



Rep. Lindsey LaPointe

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1 AMENDMENT TO HOUSE BILL 4039

2 AMENDMENT NO. _____. Amend House Bill 4039 by replacing
3 everything after the enacting clause with the following:

4 "Article 1. General Provisions

5 Section 1-1. Short title; references to Act.

6 (a) Short title. This Act may be cited as the Holistic
7 Overdose Prevention and Equity Act.

8 (b) References to Act. This Act may be referred to as the
9 HOPE Act.

10 Section 1-5. Legislative findings and purpose.

11 (a) The General Assembly finds that:

12 (1) The Department of Public Health reported 3,261
13 opioid-related overdose fatalities in 2022, representing
14 an estimated 272 lives lost every month as the State's
15 overdose crisis persists.

1 (2) The Cook County Medical Examiner's Office
2 confirmed that 2,000 opioid-related deaths occurred in
3 Cook County during 2022, with Black residents comprising
4 56% of deaths despite only representing 23% of the
5 county's population.

6 (3) The Opioid Data Dashboard provided by the
7 Department of Public Health vividly demonstrates the
8 extensive reach of opioid-related overdose across the
9 State; outside of Cook County, the counties that
10 experience the brunt of fatalities include Will County,
11 Winnebago County, DuPage County, Lake County, Kane County,
12 Madison County, St. Clair County, Sangamon County, McHenry
13 County, and Champaign County.

14 (4) Harm reduction measures have been proven to reduce
15 HIV transmissions, among other benefits, including
16 assisting in the prevention of the acquisition of other
17 bloodborne viruses such as Hepatitis B and C, the
18 prevention of fatal overdoses, decrease in encounters with
19 the criminal justice system, reduction in crime, reduction
20 of social exclusion for people who use drugs, and
21 improvement in access to medical care, mental health
22 support, housing, community support, food, and other basic
23 needs.

24 (5) Extensive research and reports continue to
25 demonstrate that harm reduction strategies not only save
26 lives by preventing overdose deaths but also limit

1 expenses in response to hospitalizations, emergency calls,
2 and deaths, promote public safety by diverting hazardous
3 waste from public spaces, and do not lead to an increase in
4 crime rates or substance use.

5 (6) Harm reduction operates on the understanding that
6 recovery is a multifaceted journey and that harm reduction
7 strategies complement traditional recovery approaches.

8 (7) While people who use drugs continue to face social
9 stigma, they still possess the right to receive access to
10 housing, education, economic mobility, mental health care,
11 and a range of services to support a better quality of
12 life.

13 (8) Harm reduction acknowledges the intersecting
14 systems of oppression that marginalize people who use
15 drugs and centers the need for racial, economic, and
16 gender justice within policies and practices.

17 (9) Across the State, harm reductionists tirelessly
18 dedicate themselves toward mitigating the harms of
19 substance use and providing critical support to
20 individuals in need, and it is essential to recognize and
21 appreciate the strain and labor undertaken by these
22 individuals as they endure secondary trauma and navigate
23 complex social, economic, and political landscapes.

24 (10) Recent reports have highlighted funding and other
25 stresses endured by harm reduction providers, including
26 inadequate and inefficient distribution of opioid

1 settlement funds, as reported in the Chicago Reader in
2 December 2024.

3 (b) It is the purpose of this Act to enhance harm reduction
4 through coordination of programs and policies; establishment
5 of a sustainable source of funding for harm reduction
6 programs, including potential provision of grants from the
7 Illinois Opioid Remediation State Trust Fund as appropriate;
8 and establishment of a permanent harm reduction
9 infrastructure.

10 Section 1-10. Definitions. In this Act:

11 "Department" means the Department of Public Health.

12 "FDA" means the federal Food and Drug Administration.

13 "Harm reduction" means a philosophical framework and set
14 of strategies designed to reduce harm and promote dignity and
15 well-being among persons and communities who engage in
16 substance use.

17 "Harm reduction professional" means a specialist who
18 engages directly with people who use drugs to prevent overdose
19 and infectious disease transmission; improve physical, mental,
20 and social well-being; and offer low-barrier options for
21 accessing health care services, including substance use and
22 mental health disorder treatment.

23 "Harm reduction provider" means an organization with a
24 needle and hypodermic syringe access program registered with
25 the Department of Public Health, as described in the Overdose

1 Prevention and Harm Reduction Act, where traditional harm
2 reduction services are the organization's primary focus, harm
3 reduction principles guide the organization, and the
4 organization has a long-standing, trusting relationship with
5 people who use drugs or are at risk of overdose in the
6 communities the organization serves.

7 "Medication-assisted treatment" means the use of
8 FDA-approved medications, in combination with counseling and
9 behavioral therapies, to provide a whole patient approach to
10 the treatment of substance use disorders.

11 "Medications for opioid use disorder" means the use of
12 FDA-approved medications to treat opioid use disorders.

13 "People with lived or living experience" means individuals
14 who currently or in the past have used drugs, been diagnosed
15 with a substance use disorder, experienced an overdose, or
16 used harm reduction services.

17 Article 2. Harm Reduction Advisory Board

18 Section 2-5. Purpose. The Harm Reduction Advisory Board is
19 created to advance the State's efforts to save lives through
20 harm reduction through improved alignment of existing efforts
21 across multiple State agencies, sustained and strategic
22 investment, and emphasis on input from people with lived or
23 living experience.

1 Section 2-10. Membership.

2 (a) Members of the Harm Reduction Advisory Board shall
3 represent the diversity of this State and possess the
4 expertise needed to perform the responsibilities of the Harm
5 Reduction Advisory Board. Members of the Harm Reduction
6 Advisory Board shall include the following:

7 (1) one member who is a representative of a statewide
8 coalition addressing harm reduction, appointed by the
9 Governor;

10 (2) one member who is a member of the General
11 Assembly, appointed by the President of the Senate;

12 (3) one member who is a member of the General
13 Assembly, appointed by the Speaker of the House of
14 Representatives;

15 (4) one member who is a member of the General
16 Assembly, appointed by the Minority Leader of the Senate;

17 (5) one member who is a member of the General
18 Assembly, appointed by the Minority Leader of the House of
19 Representatives;

20 (6) the Director of Public Health or the Director's
21 designee, who shall serve as co-chair;

22 (7) the Secretary of Human Services or the Secretary's
23 designee;

24 (8) the Chief Behavioral Health Officer or the Chief
25 Behavioral Health Officer's designee;

26 (9) the Statewide Opioid Settlement Administrator or

1 the Statewide Opioid Settlement Administrator's designee;

2 (10) one member who is a person with lived or living
3 experience with drug use, substance use disorder,
4 overdose, or use of harm reduction services, appointed by
5 the President of the Senate;

6 (11) one member who is a person with lived or living
7 experience with drug use, substance use disorder,
8 overdose, or use of harm reduction services, appointed by
9 the Speaker of the House of Representatives, who shall
10 serve as co-chair and serve as the Board's spokesperson,
11 including in communication with the General Assembly and
12 federal and local leaders;

13 (12) one member who is a person with lived or living
14 experience with drug use, substance use disorder,
15 overdose, or use of harm reduction services, appointed by
16 the Minority Leader of the Senate;

17 (13) one member who is a person with lived or living
18 experience with drug use, substance use disorder,
19 overdose, or use of harm reduction services, appointed by
20 the Minority Leader of the House of Representatives;

21 (14) one member who is a person who has lost an
22 immediate family member to a fatal overdose, appointed by
23 the Governor;

24 (15) one member who is a representative of a statewide
25 organization of behavioral health providers, appointed by
26 the Governor;

1 (16) one member who is a representative of a statewide
2 organization of addiction medicine specialists, appointed
3 by the Governor;

4 (17) two members who are employees of community-based
5 providers of harm reduction services, appointed by the
6 co-chairs;

7 (18) one member who is a person employed by a research
8 institution who has conducted research on harm reduction,
9 appointed by the co-chairs;

10 (19) seven members who are persons representing local
11 health departments, one from each Department region,
12 appointed by the Director of Public Health; and

13 (20) additional members who are persons with lived or
14 living experience with drug use, substance use disorder,
15 overdose, or use of harm reduction services as needed to
16 ensure that a majority of Harm Reduction Advisory Board
17 members have lived or living experience, appointed by the
18 co-chairs.

19 (b) Members of the Harm Reduction Advisory Board shall
20 serve without compensation, except that individuals with lived
21 or living experience under subsection (a) may receive stipends
22 as compensation for their time. Members of the Harm Reduction
23 Advisory Board may be reimbursed for reasonable expenses
24 incurred in the performance of their duties from funds
25 appropriated for that purpose.

26 (c) The Harm Reduction Advisory Board may take board

1 action, including holding meetings, upon the appointment of a
2 quorum of its members in compliance with the Open Meetings
3 Act. The Harm Reduction Advisory Board terms shall end 4 years
4 from the date of appointment.

5 Section 2-15. Meetings. The Harm Reduction Advisory Board
6 shall meet at least quarterly and may do so either in person or
7 remotely, in alignment with the Open Meetings Act. The
8 Department of Public Health and Department of Human Services
9 shall jointly provide administrative support.

10 Section 2-20. Responsibilities. Within 12 months after the
11 effective date of this Act, the Harm Reduction Advisory Board
12 shall:

13 (1) offer input on State agencies' processes to
14 solicit applications to ensure that harm reduction
15 providers are well-represented;

16 (2) provide input on the State's comprehensive,
17 interagency effort to ensure that harm reduction services
18 are available statewide, that the State-supported system
19 respects the dignity of people who use drugs, and that
20 investments in harm reduction services are sustained and
21 strategic;

22 (3) advise State agencies on a process to support
23 ongoing monitoring and evaluation of community-based harm
24 reduction programs;

1 (4) coordinate with harm reduction providers and other
2 community-based organizations; and

3 (5) deliver an annual report on successes and
4 challenges with the year's harm reduction funding and
5 recommendations for harm reduction public policy to the
6 General Assembly and to the Governor to be posted on the
7 Department of Public Health website.

8 Article 3. Grant Funding

9 Section 3-5. Grant-making authority.

10 (a) The Department of Public Health and the Department of
11 Human Services shall have grant-making, operational, and
12 procurement authority to distribute funds to harm reduction
13 providers to execute the functions established in this Act.
14 This subsection does not limit any existing grant-making,
15 operational, or procurement authorities of other State
16 agencies to distribute funds for harm reduction activities.

17 (b) The Department may issue grants to harm reduction
18 providers. Grants shall be issued on or before July 1 of each
19 fiscal year.

20 (c) Beginning in Fiscal Year 2028 and subject to
21 appropriation, grants shall be awarded for a project period of
22 one year, with 2 one-year renewals, contingent on Department
23 requirements for reporting and successful performance.

24 (d) The Department shall ensure that grants awarded under

1 this Act do not duplicate or supplant grants awarded under any
2 other Act. Grants awarded under this Act may be used to expand
3 existing services.

4 (e) The Department may make harm reduction grants to harm
5 reduction providers addressing opioid remediation in the
6 State. Eligible grant recipients shall be harm reduction
7 providers that offer services in a manner that supports and
8 meets the approved uses of the opioid settlement funds.
9 Eligible grant recipients have no entitlement to a grant under
10 this Section. The Department of Public Health shall partner
11 with the Department of Human Services to adopt rules to
12 implement this Section, if necessary, and may create a
13 competitive application procedure for grants to be awarded.
14 The rules may specify the manner of applying for grants;
15 grantee eligibility requirements; project eligibility
16 requirements; restrictions on the use of grant moneys; the
17 manner in which grantees must account for the use of grant
18 moneys; and any other provision that the Department of Public
19 Health determines to be necessary or useful for the
20 administration of this Section.

21 Section 3-10. Grants for harm reduction services.

22 (a) The Department may make grants to harm reduction
23 providers.

24 (b) When the Department issues grants, it shall ensure
25 that harm reduction services are available in all counties

1 whenever possible. A harm reduction provider may receive a
2 grant to provide harm reduction services in more than one
3 county.

4 (c) Harm reduction providers receiving grants under this
5 Act shall establish eligibility criteria for services in
6 alignment with the Department's requirements outlined in grant
7 agreements.

8 (d) An eligible participant shall not be court ordered to
9 receive services funded by a grant under this Act.

10 (e) Harm reduction providers receiving grants under this
11 Act shall provide the following harm reduction services
12 directly or through subgrants to other organizations:

13 (1) provision of harm reduction supplies, including,
14 but not limited to, overdose reversal supplies, including
15 naloxone kits with 3 milligram nasal spray, 4 milligram
16 nasal spray, and 0.4 milligram/milliliter intramuscular
17 formulation variations; condoms; supplies to promote
18 sterile injection and reduce infectious disease
19 transmission through injection drug use; safer smoking
20 kits to reduce infectious disease transmission; written
21 educational materials on safer injection practices and HIV
22 and viral hepatitis and prevention, testing, treatment,
23 and care services;

24 (2) overdose reversal education and training services;

25 (3) navigation services to ensure linkage to HIV and
26 viral hepatitis prevention, testing, treatment, and care

1 services, including antiretroviral therapy for HCV and
2 HIV, pre-exposure prophylaxis (PrEP), post-exposure
3 prophylaxis (PEP), prevention of mother-to-child
4 transmission, and partner services;

5 (4) referral to hepatitis A and hepatitis B
6 vaccinations;

7 (5) provision of education on HIV and viral hepatitis
8 prevention, testing, and referral to treatment services;
9 and

10 (6) provision of information on local resources or
11 referrals for PEP, or both.

12 (f) Harm reduction providers receiving grants under this
13 Act may provide the following services directly or through
14 subgrants to other organizations:

15 (1) provision of harm reduction supplies, including,
16 but not limited to, equipment, products, or materials to
17 analyze or test for the presence of a drug adulterant
18 within a controlled substance; safer sex kits; sharps
19 disposal and medication disposal kits; wound care
20 supplies; medication lock boxes; sterile water and saline;
21 ascorbic acid (vitamin C); nicotine cessation therapies;
22 food and beverages, including snacks, protein drinks, and
23 water; FDA-approved home testing kits for viral hepatitis,
24 including HBV and HCV, and HIV; distribution mechanisms,
25 such as bags for naloxone or safer sex kits and metal boxes
26 or containers for holding naloxone, for harm reduction

1 supplies, including stock as otherwise described and
2 delineated on this list;

3 (2) contingency management services, in which tangible
4 incentives are provided to participants contingent on
5 evidence of change in a specific, incentivized behavior
6 such as abstinence from a particular drug;

7 (3) services to promote hygiene and other basic needs,
8 including, but not limited to, mobile showers and clothing
9 distribution; and

10 (4) other services necessary to promote harm
11 reduction, as determined by the harm reduction provider
12 and approved by the Department.

13 (g) Harm reduction providers receiving grants under this
14 Act may utilize funds for the following activities, subject to
15 approval by the Department:

16 (1) compensation and fringe benefits for harm
17 reduction staff and supervisors;

18 (2) research and evaluation;

19 (3) community outreach and education; and

20 (4) building capacity in the harm reduction field.

21 (h) Harm reduction providers receiving grants under this
22 Act shall ensure that services are accessible to individuals
23 with disabilities and to individuals with limited English
24 proficiency. Harm reduction providers receiving grants under
25 this Act shall not deny services to individuals on the basis of
26 immigration status, gender identity, or any other protected

1 class.

2 (i) Communications that are made between a harm reduction
3 provider receiving a grant under this Act and an eligible
4 participant and while providing harm reduction services are
5 confidential and privileged. Except with the written consent
6 of the participant, a harm reduction provider shall not be
7 required to disclose such communications or related records in
8 any civil, criminal, administrative, or legislative
9 proceeding, nor shall the provider be examined regarding such
10 communications. Nothing in this subsection shall be construed
11 to supersede or conflict with federal confidentiality
12 requirements, including the Health Insurance Portability and
13 Accountability Act of 1996 and 42 CFR Part 2.

14 (j) The Department shall encourage harm reduction
15 providers receiving grants under this Act to employ people
16 with lived or living experience.

17 (k) Nothing in this Act shall be construed to supersede
18 the requirements of the Grant Accountability and Transparency
19 Act.

20 Article 4. Administrative Oversight

21 Section 4-5. Administration of harm reduction programming
22 and funding.

23 (a) The Department of Public Health shall administer harm
24 reduction programming and funding in coordination with other

1 State agencies, including the Department of Human Services, to
2 ensure that resources are expended effectively.

3 (b) No later than June 30, 2027, the Department of Public
4 Health and the Department of Human Services shall enter into
5 an interagency agreement outlining their shared and distinct
6 responsibilities for harm reduction in Illinois. The Harm
7 Reduction Advisory Board must provide advice on the
8 interagency agreement.

9 (c) Nothing in this Act shall be construed to require
10 existing harm reduction programming or funding to be
11 transferred from one State agency to another, for existing
12 programming or funding to be terminated or modified, or to
13 prevent State agencies from implementing new harm reduction
14 programming or funding in the future.

15 Article 5. Training, Technical Assistance, and Education

16 Section 5-5. Role of harm reduction providers.
17 Organizations or agencies that do not meet the definition of
18 harm reduction provider must subcontract with a harm reduction
19 provider to meet any requirements for harm reduction
20 programming, training, education, or technical assistance
21 established under this Act.

22 Section 5-10. Local government training. The Department
23 and the Harm Reduction Advisory Board may establish a program

1 to provide comprehensive education and training, for local
2 government agencies, including law enforcement and court
3 stakeholders, concerning this Act and the Overdose Prevention
4 and Harm Reduction Act, with a focus on ensuring compliance
5 with laws that provide immunity for participants, harm
6 reduction providers, and harm reduction staff and volunteers.

7 Article 6. Place-Based Approach to Harm Reduction

8 Section 6-5. Intent; purpose. This Article creates a
9 place-based approach to expand harm reduction education and
10 training, community engagement, mobile outreach, and
11 medication-assisted treatment in the communities with the
12 highest levels of overdoses and greatest unmet need for harm
13 reduction services.

14 Section 6-10. Pilot.

15 (a) The Department may make grants to one harm reduction
16 provider in a community in each Department region to
17 coordinate a place-based approach to harm reduction.

18 (b) Harm reduction providers receiving grants under this
19 Article shall provide the following services directly, through
20 subgrants to other organizations, or in coordination with
21 organizations receiving funding from other sources:

22 (1) community education and engagement on harm
23 reduction;

1 (2) mobile outreach to the populations at highest risk
2 of overdose; and

3 (3) provision of or referral to medication-assisted
4 treatment.

5 (c) Harm reduction providers receiving grants under this
6 Article may provide other services as necessary to expand harm
7 reduction and prevent overdose in the community, either
8 directly, through subgrants to other organizations, or in
9 coordination with organizations receiving funding from other
10 sources, as determined by the harm reduction provider and
11 approved by the Department.

12 (d) The harm reduction provider shall provide training and
13 technical assistance on harm reduction to subgrantees and
14 other collaborating organizations.

15 (e) Harm reduction providers receiving grants under this
16 Article and collaborating organizations are prohibited from
17 sharing information about participants with law enforcement
18 and from undertaking activities to increase arrests or
19 prosecutions for drug-related offenses or of people who use
20 drugs.

21 Section 6-15. Community selection. The Department shall
22 determine communities for the pilot by considering the
23 following factors:

24 (1) community population and poverty level;

25 (2) the geographic size of a community;

1 (3) the number of fatal and nonfatal overdoses in the
2 community;

3 (4) recent trends in the number of overdoses in the
4 community;

5 (5) the number of harm reduction providers in the
6 community; and

7 (6) how many people are served by harm reduction
8 providers in the community.

9 Article 7. Correctional Facilities

10 Section 7-5. Incarceration; naloxone. Naloxone shall be
11 made readily available to all correctional staff, health care
12 staff, other staff, and incarcerated individuals in all
13 prisons and jails, subject to the availability of funding to
14 support the prison or jail in obtaining a supply of naloxone.

15 Article 8. Health Care Facilities

16 Section 8-5. Medication for opioid use disorder. All acute
17 care hospitals that provide emergency services in an emergency
18 department, all satellite emergency facilities, and all
19 inpatient behavioral health treatment providers shall
20 maintain, as part of their services, protocols and capacity to
21 provide appropriate, evidence-based interventions prior to
22 discharge that reduce the risk of subsequent harm and fatality

1 following an opioid-related overdose, including, but not
2 limited to, institutional protocols and capacity to possess,
3 dispense, administer, and prescribe all FDA-approved
4 medications for opioid use disorder. Such treatment shall be
5 offered to all patients who present in an acute care hospital
6 emergency department, a satellite emergency facility, or
7 inpatient behavioral health treatment provider for care and
8 treatment of an opioid-related overdose or opioid use
9 disorder; provided, however, that treatment shall only occur
10 when it is recommended by the treating health care provider
11 and is voluntarily agreed to by the patient. Acute care
12 hospitals that provide emergency services in an emergency
13 department, satellite emergency facilities, and inpatient
14 behavioral health treatment providers shall demonstrate
15 compliance with applicable training and waiver requirements
16 established by the federal Drug Enforcement Administration and
17 the federal Substance Abuse and Mental Health Services
18 Administration relative to prescribing medication for opioid
19 use disorder. Prior to discharge, any patient who is
20 administered or prescribed medication for opioid use disorder
21 in an acute care hospital emergency department, satellite
22 emergency facility, or inpatient behavioral health treatment
23 provider shall be directly connected to an appropriate
24 provider or treatment site to voluntarily continue the
25 treatment. This requirement can be met through partnership
26 with medication on demand available through the Illinois

1 Helpline operated by the Department of Human Services or a
2 provider licensed to provide medication-assisted recovery in
3 accordance with 77 Ill. Adm. Code 2060.

4 Section 8-10. Patient discharge and education on naloxone;
5 provider referral. Upon discharge of a patient from an acute
6 care hospital, satellite emergency facility, or inpatient
7 behavioral health treatment provider who has: (i) a history of
8 or is actively using opioids or other illicit drugs; (ii) been
9 diagnosed with opioid use disorder; or (iii) experienced an
10 opioid-related overdose, the acute care hospital, satellite
11 emergency facility, or inpatient behavioral health treatment
12 provider shall educate the patient on the use of naloxone,
13 offer not less than 2 doses of naloxone to the patient or a
14 legal guardian of the patient, subject to the availability of
15 funding to support the hospital in obtaining a supply of
16 naloxone, and provide information about a harm reduction
17 provider and offer to directly connect the patient to a harm
18 reduction provider.

19 Section 8-15. Rulemaking. The Department may adopt rules
20 for the implementation of this Article.

21 Article 9. Housing

22 Section 9-5. Recovery homes. A recovery home licensed in

1 accordance with 77 Ill. Adm. Code 2060 must comply with the
2 following requirements:

3 (1) A resident may not be evicted for a single
4 recurrence of substance use disorder symptoms. Other
5 behaviors while intoxicated that violate the terms of
6 residency may be grounds for rejection of an applicant for
7 housing or eviction of a resident.

8 (2) If an applicant is rejected or a resident is
9 evicted solely based on abstinence-only or sobriety
10 requirements, the recovery home shall identify another
11 housing provider that will accept the individual and
12 directly connect the individual to that housing provider.

13 (3) Discrimination against applicants solely on the
14 basis of criminal records, records of arrests, charges, or
15 convictions on drug-related offenses is prohibited.

16 Section 9-10. Housing evictions based on opioid use
17 disorder treatment. All operators or owners of housing are
18 prohibited from rejecting applicants or evicting residents
19 because they are receiving medication for opioid use disorder
20 or other forms of medication-assisted treatment.

21 Section 9-15. Federal requirements. Nothing in this
22 Article shall be construed to prohibit a housing provider from
23 complying with federal laws or regulations if housing is
24 provided using both federal and State funding.

1 Article 10. Home Rule Preemption

2 Section 10-5. Home rule preemption.

3 (a) A home rule unit may not prohibit the establishment or
4 operation of any harm reduction activities as provided in this
5 Act.

6 (b) A municipality may not adopt zoning regulations for
7 the sole purpose of prohibiting the establishment or operation
8 of any harm reduction activities as provided in this Act.

9 (c) This Section is a denial and limitation of home rule
10 powers and functions under subsection (g) of Section 6 of
11 Article VII of the Illinois Constitution.

12 Article 11. Amendatory Provisions

13 Section 11-5. The Department of Professional Regulation
14 Law of the Civil Administrative Code of Illinois is amended by
15 adding Section 2105-372 as follows:

16 (20 ILCS 2105/2105-372 new)

17 Sec. 2105-372. Continuing education; harm reduction.

18 (a) As used in this Section:

19 "Harm reduction" means a philosophical framework and set
20 of strategies designed to reduce harm and promote dignity and
21 well-being among persons and communities who engage in

1 substance use.

2 "Harm reduction professional" has the meaning given to
3 that term in the Holistic Overdose Prevention and Equity Act.

4 "Harm reduction provider" has the meaning given to that
5 term in the Holistic Overdose Prevention and Equity Act.

6 "Health care professional" means a person licensed or
7 registered by the Department under the following Acts: the
8 Medical Practice Act of 1987, the Nurse Practice Act, the
9 Clinical Psychologist Licensing Act, the Illinois Optometric
10 Practice Act of 1987, the Illinois Physical Therapy Act, the
11 Pharmacy Practice Act, the Physician Assistant Practice Act of
12 1987, the Clinical Social Work and Social Work Practice Act,
13 the Nursing Home Administrators Licensing and Disciplinary
14 Act, the Illinois Occupational Therapy Practice Act, the
15 Podiatric Medical Practice Act of 1987, the Respiratory Care
16 Practice Act, the Professional Counselor and Clinical
17 Professional Counselor Licensing and Practice Act, the
18 Illinois Speech-Language Pathology and Audiology Practice Act,
19 the Illinois Dental Practice Act, the Marriage and Family
20 Therapy Licensing Act, or the Behavior Analyst Licensing Act.

21 (b) For health care professional license or registration
22 renewals occurring on or after January 1, 2027, a health care
23 professional who has continuing education requirements must
24 complete at least a one-hour course or training on harm
25 reduction per renewal period. A health care professional may
26 count this one hour for completion of this course toward

1 meeting the minimum credit hours required for continuing
2 education.

3 (c) Any course or training offered to meet the
4 requirements of this Section must be designed by or delivered
5 by a harm reduction provider or harm reduction professional.

6 (d) The Department may adopt rules for the implementation
7 of this Section.

8 Section 11-10. The Counties Code is amended by adding
9 Section 3-6043 as follows:

10 (55 ILCS 5/3-6043 new)

11 Sec. 3-6043. Release; naloxone. Upon the release of a
12 prisoner from a correctional institution, the sheriff shall
13 provide the prisoner with naloxone, subject to the
14 availability of funding, and a referral to a harm reduction
15 provider, as well as to the substance use disorder treatment
16 provider the prisoner was receiving treatment from prior to
17 incarceration or a new provider, if that is the individual's
18 preference, if applicable. In counties with more than 3
19 million residents that have a county hospital system that
20 provides correctional health services, the county hospital
21 system shall also have a role, as determined by the sheriff, in
22 providing individuals being released from a county
23 correctional institution with naloxone and a referral to a
24 harm reduction provider.

1 Section 11-15. The Unified Code of Corrections is amended
2 by changing Section 3-14-1 as follows:

3 (730 ILCS 5/3-14-1) (from Ch. 38, par. 1003-14-1)

4 Sec. 3-14-1. Release from the institution.

5 (a) Upon release of a person on parole, mandatory release,
6 final discharge, or pardon, the Department shall return all
7 property held for him, provide him with suitable clothing and
8 procure necessary transportation for him to his designated
9 place of residence and employment. It may provide such person
10 with a grant of money for travel and expenses which may be paid
11 in installments. The amount of the money grant shall be
12 determined by the Department.

13 (a-1) The Department shall, before a wrongfully imprisoned
14 person, as defined in Section 3-1-2 of this Code, is
15 discharged from the Department, provide him or her with any
16 documents necessary after discharge.

17 (a-2) The Department of Corrections may establish and
18 maintain, in any institution it administers, revolving funds
19 to be known as "Travel and Allowances Revolving Funds". These
20 revolving funds shall be used for advancing travel and expense
21 allowances to committed, paroled, and discharged prisoners.
22 The moneys paid into such revolving funds shall be from
23 appropriations to the Department for Committed, Paroled, and
24 Discharged Prisoners.

1 (a-3) Upon release of a person who is eligible to vote on
2 parole, mandatory release, final discharge, or pardon, the
3 Department shall provide the person with a form that informs
4 him or her that his or her voting rights have been restored and
5 a voter registration application. The Department shall have
6 available voter registration applications in the languages
7 provided by the Illinois State Board of Elections. The form
8 that informs the person that his or her rights have been
9 restored shall include the following information:

10 (1) All voting rights are restored upon release from
11 the Department's custody.

12 (2) A person who is eligible to vote must register in
13 order to be able to vote.

14 The Department of Corrections shall confirm that the
15 person received the voter registration application and has
16 been informed that his or her voting rights have been
17 restored.

18 (a-4) Prior to release of a person on parole, mandatory
19 supervised release, final discharge, or pardon, the Department
20 shall screen every person for Medicaid eligibility. Officials
21 of the correctional institution or facility where the
22 committed person is assigned shall assist an eligible person
23 to complete a Medicaid application to ensure that the person
24 begins receiving benefits as soon as possible after his or her
25 release. The application must include the eligible person's
26 address associated with his or her residence upon release from

1 the facility. If the residence is temporary, the eligible
2 person must notify the Department of Human Services of his or
3 her change in address upon transition to permanent housing.

4 (a-5) Upon release of a person from its custody to parole,
5 upon mandatory supervised release, or upon final discharge,
6 the Department shall run a LEADS report and shall notify the
7 person of all in-effect protective orders issued against the
8 person under Article 112A of the Code of Criminal Procedure of
9 1963 or under the Illinois Domestic Violence Act of 1986, the
10 Civil No Contact Order Act, or the Stalking No Contact Order
11 Act, that are identified in the LEADS report.

12 (b) (Blank).

13 (c) Except as otherwise provided in this Code, the
14 Department shall establish procedures to provide written
15 notification of any release of any person who has been
16 convicted of a felony to the State's Attorney and sheriff of
17 the county from which the offender was committed, and the
18 State's Attorney and sheriff of the county into which the
19 offender is to be paroled or released. Except as otherwise
20 provided in this Code, the Department shall establish
21 procedures to provide written notification to the proper law
22 enforcement agency for any municipality of any release of any
23 person who has been convicted of a felony if the arrest of the
24 offender or the commission of the offense took place in the
25 municipality, if the offender is to be paroled or released
26 into the municipality, or if the offender resided in the

1 municipality at the time of the commission of the offense. If a
2 person convicted of a felony who is in the custody of the
3 Department of Corrections or on parole or mandatory supervised
4 release informs the Department that he or she has resided,
5 resides, or will reside at an address that is a housing
6 facility owned, managed, operated, or leased by a public
7 housing agency, the Department must send written notification
8 of that information to the public housing agency that owns,
9 manages, operates, or leases the housing facility. The written
10 notification shall, when possible, be given at least 14 days
11 before release of the person from custody, or as soon
12 thereafter as possible. The written notification shall be
13 provided electronically if the State's Attorney, sheriff,
14 proper law enforcement agency, or public housing agency has
15 provided the Department with an accurate and up to date email
16 address.

17 (c-1) (Blank).

18 (c-2) The Department shall establish procedures to provide
19 notice to the Illinois State Police of the release or
20 discharge of persons convicted of violations of the
21 Methamphetamine Control and Community Protection Act or a
22 violation of the Methamphetamine Precursor Control Act. The
23 Illinois State Police shall make this information available to
24 local, State, or federal law enforcement agencies upon
25 request.

26 (c-5) If a person on parole or mandatory supervised

1 release becomes a resident of a facility licensed or regulated
2 by the Department of Public Health, the Illinois Department of
3 Public Aid, or the Illinois Department of Human Services, the
4 Department of Corrections shall provide copies of the
5 following information to the appropriate licensing or
6 regulating Department and the licensed or regulated facility
7 where the person becomes a resident:

8 (1) The mittimus and any pre-sentence investigation
9 reports.

10 (2) The social evaluation prepared pursuant to Section
11 3-8-2.

12 (3) Any pre-release evaluation conducted pursuant to
13 subsection (j) of Section 3-6-2.

14 (4) Reports of disciplinary infractions and
15 dispositions.

16 (5) Any parole plan, including orders issued by the
17 Prisoner Review Board, and any violation reports and
18 dispositions.

19 (6) The name and contact information for the assigned
20 parole agent and parole supervisor.

21 This information shall be provided within 3 days of the
22 person becoming a resident of the facility.

23 (c-10) If a person on parole or mandatory supervised
24 release becomes a resident of a facility licensed or regulated
25 by the Department of Public Health, the Illinois Department of
26 Public Aid, or the Illinois Department of Human Services, the

1 Department of Corrections shall provide written notification
2 of such residence to the following:

3 (1) The Prisoner Review Board.

4 (2) The chief of police and sheriff in the
5 municipality and county in which the licensed facility is
6 located.

7 The notification shall be provided within 3 days of the
8 person becoming a resident of the facility.

9 (d) Upon the release of a committed person on parole,
10 mandatory supervised release, final discharge, or pardon, the
11 Department shall provide such person with information
12 concerning programs and services of the Illinois Department of
13 Public Health to ascertain whether such person has been
14 exposed to the human immunodeficiency virus (HIV) or any
15 identified causative agent of Acquired Immunodeficiency
16 Syndrome (AIDS).

17 (d-5) Upon the release of a committed person from a
18 correctional institution or facility, the Department shall
19 provide the committed person with naloxone and a referral to a
20 harm reduction provider, as that term is defined in the
21 Holistic Overdose Prevention and Equity Act, as well as to the
22 substance use disorder treatment provider the prisoner was
23 receiving treatment from prior to incarceration or a new
24 provider, if that is the individual's preference, if
25 applicable.

26 (e) Upon the release of a committed person on parole,

1 mandatory supervised release, final discharge, pardon, or who
2 has been wrongfully imprisoned, the Department shall verify
3 the released person's full name, date of birth, and social
4 security number. If verification is made by the Department by
5 obtaining a certified copy of the released person's birth
6 certificate and the released person's social security card or
7 other documents authorized by the Secretary, the Department
8 shall provide the birth certificate and social security card
9 or other documents authorized by the Secretary to the released
10 person. If verification by the Department is done by means
11 other than obtaining a certified copy of the released person's
12 birth certificate and the released person's social security
13 card or other documents authorized by the Secretary, the
14 Department shall complete a verification form, prescribed by
15 the Secretary of State, and shall provide that verification
16 form to the released person.

17 (f) Forty-five days prior to the scheduled discharge of a
18 person committed to the custody of the Department of
19 Corrections, the Department shall give the person:

20 (1) who is otherwise uninsured an opportunity to apply
21 for health care coverage including medical assistance
22 under Article V of the Illinois Public Aid Code in
23 accordance with subsection (b) of Section 1-8.5 of the
24 Illinois Public Aid Code, and the Department of
25 Corrections shall provide assistance with completion of
26 the application for health care coverage including medical

1 assistance;

2 (2) information about obtaining a standard Illinois
3 Identification Card or a limited-term Illinois
4 Identification Card under Section 4 of the Illinois
5 Identification Card Act if the person has not been issued
6 an Illinois Identification Card under subsection (a-20) of
7 Section 4 of the Illinois Identification Card Act;

8 (3) information about voter registration and may
9 distribute information prepared by the State Board of
10 Elections. The Department of Corrections may enter into an
11 interagency contract with the State Board of Elections to
12 participate in the automatic voter registration program
13 and be a designated automatic voter registration agency
14 under Section 1A-16.2 of the Election Code;

15 (4) information about job listings upon discharge from
16 the correctional institution or facility;

17 (5) information about available housing upon discharge
18 from the correctional institution or facility;

19 (6) a directory of elected State officials and of
20 officials elected in the county and municipality, if any,
21 in which the committed person intends to reside upon
22 discharge from the correctional institution or facility;
23 and

24 (7) any other information that the Department of
25 Corrections deems necessary to provide the committed
26 person in order for the committed person to reenter the

1 community and avoid recidivism.

2 (g) Sixty days before the scheduled discharge of a person
3 committed to the custody of the Department or upon receipt of
4 the person's certified birth certificate and social security
5 card as set forth in subsection (d) of Section 3-8-1 of this
6 Act, whichever occurs later, the Department shall transmit an
7 application for an Identification Card to the Secretary of
8 State, in accordance with subsection (a-20) of Section 4 of
9 the Illinois Identification Card Act.

10 The Department may adopt rules to implement this Section.

11 (Source: P.A. 103-345, eff. 1-1-24; 104-11, eff. 6-20-25.)

12 Section 11-20. The County Jail Act is amended by adding
13 Sections 19.7 and 19.9 as follows:

14 (730 ILCS 125/19.7 new)

15 Sec. 19.7. Release; naloxone. Upon the release of a
16 prisoner from a jail, the warden shall provide the prisoner
17 with naloxone, subject to the availability of funding to
18 support the jail in obtaining a supply of naloxone, and a
19 referral to a harm reduction provider, as that term is defined
20 in the Holistic Overdose Prevention and Equity Act, as well as
21 to the substance use disorder treatment provider the prisoner
22 was receiving treatment from prior to incarceration or a new
23 provider, if that is the individual's preference, if
24 applicable. In counties with more than 3 million residents

1 that have a county hospital system that provides correctional
2 health services, the county hospital system shall also have a
3 role, as determined by the warden, in providing individuals
4 being released from a county correctional institution with
5 naloxone and a referral to a harm reduction provider.

6 (730 ILCS 125/19.9 new)

7 Sec. 19.9. Medication for opioid use disorder.

8 (a) In this Section:

9 "Clinically indicated" means a medical procedure or
10 treatment is based upon the treatment provider's medical
11 judgment in accordance with the current generally accepted
12 standards of care.

13 "Medication-assisted treatment" means the use of
14 FDA-approved medications, in combination with counseling and
15 behavioral therapies, to provide a whole patient approach to
16 the treatment of substance use disorders.

17 "Medications for opioid use disorder" means the use of
18 FDA-approved medications to treat substance use disorders.

19 (b) Within 24 hours of admission to a jail, each detained
20 person shall be screened for substance use disorders as part
21 of an initial and ongoing substance use screening and
22 assessment process. This process includes screening and
23 assessment for opioid use disorders.

24 (c) A detained person who is admitted to a jail while under
25 the medical care of a physician licensed to practice medicine

1 in all of its branches, a licensed physician assistant, or a
2 licensed advanced practice registered nurse and who is taking
3 medication at the time of admission in accordance with a valid
4 prescription, as verified by the individual's pharmacy of
5 record, primary care provider, other licensed care provider,
6 or a prescription monitoring or information system, shall have
7 that medication continued and provided by the jail pending an
8 evaluation by a physician licensed to practice medicine in all
9 of its branches, a licensed physician assistant, or a licensed
10 advanced practice registered nurse and subject to the
11 treatment provider's medical judgment. The jail may defer
12 provision of a validly prescribed medication in accordance
13 with this subsection if, in the judgment of a physician
14 licensed to practice medicine in all of its branches, a
15 licensed physician assistant, or a licensed advanced practice
16 registered nurse, continuation of the medication is no longer
17 clinically indicated.

18 A detained person who is admitted to a jail while under the
19 medical care of a physician licensed to practice medicine in
20 all of its branches, a licensed physician assistant, or a
21 licensed advanced practice registered nurse and who is taking
22 medication for an opioid use disorder or participating in
23 medication-assisted treatment at the time of admission in
24 accordance with a valid prescription, as verified by the
25 individual's pharmacy of record, primary care provider, other
26 licensed care provider, or a prescription monitoring or

1 information system, shall have the detained person's
2 medication continued and provided by the jail pending an
3 evaluation by a physician licensed to practice medicine in all
4 of its branches, a licensed physician assistant, or a licensed
5 advanced practice registered nurse and subject to the
6 treatment provider's medical judgment. The jail may defer
7 provision of a validly prescribed medication in accordance
8 with this subsection if, in the judgment of a physician
9 licensed to practice medicine in all of its branches, a
10 licensed physician assistant, or a licensed advanced practice
11 registered nurse, continuation of the medication is no longer
12 clinically indicated. An individual participating in a
13 medication-assisted treatment program may have counseling and
14 behavioral therapies continued to the extent possible.

15 If at any time a detained person screens positive as
16 having or being at risk for an opioid use disorder, is
17 diagnosed with an opioid use disorder, or is exhibiting
18 symptoms of withdrawal from an opioid use disorder and if
19 medication-assisted treatment is clinically indicated by a
20 physician licensed to practice medicine in all of its
21 branches, a licensed physician assistant, or a licensed
22 advanced practice registered nurse, then the individual may
23 consent to commence medications for opioid use disorder, which
24 shall be provided by the jail. The detained person shall be
25 authorized to receive the medication without delay and for as
26 long as clinically indicated.

1 (d) The licensed practitioner who makes the clinical
2 judgment to discontinue the use of medication shall enter the
3 reason for the discontinuance into the detained person's
4 medical record, specifically stating the reason for
5 discontinuance. The individual shall be provided, both orally
6 and in writing, with a specific explanation of the decision to
7 discontinue the medication.

8 (e) As part of the reentry planning, the jail shall
9 commence medications for opioid use disorder prior to an
10 individual's release if:

11 (1) the individual screens positive as having an
12 opioid use disorder, being at risk for an opioid use
13 disorder, or exhibiting symptoms of withdrawal from an
14 opioid use disorder;

15 (2) medication-assisted treatment is clinically
16 indicated by a physician licensed to practice medicine in
17 all of its branches, a licensed physician assistant, or a
18 licensed advanced practice registered nurse; and

19 (3) the individual consents to commence medications
20 for opioid use disorder.

21 Upon reentry, the jail shall provide an individual
22 participating in medication-assisted treatment with a referral
23 to a provider in the community who may assist the individual
24 with continued medications for opioid use disorder and
25 medication-assisted treatment care.

26 (f) The jail shall offer, or facilitate access to, all

1 medication-assisted treatment options deemed appropriate for
2 an individual by an authorized health care professional. The
3 jail shall not impose limitations on the types of
4 medication-assisted treatment that may be recommended by an
5 authorized health care professional as part of an individual's
6 treatment plan.

7 (g) This Section shall not apply to an individual jail
8 until the jail has been approved by the Department of
9 Healthcare and Family Services for provision of reentry
10 services under federal Medicaid waiver authorities, including
11 Section 1115 of the Social Security Act.

12 Section 11-25. The Overdose Prevention and Harm Reduction
13 Act is amended by adding Section 20 as follows:

14 (410 ILCS 710/20 new)

15 Sec. 20. Home rule preemption. A home rule unit may not
16 prohibit the establishment or operation of a needle and
17 hypodermic syringe access program as provided in this Act.
18 This Section is a denial and limitation of home rule powers and
19 functions under subsection (g) of Section 6 of Article VII of
20 the Illinois Constitution."