



General Assembly

February Session, 2026

Raised Bill No. 195

LCO No. 545



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***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:

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 governing body of each municipality selected by
29 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 who is
44 participating in the pilot program may administer an opioid antagonist
45 to any person to treat or prevent an opioid-related drug overdose. Such
46 licensed health care provider who administers an opioid antagonist in

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

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

78 (e) Any advisory committee established pursuant to subsection (d) of
79 this section shall make recommendations regarding the overdose

80 prevention pilot program to the Commissioners of Mental Health and
81 Addiction Services and Public Health concerning the following:

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

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

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

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

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

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

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

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

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

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

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

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

121 (2) The establishment of offices by a licensed private practitioner,
122 whether for individual or group practice, except when a certificate of
123 need is required in accordance with the requirements of section 19a-
124 493b or subdivision (3), (10) or (11) of subsection (a) of this section;

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

127 (4) Residential care homes, as defined in subsection (c) of section 19a-
128 490, and nursing homes and rest homes, as defined in subsection (o) of
129 section 19a-490;

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

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

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

133 (8) Outpatient rehabilitation facilities;

134 (9) Outpatient chronic dialysis services;

135 (10) Transplant services;

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

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

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

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

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

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

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

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

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

177 (20) The partial or total elimination of services provided by an
178 outpatient surgical facility, as defined in section 19a-493b, except as
179 provided in subdivision (6) of subsection (a) of this section and section
180 19a-639e;

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

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

185 (23) On or before June 30, 2026, an increase in the licensed bed
186 capacity of a mental health facility, provided (A) the mental health
187 facility demonstrates to the unit, in a form and manner prescribed by
188 the unit, that it accepts reimbursement for any covered benefit provided
189 to a covered individual under: (i) An individual or group health
190 insurance policy providing coverage of the type specified in
191 subdivisions (1), (2), (4), (11) and (12) of section 38a-469; (ii) a self-
192 insured employee welfare benefit plan established pursuant to the
193 federal Employee Retirement Income Security Act of 1974, as amended
194 from time to time; or (iii) HUSKY Health, as defined in section 17b-290,

195 and (B) if the mental health facility does not accept or stops accepting
196 reimbursement for any covered benefit provided to a covered
197 individual under a policy, plan or program described in clause (i), (ii) or
198 (iii) of subparagraph (A) of this subdivision, a certificate of need for such
199 increase in the licensed bed capacity shall be required; [.]

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

204 (25) On or before June 30, 2028, a birth center, as defined in section
205 19a-490, that is enrolled as a provider in the Connecticut medical
206 assistance program, as defined in section 17b-245g.

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|---|---------------------|-------------|
| 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 prevent accidental overdose deaths and improve access to treatment and recovery services for substance use disorder.

[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.]