HOUSE No. 2088

The Commonwealth of Massachusetts

PRESENTED BY:

Dylan A. Fernandes and Marjorie C. Decker

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to preventing overdose deaths and increasing access to treatment.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Dylan A. Fernandes	Barnstable, Dukes and Nantucket	1/15/2021
Marjorie C. Decker	25th Middlesex	2/18/2021
Mindy Domb	3rd Hampshire	2/22/2021
Lindsay N. Sabadosa	1st Hampshire	2/22/2021
James B. Eldridge	Middlesex and Worcester	2/26/2021
Kevin G. Honan	17th Suffolk	2/26/2021
Natalie M. Higgins	4th Worcester	2/26/2021
Sarah K. Peake	4th Barnstable	2/26/2021
Tami L. Gouveia	14th Middlesex	2/26/2021
David Paul Linsky	5th Middlesex	2/26/2021
Jack Patrick Lewis	7th Middlesex	2/26/2021
John F. Keenan	Norfolk and Plymouth	2/26/2021
Christine P. Barber	34th Middlesex	3/16/2021
Sean Garballey	23rd Middlesex	3/18/2021
Julian Cyr	Cape and Islands	3/22/2021
Jay D. Livingstone	8th Suffolk	3/29/2021
John Barrett, III	1st Berkshire	4/13/2021
Mike Connolly	26th Middlesex	4/13/2021

Steven C. Owens	29th Middlesex	4/16/2021
Thomas M. Stanley	9th Middlesex	4/16/2021
Patricia A. Duffy	5th Hampden	4/27/2021
Rebecca L. Rausch	Norfolk, Bristol and Middlesex	5/10/2021
Nika C. Elugardo	15th Suffolk	5/10/2021
David M. Rogers	24th Middlesex	5/10/2021
Erika Uyterhoeven	27th Middlesex	5/25/2021

HOUSE No. 2088

By Representatives Fernandes of Falmouth and Decker of Cambridge, a petition (accompanied by bill, House, No. 2088) of Dylan A. Fernandes, Marjorie C. Decker and others relative to preventing overdose deaths and increasing access to treatment. Mental Health, Substance Use and Recovery.

The Commonwealth of Alassachusetts

In the One Hundred and Ninety-Second General Court (2021-2022)

An Act relative to preventing overdose deaths and increasing access to treatment.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Notwithstanding any general or special law to the contrary, there shall be a

10-year pilot program establishing two or more supervised consumption sites that utilize harm

reduction tools, including clinical monitoring of the consumption of pre-obtained controlled

substances in the presence of trained staff, for the purpose of reducing the risks of disease

transmission and preventing overdose deaths.

The department of public health shall promulgate rules and regulations necessary for the

operation of a supervised consumption site, including but not limited to, establishing a process to

apply for licensure. Entities that provide health and social services, including private

organizations and municipal departments, shall be eligible to apply for licensure to operate a

supervised consumption site. Approval from the local board of health to participate in the pilot

program shall be required before an entity may apply for licensure to operate a supervised

12 consumption site.

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The department of public health shall send notification and an explanation of the
department's approval or denial of licensure, in writing, within 45 days of a completed
application to the applicant and to the local board of health where the supervised consumption
site would be located. A denial of licensure shall not prohibit an entity from submitting a future
application at any time.
To be considered for licensure, a supervised consumption site shall, at a minimum:

- (1) provide a hygienic space where participants may consume pre-obtained controlled substances;
- (2) provide adequate staffing by healthcare professionals or other trained staff or volunteers;
- (3) provide sterile injection supplies, collect used hypodermic needles and syringes, and provide secure hypodermic needle and syringe disposal services;
- (4) provide education on safe consumption practices, proper disposal of hypodermic needles and syringes, and overdose prevention;
- 27 (5) monitor participants for potential overdose and administer first aid, if needed;
- 28 (6) provide access or referrals to addiction treatment;

- (7) educate participants on the risks of contracting HIV and viral hepatitis, and provide
 access or referrals to prevention, screening, and treatment services;
 - (8) provide access to naloxone or referrals to obtain naloxone for participants;

32 (9) ensure the confidentiality of participants using an anonymous unique identifier, if 33 needed;

- (10) provide trainings for staff members to deliver services offered by the supervised consumption site or make available any trainings provided by the department of public health, if required;
- (11) establish standard security procedures in consultation with local law enforcement; and
- (12) establish standard policies that facilitate communication and education with local businesses, community members, local law enforcement, and first responders.
- A licensed supervised consumption site shall be authorized as a needle exchange program under section 215 of chapter 111 of the General Laws.

Notwithstanding any general or special law or rule or regulation to the contrary, the following persons shall not be arrested, charged, or prosecuted for any criminal offense, including, but not limited to, charges pursuant to sections 13, 32I, 34, 43 or 47 of chapter 94C of the General Laws, or be subject to any civil or administrative penalty, including seizure or forfeiture of data records, assets or property or disciplinary action by a professional licensing board, credentialing restriction, contractual liability, and action against clinical staff or other employment action, or be denied any right or privilege, solely for participation or involvement in a supervised consumption site licensed by the department of public health pursuant to this section: (i) a participant; (ii) a staff member or administrator of a licensed supervised consumption site, including a health-care professional, manager, employee, or volunteer; (iii) a property owner who owns property at which a licensed supervised consumption site is located

and operates, (iv) the entity operating the licensed supervised consumption site. Entering or exiting a licensed supervised consumption site cannot serve as the basis for, or a fact contributing to the existence of, reasonable suspicion or probable cause to conduct a search or seizure.

The department of public health shall submit a report to the clerks of the senate and house of representatives and to the senate and house chairs of the joint committee on mental health, substance use and recovery. The report shall include site-specific and aggregate data for all licensed supervised consumption sites including but not limited to: (i) number of participant visits; (ii) number of overdoses reversed; (iii) number of referrals to addiction treatment and (iv) number of hypodermic needles and syringes collected and distributed. The report shall be submitted no later than 18 months after implementation of the pilot program, and annually thereafter.

SECTION 2. The department of public of health shall promulgate regulations to implement section 1 within 6 months of the effective date of this act.