



General Assembly

Substitute Bill No. 1285

January Session, 2025



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) The Department of Mental Health and Addiction Services, in
24 consultation with the Department of Public Health, may establish a pilot
25 program to prevent drug overdoses through the establishment of
26 overdose prevention centers in four municipalities in the state selected
27 by the Commissioner of Mental Health and Addiction Services, subject
28 to the approval of the chief elected official of each municipality selected
29 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) The Commissioner of Mental Health and Addiction Services may
49 establish an advisory committee to provide recommendations to the
50 Departments of Mental Health and Addiction Services and Public
51 Health concerning the overdose prevention pilot program in accordance

52 with subsection (e) of this section. If the commissioner establishes the
53 advisory committee, the commissioner shall serve as chairperson of the
54 advisory committee and the advisory committee shall consist of the
55 following additional members: (1) The Attorney General, or the
56 Attorney General's designee; (2) a representative of a medical society in
57 the state; (3) a representative of an association of hospitals in the state;
58 (4) a representative of the Connecticut chapter of a national society of
59 addiction medicine; (5) a person with a substance use disorder; (6) a
60 person working in overdose prevention; (7) two current or former law
61 enforcement officials, one of whom is or was a law enforcement official
62 in the state; (8) a representative of a conference of municipalities in the
63 state; (9) a person who has suffered a drug overdose; (10) a family
64 member of a person who suffered a fatal drug overdose; (11) a professor
65 at an institution of higher education in the state with experience
66 researching issues concerning overdose prevention; (12) a person with
67 experience in the establishment or operation of one or more overdose
68 prevention centers located outside of the United States; and (13) a
69 representative of a northeastern coalition of harm reduction centers.

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

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

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

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

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

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

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

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

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

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

105 (h) The Department of Mental Health and Addiction Services shall
106 not expend any state funds in the implementation or operation of the
107 pilot program. The department may accept donations and grants of
108 money, equipment, supplies, materials and services from private
109 sources, and receive, utilize and dispose of such money, equipment,
110 supplies, material and services in the implementation and operation of
111 the pilot program.

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

114 *passage*):

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

116 (1) Health care facilities owned and operated by the federal
117 government;

118 (2) The establishment of offices by a licensed private practitioner,
119 whether for individual or group practice, except when a certificate of
120 need is required in accordance with the requirements of section 19a-
121 493b or subdivision (3), (10) or (11) of subsection (a) of this section;

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

124 (4) Residential care homes, as defined in subsection (c) of section 19a-
125 490, and nursing homes and rest homes, as defined in subsection (o) of
126 section 19a-490;

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

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

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

130 (8) Outpatient rehabilitation facilities;

131 (9) Outpatient chronic dialysis services;

132 (10) Transplant services;

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

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

139 (13) A program licensed or funded by the Department of Children

140 and Families, provided such program is not a psychiatric residential
141 treatment facility;

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

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

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

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

161 (18) Replacement of existing computed tomography scanners,
162 magnetic resonance imaging scanners, positron emission tomography
163 scanners, positron emission tomography-computed tomography
164 scanners, or nonhospital based linear accelerators, if such equipment
165 was acquired through certificate of need approval or a certificate of need
166 determination, provided a health care facility, provider, physician or
167 person notifies the unit of the date on which the equipment is replaced
168 and the disposition of the replaced equipment, including if a
169 replacement scanner has dual modalities or functionalities and the
170 applicant already offers similar imaging services for each of the
171 equipment's modalities or functionalities that will be utilized;

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

174 (20) The partial or total elimination of services provided by an
175 outpatient surgical facility, as defined in section 19a-493b, except as
176 provided in subdivision (6) of subsection (a) of this section and section
177 19a-639e;

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

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

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

197 (24) The establishment [at] of harm reduction centers through the
198 pilot program established pursuant to section 17a-673c or overdose
199 prevention centers through the pilot program established pursuant to
200 section 1 of this act; or

201 (25) On or before June 30, 2028, a birth center, as defined in section
202 19a-490, that is enrolled as a provider in the Connecticut medical

203 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)

PH *Joint Favorable Subst.*