



General Assembly

January Session, 2025

Raised Bill No. 1285

LCO No. 4442



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT ESTABLISHING AN OVERDOSE PREVENTION CENTER
PILOT PROGRAM.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (*Effective from passage*) (a) As used in this section:
- 2 (1) "Overdose prevention center" means a community-based facility
3 where a person with a substance use disorder may (A) (i) receive
4 substance use disorder and other mental health counseling, (ii) use a test
5 strip or any other drug testing technology to test a substance prior to
6 consuming the substance, (iii) receive educational information
7 regarding opioid antagonists, as defined in section 17a-714a of the
8 general statutes, and the risks of contracting diseases from sharing
9 hypodermic needles and syringes and other drug paraphernalia, (iv)
10 receive referrals to substance use disorder treatment services, and (v)
11 receive access to basic support services, including, but not limited to,
12 laundry machines, a bathroom, a shower and a place to rest, and (B) in
13 a separate location within the facility, safely consume controlled
14 substances under the observation of licensed health care providers who
15 are present to provide necessary medical treatment in the event of an

16 overdose of a controlled substance; and

17 (2) "Test strip" means a product that a person may use to test any
18 substance, prior to injection, inhalation or ingestion of the substance, for
19 traces of any component recognized by the Commissioner of Mental
20 Health and Addiction Services as having a high risk of causing an
21 overdose to help prevent an accidental overdose by injection, inhalation
22 or ingestion of such component.

23 (b) Not later than July 1, 2026, the Department of Mental Health and
24 Addiction Services, in consultation with the Department of Public
25 Health, shall establish a pilot program to prevent drug overdoses
26 through the establishment of overdose prevention centers in four
27 municipalities in the state selected by the Commissioner of Mental
28 Health and Addiction Services, subject to the approval of the chief
29 elected official of each municipality selected by said commissioner.

30 (c) Each overdose prevention center established pursuant to
31 subsection (b) of this section shall (1) employ persons, who may include,
32 but need not be limited to, licensed health care providers, with
33 experience treating persons with a substance use disorder, in a number
34 determined sufficient by the Commissioner of Mental Health and
35 Addiction Services, to provide substance use disorder or other mental
36 health counseling and monitor persons utilizing the overdose
37 prevention center for the purpose of providing medical treatment to any
38 person who experiences symptoms of an overdose, (2) provide persons
39 with test strips or any other drug testing technology at the request of
40 such persons, and (3) provide (A) referrals for substance use disorder,
41 or (B) other mental health counseling or other mental health or medical
42 treatment services that may be appropriate for persons utilizing the
43 overdose prevention center. A licensed health care provider's
44 participation in the pilot program shall not be grounds for disciplinary
45 action by the Department of Public Health pursuant to section 19a-17 of
46 the general statutes or by any board or commission listed in subsection
47 (b) of section 19a-14 of the general statutes.

48 (d) Not later than January 1, 2026, the Commissioner of Mental
49 Health and Addiction Services shall establish an advisory committee to
50 provide recommendations to the Departments of Mental Health and
51 Addiction Services and Public Health concerning the overdose
52 prevention pilot program in accordance with subsection (e) of this
53 section. The Commissioner of Mental Health and Addiction Services
54 shall serve as chairperson of the advisory committee. The advisory
55 committee shall consist of the following additional members: (1) The
56 Attorney General, or the Attorney General's designee; (2) a
57 representative of a medical society in the state; (3) a representative of an
58 association of hospitals in the state; (4) a representative of the
59 Connecticut chapter of a national society of addiction medicine; (5) a
60 person with a substance use disorder; (6) a person working in overdose
61 prevention; (7) two current or former law enforcement officials, one of
62 whom is or was a law enforcement official in the state; (8) a
63 representative of a conference of municipalities in the state; (9) a person
64 who has suffered a drug overdose; (10) a family member of a person
65 who suffered a fatal drug overdose; (11) a professor at an institution of
66 higher education in the state with experience researching issues
67 concerning overdose prevention; (12) a person with experience in the
68 establishment or operation of one or more overdose prevention centers
69 located outside of the United States; and (13) a representative of a
70 northeastern coalition of harm reduction centers.

71 (e) The advisory committee established pursuant to subsection (d) of
72 this section shall make recommendations regarding the overdose
73 prevention pilot program to the Commissioners of Mental Health and
74 Addiction Services and Public Health concerning the following:

75 (1) Methods of maximizing the public health and safety benefits of
76 overdose prevention centers;

77 (2) The proper disposal of hypodermic needles and syringes and
78 other drug paraphernalia from the overdose prevention centers;

79 (3) The availability of programs to support persons utilizing the
80 overdose prevention centers in their recovery from a substance use
81 disorder;

82 (4) Any laws impacting the establishment and operation of the
83 overdose prevention centers;

84 (5) Appropriate guidance to relevant professional licensing boards
85 concerning health care providers who provide services at the overdose
86 prevention centers;

87 (6) The consideration of any other factors relevant to the overdose
88 prevention centers that are beneficial to promoting the public health and
89 safety; and

90 (7) Liability protection for the property owners where the overdose
91 prevention centers are located, overdose prevention center staff, and
92 volunteers and participants at the overdose prevention centers,
93 including, but not limited to, immunity from criminal or civil liability
94 resulting from the operation of an overdose prevention center.

95 (f) The Commissioner of Mental Health and Addiction Services shall
96 adopt regulations, in accordance with the provisions of chapter 54 of the
97 general statutes, to implement the provisions of this section.

98 (g) Not later than January 1, 2027, the Commissioner of Mental Health
99 and Addiction Services shall report, in accordance with the provisions
100 of section 11-4a of the general statutes, to the joint standing committee
101 of the General Assembly having cognizance of matters relating to public
102 health regarding the operation of the pilot program and any
103 recommendations from the advisory committee concerning the pilot
104 program or any legislation necessary to establish overdose prevention
105 centers on a permanent basis.

106 Sec. 2. Subsection (b) of section 19a-638 of the general statutes is
107 repealed and the following is substituted in lieu thereof (*Effective from*

108 *passage*):

109 (b) A certificate of need shall not be required for:

110 (1) Health care facilities owned and operated by the federal
111 government;

112 (2) The establishment of offices by a licensed private practitioner,
113 whether for individual or group practice, except when a certificate of
114 need is required in accordance with the requirements of section 19a-
115 493b or subdivision (3), (10) or (11) of subsection (a) of this section;

116 (3) A health care facility operated by a religious group that
117 exclusively relies upon spiritual means through prayer for healing;

118 (4) Residential care homes, as defined in subsection (c) of section 19a-
119 490, and nursing homes and rest homes, as defined in subsection (o) of
120 section 19a-490;

121 (5) An assisted living services agency, as defined in section 19a-490;

122 (6) Home health agencies, as defined in section 19a-490;

123 (7) Hospice services, as described in section 19a-122b;

124 (8) Outpatient rehabilitation facilities;

125 (9) Outpatient chronic dialysis services;

126 (10) Transplant services;

127 (11) Free clinics, as defined in section 19a-630;

128 (12) School-based health centers and expanded school health sites, as
129 such terms are defined in section 19a-6r, community health centers, as
130 defined in section 19a-490a, not-for-profit outpatient clinics licensed in
131 accordance with the provisions of chapter 368v and federally qualified
132 health centers;

133 (13) A program licensed or funded by the Department of Children
134 and Families, provided such program is not a psychiatric residential
135 treatment facility;

136 (14) Any nonprofit facility, institution or provider that has a contract
137 with, or is certified or licensed to provide a service for, a state agency or
138 department for a service that would otherwise require a certificate of
139 need. The provisions of this subdivision shall not apply to a short-term
140 acute care general hospital or children's hospital, or a hospital or other
141 facility or institution operated by the state that provides services that are
142 eligible for reimbursement under Title XVIII or XIX of the federal Social
143 Security Act, 42 USC 301, as amended;

144 (15) A health care facility operated by a nonprofit educational
145 institution exclusively for students, faculty and staff of such institution
146 and their dependents;

147 (16) An outpatient clinic or program operated exclusively by or
148 contracted to be operated exclusively by a municipality, municipal
149 agency, municipal board of education or a health district, as described
150 in section 19a-241;

151 (17) A residential facility for persons with intellectual disability
152 licensed pursuant to section 17a-227 and certified to participate in the
153 Title XIX Medicaid program as an intermediate care facility for
154 individuals with intellectual disabilities;

155 (18) Replacement of existing computed tomography scanners,
156 magnetic resonance imaging scanners, positron emission tomography
157 scanners, positron emission tomography-computed tomography
158 scanners, or nonhospital based linear accelerators, if such equipment
159 was acquired through certificate of need approval or a certificate of need
160 determination, provided a health care facility, provider, physician or
161 person notifies the unit of the date on which the equipment is replaced
162 and the disposition of the replaced equipment, including if a
163 replacement scanner has dual modalities or functionalities and the

164 applicant already offers similar imaging services for each of the
165 equipment's modalities or functionalities that will be utilized;

166 (19) Acquisition of cone-beam dental imaging equipment that is to be
167 used exclusively by a dentist licensed pursuant to chapter 379;

168 (20) The partial or total elimination of services provided by an
169 outpatient surgical facility, as defined in section 19a-493b, except as
170 provided in subdivision (6) of subsection (a) of this section and section
171 19a-639e;

172 (21) The termination of services for which the Department of Public
173 Health has requested the facility to relinquish its license;

174 (22) Acquisition of any equipment by any person that is to be used
175 exclusively for scientific research that is not conducted on humans;

176 (23) On or before June 30, 2026, an increase in the licensed bed
177 capacity of a mental health facility, provided (A) the mental health
178 facility demonstrates to the unit, in a form and manner prescribed by
179 the unit, that it accepts reimbursement for any covered benefit provided
180 to a covered individual under: (i) An individual or group health
181 insurance policy providing coverage of the type specified in
182 subdivisions (1), (2), (4), (11) and (12) of section 38a-469; (ii) a self-
183 insured employee welfare benefit plan established pursuant to the
184 federal Employee Retirement Income Security Act of 1974, as amended
185 from time to time; or (iii) HUSKY Health, as defined in section 17b-290,
186 and (B) if the mental health facility does not accept or stops accepting
187 reimbursement for any covered benefit provided to a covered
188 individual under a policy, plan or program described in clause (i), (ii) or
189 (iii) of subparagraph (A) of this subdivision, a certificate of need for such
190 increase in the licensed bed capacity shall be required.

191 (24) The establishment [at] of harm reduction centers through the
192 pilot program established pursuant to section 17a-673c or overdose
193 prevention centers through the pilot program established pursuant to

194 section 1 of this act; or

195 (25) On or before June 30, 2028, a birth center, as defined in section
196 19a-490, that is enrolled as a provider in the Connecticut medical
197 assistance program, as defined in section 17b-245g.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	19a-638(b)

Statement of Purpose:

To establish an overdose prevention center pilot program.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]