



Rep. La Shawn K. Ford

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10400HB2929ham004

LRB104 12092 KTG 33794 a

1 AMENDMENT TO HOUSE BILL 2929

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 2929, AS AMENDED,  
3 by replacing everything after the enacting clause with the  
4 following:

5 "Section 5. The Substance Use Disorder Act is amended by  
6 adding Section 5-26 as follows:

7 (20 ILCS 301/5-26 new)

8 Sec. 5-26. Pilot overdose prevention site.

9 (a) Legislative findings. The General Assembly finds the  
10 following:

11 (1) Illinois is experiencing a growing overdose crisis.  
12 According to the Centers for Disease Control and Prevention,  
13 over 4,000 Illinoisans died from overdoses between January  
14 2021 and January 2022, a 12.6% increase from the previous  
15 year. Most of those preventable deaths involved opioids.

16 (2) A significant reason for the increase in deaths is a

1 poisoned drug supply, with illicit fentanyl killing people  
2 using street-bought substances. With the increasing use of  
3 potent fentanyl in the illicit substance supply in Illinois,  
4 more lives will continue to be lost.

5 (3) Nearly all witnessed opioid overdoses are reversible  
6 with the provision of oxygen, naloxone, and other emergency  
7 care. However, many people use drugs alone or use them with  
8 people who do not have naloxone and are not trained in overdose  
9 response.

10 (4) Overdose prevention sites can save lives. Overdose  
11 prevention sites provide individuals with a safe, hygienic  
12 space to consume pre-obtained drugs and access to other harm  
13 reduction, treatment, recovery, and ancillary support  
14 services.

15 (5) The goals of overdose prevention sites are:

16 (A) Saving lives by quickly providing emergency care  
17 to persons experiencing an overdose.

18 (B) Reducing the spread of infectious diseases, such  
19 as HIV and hepatitis.

20 (C) Reducing public injection of substances and  
21 discarded syringes in surrounding areas.

22 (D) Linking those with substance use disorders to  
23 behavioral and physical health supports.

24 (b) Definitions. As used in this Section:

25 "Entity" means (i) any community-based organization that  
26 provides educational, health, harm reduction, housing, or

1 social services and (ii) any hospital, medical clinic or  
2 office, health center, community-based mental health center,  
3 or other similar entity that provides medical care.

4 "Overdose prevention site" or "OPS" means a hygienic  
5 location where individuals may safely consume pre-obtained  
6 substances.

7 "Participant" means an individual who uses services  
8 provided at an overdose prevention site established in  
9 accordance with this Section.

10 (c) There is hereby established an advisory committee to  
11 advise the Department with respect to the rules necessary to  
12 effectuate the purposes of this Section. The advisory  
13 committee shall be chaired by the Secretary of the Department,  
14 or the Secretary's designee, and shall consist of 9 additional  
15 members as follows:

16 (1) one member from the Illinois Opioid Remediation  
17 Advisory Board, appointed by majority vote of that Board;

18 (2) one member representing a Chicago-based medical  
19 society or association, appointed by the Department;

20 (3) one member representing a Chicago-based nonprofit  
21 organization that provides addiction recovery services,  
22 appointed by the Department;

23 (4) one member representing a statewide organization  
24 that has expertise in addiction medicine, appointed by the  
25 Department; and

26 (5) 5 members appointed by the Governor as follows:

1           (A) one member with a substance use disorder;

2           (B) one member who works in overdose prevention;

3           (C) one member who is a current or former law  
4           enforcement official;

5           (D) one member who is a representative of an  
6           association representing local governments; and

7           (E) one member who has experienced a drug overdose  
8           or has a family member who died from a drug overdose.

9           (d) The Department, in consultation with the advisory  
10          committee, shall create an education program or designate a  
11          nonprofit entity to administer an education program to run  
12          concurrently with rulemaking. The education program shall be  
13          made available to community stakeholders about overdose  
14          prevention sites and the evidence regarding the benefits of  
15          overdose prevention sites. The education program shall be made  
16          available to local communities and public and private  
17          entities, including, but not limited to, public safety  
18          organizations, city and county representatives, social service  
19          groups, school districts, faith communities, and businesses.  
20          Such education shall include an opportunity to provide input  
21          on preferred OPS locations and ways in which local law  
22          enforcement and other entities can respond to potential issues  
23          related to the establishment and maintenance of the pilot OPS.

24          (e) The Department, in consultation with the advisory  
25          committee, shall adopt rules to authorize the establishment  
26          and maintenance of a pilot OPS that shall operate one site in a

1 municipality with a population greater than 2,000,000. The  
2 first set of proposed rules must be complete and submitted for  
3 consideration within 6 months after the effective date of this  
4 amendatory Act of the 104th General Assembly. The rules must  
5 include all of the following:

6 (1) Standards of operation at or above the minimum  
7 standards as outlined in this subsection and in  
8 subsections (f) and (g).

9 (2) Location for the pilot OPS that conforms with the  
10 requirements under subsection (i). The exact location  
11 shall be sufficiently identified by address, parcel  
12 number, coordinates, or other clear identifying  
13 information.

14 (3) Methods of data collection and community outreach  
15 that conform with the requirements under subsection (j).

16 (4) Any other rules necessary for the proper  
17 administration of this Section.

18 (f) The pilot OPS shall:

19 (1) provide a hygienic space where participants may  
20 consume their pre-obtained substances;

21 (2) maintain a supply of naloxone and oxygen on-site,  
22 together with the necessary equipment to administer  
23 naloxone and oxygen;

24 (3) monitor participants for potential overdoses;

25 (4) employ staff trained to administer first aid to  
26 participants who are experiencing an overdose;

1           (5) provide sterile injection or other substance use  
2           supplies, collect used hypodermic needles and syringes,  
3           and provide secure hypodermic needle and syringe disposal  
4           services in compliance with the Overdose Prevention and  
5           Harm Reduction Act and any applicable rules adopted by the  
6           Department of Public Health;

7           (6) provide safer smoking and snorting kits;

8           (7) provide naloxone;

9           (8) encourage drug checking or the use of fentanyl  
10          test strips;

11          (9) provide education on safe consumption practices,  
12          the proper disposal of hypodermic needles and syringes,  
13          and overdose prevention;

14          (10) provide referrals to substance use disorder and  
15          mental health treatment, medication-assisted treatment or  
16          recovery, and other services that address social  
17          determinants of health, including Housing First programs;

18          (11) offer a quiet and comfortable space for  
19          participants to stay safely sheltered and supervised after  
20          consuming substances; and

21          (12) train staff members and volunteers to deliver  
22          services offered at the overdose prevention site, and  
23          maintain an adequate staff of health care professionals or  
24          other trained staff or volunteers. Trainings shall be  
25          conducted and partnered with established harm reduction  
26          professionals.

1       (g) The pilot OPS shall have the following principles  
2 published in training materials and on display at the OPS  
3 location:

4           (1) Nothing About Us Without Us: This facility  
5 requires transparency, community involvement, and direct  
6 input by people who use substances.

7           (2) Equity: This facility provides equal support,  
8 services, and resources to all participants and ensures  
9 accessibility to the greatest extent possible.

10          (3) Harm Reduction: This facility prioritizes  
11 individual dignity and autonomy in decision-making while  
12 encouraging people to reduce high-risk behaviors.

13          (4) This facility affirms the humanity and dignity of  
14 people who use substances and shall be operated in a way  
15 that is safe, clean, inclusive, and welcoming to reduce  
16 stigma and build trust.

17          (5) This facility prioritizes relationship-building  
18 and trust among staff and participants in order to create  
19 safe spaces and provide increased opportunities to connect  
20 with additional services that promote health and  
21 well-being.

22       (h) Staff at the pilot OPS must include necessary  
23 professionals as well as members of the community who have  
24 experienced a drug addiction or drug overdose or have lost a  
25 family member to a drug overdose. The Department may not  
26 prohibit persons with criminal records from frontline,

1 management, or executive positions within entities that  
2 operate the pilot OPS based solely on the existence of the  
3 criminal record.

4 (i) Location. The Department shall determine at least 3  
5 optional locations within a municipality with a population  
6 greater than 2,000,000 for the pilot OPS. Location priority  
7 shall be given to communities that have the highest number of  
8 fatal and nonfatal overdoses as determined by the Department  
9 and specifically target high-risk and socially marginalized  
10 drug users. All proposed optional locations must have  
11 municipal approval, and a final administrative decision for  
12 the operation of no more than one facility shall be approved by  
13 rule before the pilot OPS can begin operations.

14 (j) The Department shall establish a mechanism to collect  
15 research and data regarding overdose prevention sites and  
16 prepare a report for the General Assembly within 12 months  
17 after the starting operation date of the pilot OPS. The  
18 Department may identify collaborators across other Departments  
19 and State universities to assist in data collection and  
20 analysis. The report shall contain information on:

21 (1) The current research on the effectiveness of an  
22 OPS as an overdose prevention strategy.

23 (2) OPS best practices for staffing, placement, and  
24 activities.

25 (3) The benefits and challenges of different OPS  
26 models, structures, and settings.

1       (k) Limited immunity provided. Notwithstanding any  
2 provision of the Illinois Controlled Substances Act, the Drug  
3 Paraphernalia Control Act, the Methamphetamine Control and  
4 Community Protection Act, or any other provision of law  
5 prohibiting the possession of controlled substances,  
6 methamphetamine, or drug paraphernalia, persons shall not be  
7 arrested, charged, or prosecuted for any criminal offense or  
8 violation of parole, mandatory supervised release, probation,  
9 or conditional discharge, or be subject to any civil or  
10 administrative penalty, including seizure or forfeiture of  
11 assets or real property or disciplinary action by a  
12 professional licensing board, or be denied any right or  
13 privilege solely for the person's presence or activities  
14 related to the creation, maintenance, or use of the pilot OPS.

15       (l) Reporting. The entity or entities operating the pilot  
16 OPS shall, within the time frame specified by the Department,  
17 submit a report to the Department that shall include:

18           (1) the number of participants who have received or  
19 are receiving services at the overdose prevention site;

20           (2) aggregate information regarding the  
21 characteristics of those participants reported under  
22 paragraph (1);

23           (3) the number of hypodermic needles, syringes, and  
24 harm reduction supplies distributed for use on-site;

25           (4) the number of participants directly and formally  
26 referred to other services, the types of services, the

1       number of participants who successfully engage in those  
2       services, and, when possible, outcomes of substance use  
3       treatment and recovery services.

4       In compiling the report required under this subsection,  
5       the entity or entities operating the pilot OPS shall exclude  
6       all personally identifiable information and adhere to all  
7       federal regulations concerning the confidentiality of  
8       substance use disorder patient records under Part 2,  
9       Subchapter A, Chapter 1, Title 42 of the Code of Federal  
10       Regulations as that Part existed on December 20, 2024.

11       (m) No later than 4 years after the beginning date of  
12       operation of the pilot OPS, the Department shall submit a  
13       report and recommendations to the General Assembly.

14       (n) This Section is repealed 5 years after the beginning  
15       date of operation of the pilot OPS.

16       Section 99. Effective date. This Act takes effect upon  
17       becoming law."