



Sen. Donne E. Trotter

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LRB099 04220 KTG 31775 a

1 AMENDMENT TO SENATE BILL 10

2 AMENDMENT NO. _____. Amend Senate Bill 10 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Alcoholism and Other Drug Abuse and
5 Dependency Act is amended by changing Section 5-23 as follows:

6 (20 ILCS 301/5-23)

7 Sec. 5-23. Drug Overdose Prevention Program.

8 (a) Reports of drug overdose.

9 (1) The Director of the Division of Alcoholism and
10 Substance Abuse may publish annually a report on drug
11 overdose trends statewide that reviews State death rates
12 from available data to ascertain changes in the causes or
13 rates of fatal and nonfatal drug overdose for the preceding
14 period of not less than 5 years. The report shall also
15 provide information on interventions that would be
16 effective in reducing the rate of fatal or nonfatal drug

1 overdose.

2 (2) The report may include:

3 (A) Trends in drug overdose death rates.

4 (B) Trends in emergency room utilization related
5 to drug overdose and the cost impact of emergency room
6 utilization.

7 (C) Trends in utilization of pre-hospital and
8 emergency services and the cost impact of emergency
9 services utilization.

10 (D) Suggested improvements in data collection.

11 (E) A description of other interventions effective
12 in reducing the rate of fatal or nonfatal drug
13 overdose.

14 (b) Programs; drug overdose prevention.

15 (1) The Director may establish a program to provide for
16 the production and publication, in electronic and other
17 formats, of drug overdose prevention, recognition, and
18 response literature. The Director may develop and
19 disseminate curricula for use by professionals,
20 organizations, individuals, or committees interested in
21 the prevention of fatal and nonfatal drug overdose,
22 including, but not limited to, drug users, jail and prison
23 personnel, jail and prison inmates, drug treatment
24 professionals, emergency medical personnel, hospital
25 staff, families and associates of drug users, peace
26 officers, firefighters, public safety officers, needle

1 exchange program staff, and other persons. In addition to
2 information regarding drug overdose prevention,
3 recognition, and response, literature produced by the
4 Department shall stress that drug use remains illegal and
5 highly dangerous and that complete abstinence from illegal
6 drug use is the healthiest choice. The literature shall
7 provide information and resources for substance abuse
8 treatment.

9 The Director may establish or authorize programs for
10 prescribing, dispensing, or distributing naloxone
11 hydrochloride or any other similarly acting and equally
12 safe drug approved by the U.S. Food and Drug Administration
13 for the treatment of drug overdose. Such programs may
14 include the prescribing of naloxone hydrochloride or any
15 other similarly acting and equally safe drug approved by
16 the U.S. Food and Drug Administration for the treatment of
17 drug overdose to and education about administration by
18 individuals who are not personally at risk of opioid
19 overdose.

20 (2) The Director may provide advice to State and local
21 officials on the growing drug overdose crisis, including
22 the prevalence of drug overdose incidents, trends in drug
23 overdose incidents, and solutions to the drug overdose
24 crisis.

25 (c) Grants.

26 (1) The Director may award grants, in accordance with

1 this subsection, to create or support local drug overdose
2 prevention, recognition, and response projects. Local
3 health departments, correctional institutions, hospitals,
4 universities, community-based organizations, and
5 faith-based organizations may apply to the Department for a
6 grant under this subsection at the time and in the manner
7 the Director prescribes.

8 (2) In awarding grants, the Director shall consider the
9 necessity for overdose prevention projects in various
10 settings and shall encourage all grant applicants to
11 develop interventions that will be effective and viable in
12 their local areas.

13 (3) The Director shall give preference for grants to
14 proposals that, in addition to providing life-saving
15 interventions and responses, provide information to drug
16 users on how to access drug treatment or other strategies
17 for abstaining from illegal drugs. The Director shall give
18 preference to proposals that include one or more of the
19 following elements:

20 (A) Policies and projects to encourage persons,
21 including drug users, to call 911 when they witness a
22 potentially fatal drug overdose.

23 (B) Drug overdose prevention, recognition, and
24 response education projects in drug treatment centers,
25 outreach programs, and other organizations that work
26 with, or have access to, drug users and their families

1 and communities.

2 (C) Drug overdose recognition and response
3 training, including rescue breathing, in drug
4 treatment centers and for other organizations that
5 work with, or have access to, drug users and their
6 families and communities.

7 (D) The production and distribution of targeted or
8 mass media materials on drug overdose prevention and
9 response.

10 (E) Prescription and distribution of naloxone
11 hydrochloride or any other similarly acting and
12 equally safe drug approved by the U.S. Food and Drug
13 Administration for the treatment of drug overdose.

14 (F) The institution of education and training
15 projects on drug overdose response and treatment for
16 emergency services and law enforcement personnel.

17 (G) A system of parent, family, and survivor
18 education and mutual support groups.

19 (4) In addition to moneys appropriated by the General
20 Assembly, the Director may seek grants from private
21 foundations, the federal government, and other sources to
22 fund the grants under this Section and to fund an
23 evaluation of the programs supported by the grants.

24 (d) Health care professional prescription of drug overdose
25 treatment medication.

26 (1) A health care professional who, acting in good

1 faith, directly or by standing order, prescribes or
2 dispenses an opioid antidote to a patient who, in the
3 judgment of the health care professional, is capable of
4 administering the drug in an emergency, shall not, as a
5 result of his or her acts or omissions, be subject to
6 disciplinary or other adverse action under the Medical
7 Practice Act of 1987, the Physician Assistant Practice Act
8 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,
9 or any other professional licensing statute.

10 (2) A person, including, but not limited to, a State
11 Police Officer, a law enforcement officer of a local
12 government agency, fire protection personnel, and a fire
13 fighter, who is not otherwise licensed to administer an
14 opioid antidote may in an emergency administer without fee
15 an opioid antidote if the person has received the same
16 information that patients receive, as specified under the
17 definition of patient information ~~specified~~ in paragraph
18 (4) of this subsection, or the person has received training
19 in the administration of opioid antidotes, and believes in
20 good faith that another person is experiencing a drug
21 overdose. The person shall not, as a result of his or her
22 acts or omissions, be liable for any violation of the
23 Medical Practice Act of 1987, the Physician Assistant
24 Practice Act of 1987, the Nurse Practice Act, the Pharmacy
25 Practice Act, or any other professional licensing statute,
26 or subject to any criminal prosecution arising from or

1 related to the unauthorized practice of medicine or the
2 possession of an opioid antidote.

3 (3) A health care professional prescribing an opioid
4 antidote to a patient shall ensure that the patient
5 receives the patient information specified in paragraph
6 (4) of this subsection. Patient information may be provided
7 by the health care professional or a community-based
8 organization, substance abuse program, or other
9 organization with which the health care professional
10 establishes a written agreement that includes a
11 description of how the organization will provide patient
12 information, how employees or volunteers providing
13 information will be trained, and standards for documenting
14 the provision of patient information to patients.
15 Provision of patient information shall be documented in the
16 patient's medical record or through similar means as
17 determined by agreement between the health care
18 professional and the organization. The Director of the
19 Division of Alcoholism and Substance Abuse, in
20 consultation with statewide organizations representing
21 physicians, advanced practice nurses, physician
22 assistants, substance abuse programs, and other interested
23 groups, shall develop and disseminate to health care
24 professionals, community-based organizations, substance
25 abuse programs, and other organizations training materials
26 in video, electronic, or other formats to facilitate the

1 provision of such patient information.

2 (4) For the purposes of this subsection:

3 "Fire protection personnel" and "fire fighter" have
4 the meanings ascribed to those terms in Section 2 of the
5 Illinois Fire Protection Training Act.

6 "Law enforcement officer" and "local government
7 agency" have the meanings ascribed to those terms in
8 Section 2 of the Illinois Police Training Act.

9 "Opioid antidote" means naloxone hydrochloride or any
10 other similarly acting and equally safe drug approved by
11 the U.S. Food and Drug Administration for the treatment of
12 drug overdose.

13 "Health care professional" means a physician licensed
14 to practice medicine in all its branches, a physician
15 assistant who has been delegated the prescription or
16 dispensation of an opioid antidote by his or her
17 supervising physician, an advanced practice registered
18 nurse who has a written collaborative agreement with a
19 collaborating physician that authorizes the prescription
20 or dispensation of an opioid antidote, or an advanced
21 practice nurse who practices in a hospital or ambulatory
22 surgical treatment center and possesses appropriate
23 clinical privileges in accordance with the Nurse Practice
24 Act.

25 "Patient" includes a person who is not at risk of
26 opioid overdose but who, in the judgment of the physician,

1 may be in a position to assist another individual during an
2 overdose and who has received patient information as
3 required in paragraph (2) of this subsection on the
4 indications for and administration of an opioid antidote.

5 "Patient information" includes information provided to
6 the patient on drug overdose prevention and recognition;
7 how to perform rescue breathing and resuscitation; opioid
8 antidote dosage and administration; the importance of
9 calling 911; care for the overdose victim after
10 administration of the overdose antidote; and other issues
11 as necessary.

12 (Source: P.A. 96-361, eff. 1-1-10.)

13 Section 10. The State Police Act is amended by changing
14 Section 9 as follows:

15 (20 ILCS 2610/9) (from Ch. 121, par. 307.9)

16 Sec. 9. Appointment; qualifications.

17 (a) Except as otherwise provided in this Section, the
18 appointment of Department of State Police officers shall be
19 made from those applicants who have been certified by the Board
20 as being qualified for appointment. All persons so appointed
21 shall, at the time of their appointment, be not less than 21
22 years of age, or 20 years of age and have successfully
23 completed 2 years of law enforcement studies, including
24 training in the administration of opioid antidotes, as defined

1 in paragraph (4) of subsection (d) of Section 5-23 of the
2 Alcoholism and Other Drug Abuse and Dependency Act, for use in
3 prehospital emergency medical care, at an accredited college or
4 university. Any person appointed subsequent to successful
5 completion of 2 years of such law enforcement studies shall not
6 have power of arrest, nor shall he be permitted to carry
7 firearms, until he reaches 21 years of age. In addition, all
8 persons so certified for appointment shall be of sound mind and
9 body, be of good moral character, be citizens of the United
10 States, have no criminal records, possess such prerequisites of
11 training, education and experience as the Board may from time
12 to time prescribe, and shall be required to pass successfully
13 such mental and physical tests and examinations as may be
14 prescribed by the Board. Notwithstanding any Board rule to the
15 contrary, all persons who either: (i) have been honorably
16 discharged and who have been awarded a Southwest Asia Service
17 Medal, Kosovo Campaign Medal, Korean Defense Service Medal,
18 Afghanistan Campaign Medal, Iraq Campaign Medal, or Global War
19 on Terrorism Expeditionary Medal by the United States Armed
20 Forces or (ii) are active members of the Illinois National
21 Guard or a reserve component of the United States Armed Forces
22 and who have been awarded a Southwest Asia Service Medal,
23 Kosovo Campaign Medal, Korean Defense Service Medal,
24 Afghanistan Campaign Medal, Iraq Campaign Medal, or Global War
25 on Terrorism Expeditionary Medal as a result of honorable
26 service during deployment on active duty, are deemed to have

1 met the collegiate educational requirements. Preference shall
2 be given in such appointments to persons who have honorably
3 served in the military or naval services of the United States.
4 All appointees shall serve a probationary period of 12 months
5 from the date of appointment and during that period may be
6 discharged at the will of the Director. However, the Director
7 may in his or her sole discretion extend the probationary
8 period of an officer up to an additional 6 months when to do so
9 is deemed in the best interest of the Department.

10 (b) Notwithstanding the other provisions of this Act, after
11 July 1, 1977 and before July 1, 1980, the Director of State
12 Police may appoint and promote not more than 20 persons having
13 special qualifications as special agents as he deems necessary
14 to carry out the Department's objectives. Any such appointment
15 or promotion shall be ratified by the Board.

16 (c) During the 90 days following the effective date of this
17 amendatory Act of 1995, the Director of State Police may
18 appoint up to 25 persons as State Police officers. These
19 appointments shall be made in accordance with the requirements
20 of this subsection (c) and any additional criteria that may be
21 established by the Director, but are not subject to any other
22 requirements of this Act. The Director may specify the initial
23 rank for each person appointed under this subsection.

24 All appointments under this subsection (c) shall be made
25 from personnel certified by the Board. A person certified by
26 the Board and appointed by the Director under this subsection

1 must have been employed by the Illinois Commerce Commission on
2 November 30, 1994 in a job title subject to the Personnel Code
3 and in a position for which the person was eligible to earn
4 "eligible creditable service" as a "noncovered employee", as
5 those terms are defined in Article 14 of the Illinois Pension
6 Code.

7 Persons appointed under this subsection (c) shall
8 thereafter be subject to the same requirements and procedures
9 as other State police officers. A person appointed under this
10 subsection must serve a probationary period of 12 months from
11 the date of appointment, during which he or she may be
12 discharged at the will of the Director.

13 This subsection (c) does not affect or limit the Director's
14 authority to appoint other State Police officers under
15 subsection (a) of this Section.

16 (Source: P.A. 97-640, eff. 12-19-11; 98-54, eff. 1-1-14.)

17 Section 15. The Illinois Police Training Act is amended by
18 adding Section 10.17 as follows:

19 (50 ILCS 705/10.17 new)

20 Sec. 10.17. Training; opioid antidotes. The Illinois Law
21 Enforcement Training Standards Board shall conduct or approve a
22 training program in opioid antidotes, as defined in paragraph
23 (4) of subsection (d) of Section 5-23 of the Alcoholism and
24 Other Drug Abuse and Dependency Act, use for law enforcement

1 officers of local government agencies. The purpose of that
2 training shall be to equip law enforcement officers of local
3 government agencies to administer opioid antidotes for use in
4 prehospital emergency medical care.

5 Section 20. The Illinois Fire Protection Training Act is
6 amended by changing Section 8 as follows:

7 (50 ILCS 740/8) (from Ch. 85, par. 538)

8 Sec. 8. Rules and minimum standards for schools. The Office
9 shall adopt rules and minimum standards for such schools which
10 shall include but not be limited to the following:

11 a. Minimum courses of study, resources, facilities,
12 apparatus, equipment, reference material, established records
13 and procedures as determined by the Office.

14 b. Minimum requirements for instructors.

15 c. Minimum basic training requirements, which a trainee
16 must satisfactorily complete before being eligible for
17 permanent employment as a fire fighter in the fire department
18 of a participating local governmental agency. Those
19 requirements shall include, but are not limited to, training in
20 first aid (including cardiopulmonary resuscitation) and
21 training in the administration of opioid antidotes, as defined
22 in paragraph (4) of subsection (d) of Section 5-23 of the
23 Alcoholism and Other Drug Abuse and Dependency Act, for use in
24 prehospital emergency medical care.

1 (Source: P.A. 88-661, eff. 1-1-95.)

2 Section 99. Effective date. This Act takes effect upon
3 becoming law.".