# Senate

General Assembly

**File No. 30**

***February Session, 2026***

Senate Bill No. 195

*Senate, March 16, 2026*

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

***AN ACT CONCERNING THE PREVENTION OF ACCIDENTAL OVERDOSE DEATHS AND IMPROVING ACCESS TO TREATMENT AND RECOVERY SERVICES FOR SUBSTANCE USE DISORDER.***

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

Section 1. (*Effective from passage*) (a) As used in this section:

(1) "Overdose prevention center" means a community-based facility where a person with a substance use disorder may (A) (i) receive substance use disorder and other mental health counseling, (ii) use a test strip or any other drug testing technology to test a substance prior to consuming the substance, (iii) receive educational information regarding opioid antagonists, as defined in section 17a-714a of the general statutes, and the risks of contracting diseases from sharing hypodermic needles and syringes and other drug paraphernalia, (iv) receive referrals to substance use disorder treatment services, and (v) receive access to basic support services, including, but not limited to, laundry machines, a bathroom, a shower and a place to rest, and (B) in a separate location within the facility, safely consume controlled

substances under the observation of licensed health care providers who are present to provide necessary medical treatment in the event of an overdose of a controlled substance; and

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

(b) The Department of Mental Health and Addiction Services, in consultation with the Department of Public Health, may establish a pilot program to prevent drug overdoses through the establishment of overdose prevention centers in four municipalities in the state selected by the Commissioner of Mental Health and Addiction Services, subject to the approval of the governing body of each municipality selected by said commissioner.

(c) Each overdose prevention center established pursuant to subsection (b) of this section shall (1) employ persons, who may include, but need not be limited to, licensed health care providers, with experience treating persons with a substance use disorder, in a number determined sufficient by the Commissioner of Mental Health and Addiction Services, to provide substance use disorder or other mental health counseling and monitor persons utilizing the overdose prevention center for the purpose of providing medical treatment to any person who experiences symptoms of an overdose, (2) provide persons with test strips or any other drug testing technology at the request of such persons, and (3) provide (A) referrals for substance use disorder, or (B) other mental health counseling or other mental health or medical treatment services that may be appropriate for persons utilizing the overdose prevention center. A licensed health care provider who is participating in the pilot program may administer an opioid antagonist to any person to treat or prevent an opioid-related drug overdose. Such licensed health care provider who administers an opioid antagonist in

accordance with the provisions of this subsection shall not be liable for damages in a civil action or subject to criminal prosecution for administration of such opioid antagonist and shall not be deemed to have violated the standard of care for such licensed health care provider. A licensed health care provider's participation in the pilot program shall not be grounds for disciplinary action by the Department of Public Health pursuant to section 19a-17 of the general statutes or by any board or commission listed in subsection (b) of section 19a-14 of the general statutes.

(d) The Commissioner of Mental Health and Addiction Services may establish an advisory committee to provide recommendations to the Departments of Mental Health and Addiction Services and Public Health concerning the overdose prevention pilot program in accordance with subsection (e) of this section. If the commissioner establishes the advisory committee, the commissioner shall serve as chairperson of the advisory committee and the advisory committee shall consist of the following additional members: (1) The Attorney General, or the Attorney General's designee; (2) a representative of a medical society in the state; (3) a representative of an association of hospitals in the state; (4) a representative of the Connecticut chapter of a national society of addiction medicine; (5) a person with a substance use disorder; (6) a person working in overdose prevention; (7) two current or former law enforcement officials, one of whom is or was a law enforcement official in the state; (8) a representative of a conference of municipalities in the state; (9) a person who has suffered a drug overdose; (10) a family member of a person who suffered a fatal drug overdose; (11) a professor at an institution of higher education in the state with experience researching issues concerning overdose prevention; (12) a person with experience in the establishment or operation of one or more overdose prevention centers located outside of the United States; and (13) a representative of a northeastern coalition of harm reduction centers.

(e) Any advisory committee established pursuant to subsection (d) of this section shall make recommendations regarding the overdose prevention pilot program to the Commissioners of Mental Health and

Addiction Services and Public Health concerning the following:

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

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

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

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

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

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

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

(g) Not later than January 1, 2028, the Commissioner of Mental Health and Addiction Services shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health regarding the operation of the pilot program, if established, and any recommendations from the advisory committee, if established, concerning such pilot program or any legislation necessary to establish overdose prevention centers on a permanent basis.

(h) The Department of Mental Health and Addiction Services shall not expend any state funds in the implementation or operation of the

pilot program. The department may accept donations and grants of money, equipment, supplies, materials and services from private sources, and receive, utilize and dispose of such money, equipment, supplies, material and services in the implementation and operation of the pilot program.

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

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

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

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

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

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

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

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

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

(8) Outpatient rehabilitation facilities;

(9) Outpatient chronic dialysis services;

(10) Transplant services;

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

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

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

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

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

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

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

(18) Replacement of existing computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners, positron emission tomography-computed tomography scanners, or nonhospital based linear accelerators, if such equipment

was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider, physician or person notifies the unit of the date on which the equipment is replaced and the disposition of the replaced equipment, including if a replacement scanner has dual modalities or functionalities and the applicant already offers similar imaging services for each of the equipment's modalities or functionalities that will be utilized;

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

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

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

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

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

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

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

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

***PH*** *Joint Favorable*

*The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*

## *OFA Fiscal Note*

### *State Impact:*

| Agency Affected | Fund-Effect | FY 27 $ | FY 28 $ |
|---|---|---|---|
| Mental Health & Addiction Serv., Dept. | Other Funds - Potential Cost | See Below | See Below |

Note: ZES6=Other Fund

***Municipal Impact:*** None

### *Explanation*

The bill may result in a cost to the Department of Mental Health and Addiction Services (DMHAS) associated with an overdose prevention center pilot program. The bill allows, but does not require, DMHAS to establish the pilot in four municipalities and prohibits the use of state funds to implement or operate the pilot program.

DMHAS will incur staffing and contract costs to the extent the agency establishes the pilot and has non-state funds necessary to operate the overdose prevention centers. At a minimum, DMHAS would experience costs of approximately $265,500 annually (with associated fringe of approximately $111,300) to support agency staff to oversee the pilot, with additional contract costs to operate each of the four centers.

While the operational costs depend on the scope of the pilot in each location, program staff (ranging in cost from $50,000 to $150,000 annually depending on the position) are anticipated to include outreach and prevention specialists, harm reduction case managers, program managers and site directors. Additional professional medical staff may be required in each location or shared across the pilot, depending on the provider(s) utilized to operate the program. Other costs may include facility modifications, drug testing and medical supplies, computer

software and hardware, and training.

For context, overdose prevention centers provide a community-based facility where individuals with substance use disorder can receive counseling, educational, and referral services, access basic support services, and may test and safely consume controlled substances under the observation of licensed health care providers.

### *The Out Years*

The annualized ongoing fiscal impact identified above would continue into the future subject to the establishment of the pilot and funds necessary to do so.

**OLR Bill Analysis**

**SB 195**

***AN ACT CONCERNING THE PREVENTION OF ACCIDENTAL OVERDOSE DEATHS AND IMPROVING ACCESS TO TREATMENT AND RECOVERY SERVICES FOR SUBSTANCE USE DISORDER.***

**SUMMARY**

This bill allows the Department of Mental Health and Addiction Services (DMHAS), in consultation with the Department of Public Health (DPH), to create a pilot program to prevent drug overdoses by establishing overdose prevention centers. The centers must be established in four municipalities DMHAS chooses, subject to their governing body's approval.

Under the bill, these centers must employ people with experience treating those with substance use disorders (e.g. licensed health care providers) at staffing levels the DMHAS commissioner determines. The bill allows licensed providers participating in the program to administer opioid antagonists to anyone to treat or prevent an opioid related overdose. These providers are protected from civil or criminal liability, and cannot be considered to have violated their standard of care, for doing so. (Existing law establishes similar protections for health professionals who administer opioid antagonists (CGS § 17a-714a(c)).) A provider's participation in the pilot program is also not grounds for disciplinary action by DPH or its professional licensing boards.

Additionally, the bill:

1. prohibits DMHAS from using state funds to implement or operate the pilot program and allows the department to accept private donations and grants (e.g., money, equipment, supplies, and services) for this purpose;

2. allows DMHAS to establish a 15-member advisory committee to

make recommendations to DMHAS and DPH on the pilot program;

3. exempts centers established through the pilot program from the requirement to obtain certificate of need approval from the Office of Health Strategy;

4. if established, requires the commissioner to report to the Public Health Committee by January 1, 2028, on the pilot program's operation and any advisory committee recommendations or legislation needed to permanently establish centers; and

5. allows DMHAS to adopt regulations to implement the pilot program.

Under the bill, overdose prevention centers are community-based facilities where a person with substance use disorder may, among other things, (1) receive various services (e.g., counseling and treatment referrals); (2) use test strips and other drug testing technology to test a substance before consuming it; and (3) in a separate area of the facility, safely use controlled substances under medical supervision.

EFFECTIVE DATE: Upon passage

## CENTER SERVICES AND PROVIDERS

The bill requires the pilot program's overdose prevention centers to offer people with substance use disorders:

1. substance use disorder and other mental health counseling;

2. use of test strips and other drug testing technology to prevent accidental overdose (see below);

3. educational information about opioid antagonists (e.g., naloxone) and the risks of contracting diseases from sharing hypodermic needles, syringes, and other drug paraphernalia;

4. referrals to substance use disorder services or other mental health

counseling or mental health or medical treatment services;

5. access to basic support services, including laundry machines, a bathroom, a shower, and a place to rest; and

6. use of a separate part of the facility to safely consume controlled substances under the observation of on-site health care providers.

The bill requires the centers to offer test strips upon the person's request and allow their use at the center. The purpose of the strips is to test a substance, before injecting, inhaling, or ingesting it, for traces of any substance that the DMHAS commissioner recognizes as having a high risk of causing an overdose.

Under the bill, center employees must include people (such as licensed health care providers) with experience treating those with substance use disorders. These providers must (1) provide substance use disorder or other mental health counseling services and (2) monitor people using the center and provide medical treatment to those experiencing overdose symptoms. The centers must give participants referrals for counseling or other mental health or medical treatment services that may be appropriate.

## ADVISORY COMMITTEE

### *Membership*

Under the bill, the advisory committee, if established, includes the following members:

1. the DMHAS commissioner, who serves as advisory committee chairperson;

2. the attorney general, or his designee;

3. one representative each from a medical society, hospital association, and conference of municipalities in the state;

4. one representative of the Connecticut chapter of a national

addiction medicine society;

5. one person each who has a substance use disorder, suffered a drug overdose, and is a family member of someone who suffered a fatal drug overdose;

6. one person working in overdose prevention;

7. two current or former law enforcement officials, one of whom works or worked as such in Connecticut;

8. one professor at a Connecticut higher education institution with experience researching overdose prevention issues;

9. one person with experience establishing or operating an overdose prevention center outside of the United States; and

10. one representative of a northeastern coalition of harm reduction centers.

### *Duties*

The bill requires the advisory committee to make recommendations to DMHAS and DPH on the pilot program, including the following:

1. ways of maximizing the public health and safety benefits of overdose prevention centers;

2. the proper disposal of hypodermic needles, syringes, and other drug paraphernalia from the centers;

3. the availability of programs to support people using the centers in recovering from substance use disorders;

4. any laws impacting centers' establishment and operation;

5. appropriate guidance to relevant professional licensing boards on health care providers who provide services at these centers; and

6. the consideration of other relevant factors that help promote the public's health and safety.

## BACKGROUND

### *Related Federal Law*

The federal Controlled Substances Act prohibits someone from owning, leasing, managing, controlling, opening, or using a place to illegally use, store, manufacture, or distribute controlled substances. Violators are subject to up to 20 years in prison, a fine of up to $500,000 for an individual or up to $2 million for an organization, or both (21 U.S.C. § 856(a)(2) (2024)).

## COMMITTEE ACTION

Public Health Committee

Joint Favorable
Yea 20 Nay 11 (03/02/2026)