

119TH CONGRESS
1ST SESSION

H. R. 4607

To provide protections from prosecution for drug possession to individuals who seek medical assistance when witnessing or experiencing an overdose, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 22, 2025

Mr. NEGUSE (for himself, Mrs. MILLER of West Virginia, Ms. DEAN of Pennsylvania, Mr. BACON, Mr. LEVIN, and Ms. TENNEY) introduced the following bill; which was referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide protections from prosecution for drug possession to individuals who seek medical assistance when witnessing or experiencing an overdose, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Samaritan Efforts to
5 Ensure Key Health Emergency and Life-saving Protec-
6 tions Act” or the “SEEK HELP Act”.

1 **SEC. 2. DEFINITIONS.**

2 In this Act—

3 (1) the term “controlled substance” has the
4 meaning given that term in section 102 of the Con-
5 trolled Substances Act (21 U.S.C. 802);

6 (2) the term “emergency response providers”
7 has the meaning given that term in section 2 of the
8 Homeland Security Act of 2002 (6 U.S.C. 101);

9 (3) the term “opioid overdose reversal drug”
10 means a drug approved under section 505 of the
11 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
12 355) that—

13 (A) is indicated for the partial or complete
14 reversal of the pharmacological effects of an
15 opioid overdose in the human body; and

16 (B) has moved in or affecting interstate or
17 foreign commerce;

18 (4) the term “Secretary” means the Secretary
19 of Health and Human Services; and

20 (5) the term “seek medical assistance”
21 means—

22 (A) reporting a drug overdose or other
23 medical emergency to a law enforcement au-
24 thority, an emergency response provider, the 9-
25 1-1 system, a poison control center, or a med-
26 ical or drug treatment provider; or

1 (B) assisting another individual who is
2 making a report described in subparagraph (A).

3 **SEC. 3. GOOD SAMARITAN PROTECTIONS FOR DRUG OVER-**
4 **DOSE RESPONSES.**

5 (a) CIVIL LIABILITY PROTECTIONS FOR ADMINIS-
6 TRATION OF OPIOID OVERDOSE REVERSAL DRUGS.—

7 (1) IN GENERAL.—Except as provided in para-
8 graph (2), an individual shall not be liable in a civil
9 action in a Federal or State court for harm caused
10 by the emergency administration of an opioid over-
11 dose reversal drug to another individual who is or
12 reasonably appears to be suffering a drug overdose
13 if the individual administers the opioid overdose re-
14 versal drug in good faith.

15 (2) EXCEPTIONS.—Paragraph (1) shall not
16 apply with respect to harm caused by willful or
17 criminal misconduct, gross negligence, reckless mis-
18 conduct, or a conscious, flagrant indifference to the
19 rights or safety of the victim who was harmed.

20 (3) RULE OF CONSTRUCTION.—With respect to
21 a person who administers an opioid overdose reversal
22 drug to another individual, this section supersedes
23 the law of a State only to the extent that the State
24 has no statute or regulation that provides such a
25 person with immunity in a civil action for the use of

1 an opioid overdose reversal drug, as described in
2 paragraph (1).

3 (b) CRIMINAL LIABILITY PROTECTIONS FOR SEEK-
4 ING MEDICAL ASSISTANCE FOR AN OVERDOSE.—

5 (1) DEFINITION.—In this subsection, the term
6 “covered individual” means an individual who—

7 (A) in good faith and a timely manner—

8 (i) seeks medical assistance for an in-
9 dividual experiencing or reasonably ap-
10 pears to be experiencing a drug overdose;
11 or

12 (ii) seeks medical assistance for him-
13 self or herself for a drug overdose; and

14 (B) did not seek the medical assistance
15 during the course of the execution of an arrest
16 warrant, search warrant, or other lawful search
17 or seizure.

18 (2) LIABILITY PROTECTION.—A covered indi-
19 vidual shall not be subject to prosecution, civil asset
20 forfeiture, or revocation of supervised released under
21 section 404 of the Controlled Substances Act (21
22 U.S.C. 844) for possession of a controlled substance
23 if a law enforcement agency, or other government
24 agency, is made aware of the possession solely based
25 on the fact that the covered individual sought med-

1 ical assistance as described in clause (i) or (ii) of
2 paragraph (1)(A).

3 (3) ADMISSIBILITY AND SEIZURE OF EVIDENCE
4 OR CONTRABAND.—Nothing in this subsection shall
5 be construed—

6 (A) to limit the admissibility of evidence in
7 connection with the prosecution of—

8 (i) an offense with regard to an indi-
9 vidual who does not qualify for the protec-
10 tions under paragraph (2); or

11 (ii) an offense not described in para-
12 graph (2) that is committed by an indi-
13 vidual who qualifies for the protections
14 under such paragraph;

15 (B) to limit any seizure of evidence or con-
16 traband otherwise permitted by law; or

17 (C) to limit the arrest of the individual or
18 search and seizure of any evidence or contra-
19 band if there is an outstanding State or Federal
20 warrant for the individual.

21 (c) PUBLIC AWARENESS CAMPAIGN.—The Secretary,
22 in consultation with the Administrator of the Drug En-
23 forcement Administration, shall carry out a public aware-
24 ness campaign regarding the liability protections under
25 this section.

1 (d) USE OF JAG FUNDS.—Section 501(a)(1) of title
 2 I of the Omnibus Crime Control and Safe Streets Act of
 3 1968 (34 U.S.C. 10152(a)(1)) is amended by adding at
 4 the end the following:

5 “(J) Training programs for law enforce-
 6 ment officers of States and units of local gov-
 7 ernment regarding legal protections for individ-
 8 uals seeking medical assistance in connection
 9 with a controlled substance overdose.”.

10 **SEC. 4. USE OF BLOCK GRANT FUNDING FOR PUBLIC**
 11 **AWARENESS CAMPAIGNS AND INITIATIVES.**

12 (a) IN GENERAL.—A State receiving a grant under
 13 section 1921 of the Public Health Service Act (42 U.S.C.
 14 300x–21) may use amounts described in section
 15 1922(a)(1) of such Act (42 U.S.C. 300x–22(a)(1)) to—

16 (1) conduct a public awareness campaign re-
 17 garding the overdose Good Samaritan law of the
 18 State;

19 (2) provide training to criminal justice profes-
 20 sionals, stakeholders (including health care pro-
 21 viders), emergency medical service providers, and the
 22 general public on applicable overdose Good Samari-
 23 tan laws; and

24 (3) to the extent possible, share data with the
 25 Secretary regarding the impact of overdose Good Sa-

1 maritan laws of the State on individuals experi-
2 encing an overdose, which shall include the number
3 of calls seeking medical assistance that were received
4 by a law enforcement agency, the 9–1–1 system, a
5 poison control center, or a medical or drug treat-
6 ment providers for seeking medical assistance in the
7 event of a drug overdose.

8 (b) DEFINITION.—In this section, the term “overdose
9 Good Samaritan law” means a statute providing protec-
10 tion from liability relating to seeking medical assistance
11 in connection with a controlled substance overdose or ad-
12 ministering an opioid overdose reversal drug.

13 **SEC. 5. GAO REPORT TO STUDY EFFECTIVENESS AND IM-**
14 **PLEMENTATION.**

15 (a) IN GENERAL.—Not later than 2 years after the
16 date of enactment of this Act, the Comptroller General
17 of the United States shall submit to the Committee on
18 the Judiciary of the Senate and the Committee on the Ju-
19 diciary of the House of Representatives a report on evalu-
20 ating the implementation of Good Samaritan laws for drug
21 overdose and the effectiveness of grant funding provided
22 to States and localities for awareness campaigns related
23 to those laws.

24 (b) CONTENTS.—The report required under sub-
25 section (a) shall—

1 (1) assess the extent to which States and local-
2 ities have implemented and enforced Good Samari-
3 tan laws for drug overdose;

4 (2) evaluate the effectiveness of the laws de-
5 scribed in paragraph (1) in encouraging the report-
6 ing of overdoses and the provision of timely medical
7 assistance;

8 (3) an estimate of the number of individuals
9 impacted by the laws described in paragraph (1), in-
10 cluding the number of individuals who have received
11 legal protections or immunities under such laws;

12 (4) analyze the impact of the laws described in
13 paragraph (1), including—

14 (A) an assessment of changes in overdose-
15 related fatalities, emergency department visits,
16 and the use of naloxone or other overdose rever-
17 sal interventions; and

18 (B) data on the number of calls received
19 for overdoses before and after the implementa-
20 tion of such laws;

21 (5) evaluate the effectiveness of grant funding
22 provided to States and localities for the purpose of
23 spreading awareness about the laws described in
24 paragraph (1);

1 (6) assess the reach and impact of educational
2 campaigns, community outreach initiatives, and
3 training programs aimed at informing the public,
4 healthcare providers, law enforcement personnel, and
5 other relevant stakeholders about the protections
6 and benefits provided by the laws described in para-
7 graph (1);

8 (7) identify any barriers or challenges encoun-
9 tered during the implementation of the laws de-
10 scribed in paragraph (1) and associated awareness
11 campaigns, including—

12 (A) examining the legal, logistical, re-
13 source-related, or cultural factors that may im-
14 pede successful adoption and utilization of the
15 laws; and

16 (B) exploring any challenges faced by indi-
17 viduals seeking help or reporting overdoses due
18 to potential legal repercussions;

19 (8) highlight any best practices identified in
20 States and localities that have effectively imple-
21 mented the laws described in paragraph (1) and con-
22 ducted successful awareness campaigns, including
23 recommendations on best methods for assessing and
24 evaluating the implementation and success for Good
25 Samaritan laws;

1 (9) provide recommendations for improving the
2 implementation and impact of the laws described in
3 paragraph (1) and optimizing the use of grant fund-
4 ing for education and outreach efforts; and

5 (10) if multiple States or localities have imple-
6 mented different variations of the laws described in
7 paragraph (1), include a comparative analysis of
8 their respective approaches identifying variations in
9 outcomes, effectiveness, or challenges faced and pro-
10 viding insights for potential improvements or stand-
11 ardization of the laws.

12 (c) COOPERATION AND ACCESS.—Federal agencies
13 and relevant State and local authorities shall cooperate
14 with the Comptroller General of the United States and
15 provide access to necessary information and data to facili-
16 tate the completion of the report required under sub-
17 section (a).

○