposed amendments build upon existing law, the CNMI Drug Overdose Policy, and reflect our shared commitment to public health and resilience. CHCC asks for your support in advancing HB 24-35 to help ensure timely, compassionate intervention is both encouraged and protected.

HB 24-36: Prescription Drug Monitoring Program

CHCC also fully supports House Bill 24-36, which proposes to establish a CHCC-administered Prescription Drug Monitoring Program grounded in CNMI law and aligned with national standards. This secure system will help protect patients, support safer prescribing and dispensing, and strengthen coordination among healthcare providers. By enabling real-time access to prescription data, HB 24-36 empowers clinicians to make informed decisions, reduce the risk of overdose or misuse, and promote patient safety. It also supports public health efforts to monitor trends and guide prevention strategies. This bill reflects years of thoughtful planning and collaboration with federal partners in CDC and BJA and the many local PDMP stakeholders, as well as a commitment to practical solutions tailored to our islands. We urge its swift passage to improve care, accountability, and health outcomes across our Commonwealth.

The CHCC PDMP staff, led by Manager, Monica Crisostomo Camacho, and I will be here should you have any questions. Si Yu'us Ma'åsi', Ghilisow, Thank You.

Sincerely,

Eleanor T. Cabrera
Chief Strategy Officer, Executive Office

AWJ
JEW
7/18/2025

TWENTY-FOURTH NORTHERN MARIANAS COMMONWEALTH

LEGISLATURE

IN THE HOUSE OF REPRESENTATIVES

July 14, 2025

fourth

Spe
Regular Session, 2025

H. B. 24- 75

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 24TH 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

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 of
13 this chapter in relation to the definition of a registered nurse.

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

17 (d) When used in this chapter, the term “gross negligence” shall mean the
18 performing or failing to perform a manifest duty in reckless disregard of the
19 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 in
21 this chapter, unless they act or fail to act with regard to a manifest duty, with

1 malice, or, with wanton or willful disregard of the consequences as affecting
2 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 binds
5 to opioid receptors and blocks or inhibits the effects of opioids acting on those
6 receptors. It does not include intentional administration via the intravenous
7 route.

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

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

16 **“§ 2803. Statutory Liability Limitations: Persons Rendering**
17 **Emergency Care at Emergency Scene for No Compensation.**

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

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

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

11 **“§ 2805. Statutory Liability Limitations: Firefighters, Law**
12 **Enforcement Officers, Emergency Medical Technicians; Employing**
13 **Agencies.**

14 In order to encourage the provision of emergency medical services by
15 firefighters, police officers or other law enforcement officers, EMT, Advanced
16 EMT, and paramedics, a firefighter, police officer or other law enforcement officer,
17 EMT, Advanced EMT, or paramedic who renders emergency medical services
18 including the administration of an opioid overdose reversal medication at the scene
19 of an emergency shall only be liable in civil damages for acts or omissions
20 performed in a grossly negligent manner or acts or omissions not performed in good
21 faith. A public agency employing such a firefighter, police officer or other law

1 enforcement officer, EMT, Advanced EMT, or paramedic shall not be liable for
2 civil damages if the fire firefighter, police officer or other law enforcement officer,
3 EMT, Advanced EMT, or paramedic is not liable.”

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

6 **“§ 2806. Statutory Liability Limitations: Emergency Services;**
7 **Public Entities and Emergency Rescue Personnel.**

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

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

18 (b) For purposes of this section, “emergency rescue personnel”
19 means any person who is a firefighter, police officer or other law
20 enforcement officer, EMT, Advanced EMT, or paramedic, of the federal
21 government, the CNMI government, or local government, or other public

1 or municipal corporation or political subdivision of this the CNMI, whether
2 such person is a volunteer or partly paid or fully paid, while he is or she is
3 actually engaged in providing emergency services as defined in this section.

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

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

12 **“§ 2809. Statutory Liability Limitations: Emergency Services;**
13 **PSS Employee Rendering Emergency Care at an Emergency Scene.**

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

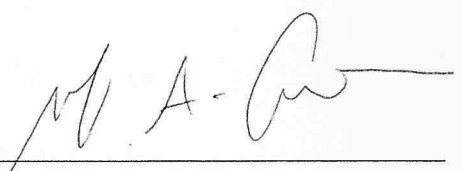
1 **Section 7. Severability.** If any provisions of this Act or the application of
2 any such provision to any person or circumstance should be held invalid by a court
3 of competent jurisdiction, the remainder of this Act or the application of its
4 provisions to persons or circumstances other than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

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

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

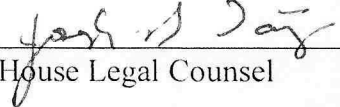
Prefiled: 7/7/2025

Date: _____

Introduced by: 

Rep. Malcolm J. Omar
+ Julie M.A. Ogo

Reviewed for legal sufficiency by:


House Legal Counsel

Date: 4-16-25