



Sen. Rachel Ventura

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10400SB2185sam002

LRB104 10818 RLC 24878 a

1 AMENDMENT TO SENATE BILL 2185

2 AMENDMENT NO. _____. Amend Senate Bill 2185, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

5 "Section 5. The Unified Code of Corrections is amended by
6 adding Section 3-6-2.1 as follows:

7 (730 ILCS 5/3-6-2.1 new)

8 Sec. 3-6-2.1. Medication for opioid use disorder.

9 (a) In this Section:

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

14 "Medication-assisted treatment" means the use of U.S.
15 Federal Drug Administration-approved medications, in
16 combination with counseling and behavioral therapies, to

1 provide a whole patient approach to the treatment of substance
2 use disorders.

3 "Medications for opioid use disorder" means the use of
4 U.S. Federal Drug Administration-approved medications to treat
5 substance use disorders.

6 (b) Within 24 hours of admission to a correctional
7 institution or facility, each committed person shall be
8 screened for substance use disorders as part of an initial and
9 ongoing substance use screening and assessment process. This
10 process includes screening and assessment for opioid use
11 disorders. The Department shall ensure that all persons under
12 its care are assessed for substance use disorder not less than
13 once per calendar year.

14 (c) A committed person who is admitted to a correctional
15 institution or facility while under the medical care of a
16 licensed physician, a licensed physician assistant, or a
17 licensed nurse practitioner and who is taking medication at
18 the time of admission as verified by the individual's pharmacy
19 of record, primary care provider, other licensed care
20 provider, or a prescription monitoring or information system,
21 shall have that medication continued and provided by the
22 Department pending an evaluation by a licensed physician, a
23 licensed physician assistant, or a licensed nurse practitioner
24 and subject to the treatment provider's medical judgment. The
25 Department may defer provision of a validly prescribed
26 medication in accordance with this subsection if, in the

1 judgment of a licensed physician, a licensed physician
2 assistant, or a licensed nurse practitioner, continuation of
3 the medication is no longer clinically indicated.

4 A committed person who is admitted to a correctional
5 institution or facility while under the medical care of a
6 licensed physician, a licensed physician assistant, or a
7 licensed nurse practitioner and who is taking medication for
8 an opioid use disorder or participating in medication-assisted
9 treatment at the time of admission as verified by the
10 individual's pharmacy of record, primary care provider, other
11 licensed care provider, or a prescription monitoring or
12 information system, shall have the committed person's
13 medication continued and provided by the Department pending an
14 evaluation by a licensed physician, a licensed physician
15 assistant, or a licensed nurse practitioner and subject to the
16 treatment provider's medical judgment. The Department may
17 defer provision of a validly prescribed medication in
18 accordance with this subsection if, in the judgment of a
19 licensed physician, a licensed physician assistant, or a
20 licensed nurse practitioner, continuation of the medication is
21 no longer clinically indicated. An individual participating in
22 a medication-assisted treatment program may have counseling
23 and behavioral therapies continued to the extent possible.

24 If at any time a committed person screens positive as
25 having or being at risk for an opioid use disorder, is
26 diagnosed with an opioid use disorder or is exhibiting

1 symptoms of withdrawal from an opioid use disorder, and
2 medication-assisted treatment is clinically indicated by a
3 licensed physician, a licensed physician assistant, or a
4 licensed nurse practitioner, then the individual may consent
5 to commence medications for opioid use disorder, which shall
6 be provided by the Department. The committed person shall be
7 authorized to receive the medication immediately and for as
8 long as clinically indicated.

9 No person shall be denied participation in
10 medication-assisted treatment based on prior success or
11 failure of any medication-assisted treatment program.

12 (d) The licensed practitioner who makes the clinical
13 judgment to discontinue the use of medication shall enter the
14 reason for the discontinuance to be entered into the committed
15 person's medical record, specifically stating the reason for
16 discontinuance. The individual shall be provided, both orally
17 and in writing, with a specific explanation of the decision to
18 discontinue the medication.

19 (e) As part of the reentry planning, the Department shall
20 commence medications for opioid use disorder prior to an
21 individual's release if:

22 (1) the individual screens positive as having an
23 opioid use disorder, being at risk for an opioid use
24 disorder, or exhibiting symptoms of withdrawal from an
25 opioid use disorder;

26 (2) medication-assisted treatment is clinically

1 indicated by a licensed physician, a licensed physician
2 assistant, or a licensed nurse practitioner; and

3 (3) The individual consents to commence medications
4 for opioid use disorder.

5 Upon reentry, the Department shall provide an individual
6 participating in medication-assisted treatment with a referral
7 to a community-based provider who may assist the individual
8 with continued medications for opioid use disorder and
9 medication-assisted treatment care."