SENATE DOCKET, NO. 1358 FILED ON: 2/16/2021

SENATE . . . . . No. 1272

The Commonwealth of Massachusetts

PRESENTED BY:

Julian Cyr

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:	
Julian Cyr	*Cape and Islands*	
James B. Eldridge	*Middlesex and Worcester*	*2/26/2021*
Sarah K. Peake	*4th Barnstable*	*2/26/2021*
Jack Patrick Lewis	*7th Middlesex*	*2/26/2021*
John F. Keenan	*Norfolk and Plymouth*	*3/3/2021*
Michael O. Moore	*Second Worcester*	*3/5/2021*
Sal N. DiDomenico	*Middlesex and Suffolk*	*3/8/2021*
Patricia D. Jehlen	*Second Middlesex*	*3/18/2021*
Adam G. Hinds	*Berkshire, Hampshire, Franklin and Hampden*	*4/2/2021*
Joseph A. Boncore	*First Suffolk and Middlesex*	*4/14/2021*
Rebecca L. Rausch	*Norfolk, Bristol and Middlesex*	*5/5/2021*
Erika Uyterhoeven	*27th Middlesex*	*6/17/2021*
Elizabeth A. Malia	*11th Suffolk*	*10/6/2021*

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SENATE . . . . . No. 1272

By Mr. Cyr, a petition (accompanied by bill, Senate, No. 1272) of Julian Cyr, James B. Eldridge, Sarah K. Peake, Jack Patrick Lewis and other members of the General Court for legislation relative to preventing overdose deaths and increasing access to treatment. Mental Health, Substance Use and Recovery.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. *2717* OF 2019-2020.]

The Commonwealth of Massachusetts

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 consumption site.

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;

(5) monitor participants for potential overdose and administer first aid, if needed;

(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;

(9) ensure the confidentiality of participants using an anonymous unique identifier, if 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.