
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)