

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the  
5 Overdose Prevention and Harm Reduction Act.

6 Section 5. Needle and hypodermic syringe access program.

7 (a) Any governmental or nongovernmental organization,  
8 including a local health department, community-based  
9 organization, or a person or entity, that promotes  
10 scientifically proven ways of mitigating health risks  
11 associated with drug use and other high-risk behaviors may  
12 establish and operate a needle and hypodermic syringe access  
13 program. The objective of the program shall be accomplishing  
14 all of the following:

15 (1) reducing the spread of HIV, AIDS, viral hepatitis,  
16 and other bloodborne diseases;

17 (2) reducing the potential for needle stick injuries  
18 from discarded contaminated equipment; and

19 (3) facilitating connections or linkages to  
20 evidence-based treatment.

21 (b) Programs established under this Act shall provide all  
22 of the following:

23 (1) Disposal of used needles and hypodermic syringes.

1 (2) Needles, hypodermic syringes, and other safer drug  
2 consumption supplies, at no cost and in quantities  
3 sufficient to ensure that needles, hypodermic syringes, or  
4 other supplies are not shared or reused.

5 (3) Educational materials or training on:

6 (A) overdose prevention and intervention; and

7 (B) the prevention of HIV, AIDS, viral hepatitis,  
8 and other common bloodborne diseases resulting from  
9 shared drug consumption equipment and supplies.

10 (4) Access to opioid antagonists approved for the  
11 reversal of an opioid overdose, or referrals to programs  
12 that provide access to opioid antagonists approved for the  
13 reversal of an opioid overdose.

14 (5) Linkages to needed services, including mental  
15 health treatment, housing programs, substance use disorder  
16 treatment, and other relevant community services.

17 (6) Individual consultations from a trained employee  
18 tailored to individual needs.

19 (7) If feasible, a hygienic, separate space for  
20 individuals who need to administer a prescribed injectable  
21 medication that can also be used as a quiet space to gather  
22 composure in the event of an adverse on-site incident, such  
23 as a nonfatal overdose.

24 (8) If feasible, access to on-site drug adulterant  
25 testing supplies such as reagents, test strips, or  
26 quantification instruments that provide critical real-time

1 information on the composition of substances obtained for  
2 consumption.

3 (c) Notwithstanding any provision of the Illinois  
4 Controlled Substances Act, the Drug Paraphernalia Control Act,  
5 or any other law, no employee or volunteer of or participant in  
6 a program established under this Act shall be charged with or  
7 prosecuted for possession of any of the following:

8 (1) Needles, hypodermic syringes, or other drug  
9 consumption paraphernalia obtained from or returned,  
10 directly or indirectly, to a program established under this  
11 Act.

12 (2) Residual amounts of a controlled substance  
13 contained in used needles, used hypodermic syringes, or  
14 other used drug consumption paraphernalia obtained from or  
15 returned, directly or indirectly, to a program established  
16 under this Act.

17 (3) Drug adulterant testing supplies such as reagents,  
18 test strips, or quantification instruments obtained from  
19 or returned, directly or indirectly, to a program  
20 established under this Act.

21 (4) Any residual amounts of controlled substances used  
22 in the course of testing the controlled substance to  
23 determine the chemical composition and potential threat of  
24 the substances obtained for consumption that are obtained  
25 from or returned, directly or indirectly, to a program  
26 established under this Act.

1           In addition to any other applicable immunity or limitation  
2 on civil liability, a law enforcement officer who, acting on  
3 good faith, arrests or charges a person who is thereafter  
4 determined to be entitled to immunity from prosecution under  
5 this subsection (c) shall not be subject to civil liability for  
6 the arrest or filing of charges.

7           (d) Prior to the commencing of operations of a program  
8 established under this Act, the governmental or  
9 nongovernmental organization shall submit to the Illinois  
10 Department of Public Health all of the following information:

11           (1) the name of the organization, agency, group,  
12 person, or entity operating the program;

13           (2) the areas and populations to be served by the  
14 program; and

15           (3) the methods by which the program will meet the  
16 requirements of subsection (b) of this Section.

17           The Department of Public Health may adopt rules to  
18 implement this subsection.

19           Section 100. The Substance Use Disorder Act is amended by  
20 changing Section 5-23 as follows:

21           (20 ILCS 301/5-23)

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

23           (a) Reports ~~of drug overdose~~.

24           (1) The Department may publish annually a report on

1 drug overdose trends statewide that reviews State death  
2 rates from available data to ascertain changes in the  
3 causes or rates of fatal and nonfatal drug overdose. The  
4 report shall also provide information on interventions  
5 that would be effective in reducing the rate of fatal or  
6 nonfatal drug overdose and on the current substance use  
7 disorder treatment capacity within the State. The report  
8 shall include an analysis of drug overdose information  
9 reported to the Department of Public Health pursuant to  
10 subsection (e) of Section 3-3013 of the Counties Code,  
11 Section 6.14g of the Hospital Licensing Act, and subsection  
12 (j) of Section 22-30 of the School Code.

13 (2) The report may include:

14 (A) Trends in drug overdose death rates.

15 (B) Trends in emergency room utilization related  
16 to drug overdose and the cost impact of emergency room  
17 utilization.

18 (C) Trends in utilization of pre-hospital and  
19 emergency services and the cost impact of emergency  
20 services utilization.

21 (D) Suggested improvements in data collection.

22 (E) A description of other interventions effective  
23 in reducing the rate of fatal or nonfatal drug  
24 overdose.

25 (F) A description of efforts undertaken to educate  
26 the public about unused medication and about how to

1 properly dispose of unused medication, including the  
2 number of registered collection receptacles in this  
3 State, mail-back programs, and drug take-back events.

4 (G) An inventory of the State's substance use  
5 disorder treatment capacity, including, but not  
6 limited to:

7 (i) The number and type of licensed treatment  
8 programs in each geographic area of the State.

9 (ii) The availability of medication-assisted  
10 treatment at each licensed program and which types  
11 of medication-assisted treatment are available.

12 (iii) The number of recovery homes that accept  
13 individuals using medication-assisted treatment in  
14 their recovery.

15 (iv) The number of medical professionals  
16 currently authorized to prescribe buprenorphine  
17 and the number of individuals who fill  
18 prescriptions for that medication at retail  
19 pharmacies as prescribed.

20 (v) Any partnerships between programs licensed  
21 by the Department and other providers of  
22 medication-assisted treatment.

23 (vi) Any challenges in providing  
24 medication-assisted treatment reported by programs  
25 licensed by the Department and any potential  
26 solutions.

1 (b) Programs; drug overdose prevention.

2 (1) The Department may establish a program to provide  
3 for the production and publication, in electronic and other  
4 formats, of drug overdose prevention, recognition, and  
5 response literature. The Department may develop and  
6 disseminate curricula for use by professionals,  
7 organizations, individuals, or committees interested in  
8 the prevention of fatal and nonfatal drug overdose,  
9 including, but not limited to, drug users, jail and prison  
10 personnel, jail and prison inmates, drug treatment  
11 professionals, emergency medical personnel, hospital  
12 staff, families and associates of drug users, peace  
13 officers, firefighters, public safety officers, needle  
14 exchange program staff, and other persons. In addition to  
15 information regarding drug overdose prevention,  
16 recognition, and response, literature produced by the  
17 Department shall stress that drug use remains illegal and  
18 highly dangerous and that complete abstinence from illegal  
19 drug use is the healthiest choice. The literature shall  
20 provide information and resources for substance use  
21 disorder treatment.

22 The Department may establish or authorize programs for  
23 prescribing, dispensing, or distributing opioid  
24 antagonists for the treatment of drug overdose. Such  
25 programs may include the prescribing of opioid antagonists  
26 for the treatment of drug overdose to a person who is not

1 at risk of opioid overdose but who, in the judgment of the  
2 health care professional, may be in a position to assist  
3 another individual during an opioid-related drug overdose  
4 and who has received basic instruction on how to administer  
5 an opioid antagonist.

6 (2) The Department may provide advice to State and  
7 local officials on the growing drug overdose crisis,  
8 including the prevalence of drug overdose incidents,  
9 programs promoting the disposal of unused prescription  
10 drugs, trends in drug overdose incidents, and solutions to  
11 the drug overdose crisis.

12 (3) The Department may support drug overdose  
13 prevention, recognition, and response projects by  
14 facilitating the acquisition of opioid antagonist  
15 medication approved for opioid overdose reversal,  
16 facilitating the acquisition of opioid antagonist  
17 medication approved for opioid overdose reversal,  
18 providing trainings in overdose prevention best practices,  
19 connecting programs to medical resources, establishing a  
20 statewide standing order for the acquisition of needed  
21 medication, establishing learning collaboratives between  
22 localities and programs, and assisting programs in  
23 navigating any regulatory requirements for establishing or  
24 expanding such programs.

25 (4) In supporting best practices in drug overdose  
26 prevention programming, the Department may promote the



1 following programmatic elements:

2 (A) Training individuals who currently use drugs  
3 in the administration of opioid antagonists approved  
4 for the reversal of an opioid overdose.

5 (B) Directly distributing opioid antagonists  
6 approved for the reversal of an opioid overdose rather  
7 than providing prescriptions to be filled at a  
8 pharmacy.

9 (C) Conducting street and community outreach to  
10 work directly with individuals who are using drugs.

11 (D) Employing community health workers or peer  
12 recovery specialists who are familiar with the  
13 communities served and can provide culturally  
14 competent services.

15 (E) Collaborating with other community-based  
16 organizations, substance use disorder treatment  
17 centers, or other health care providers engaged in  
18 treating individuals who are using drugs.

19 (F) Providing linkages for individuals to obtain  
20 evidence-based substance use disorder treatment.

21 (G) Engaging individuals exiting jails or prisons  
22 who are at a high risk of overdose.

23 (H) Providing education and training to  
24 community-based organizations who work directly with  
25 individuals who are using drugs and those individuals'  
26 families and communities.

1           (I) Providing education and training on drug  
2           overdose prevention and response to emergency  
3           personnel and law enforcement.

4           (J) Informing communities of the important role  
5           emergency personnel play in responding to accidental  
6           overdose.

7           (K) Producing and distributing targeted mass media  
8           materials on drug overdose prevention and response,  
9           the potential dangers of leaving unused prescription  
10           drugs in the home, and the proper methods for disposing  
11           of unused prescription drugs.

12       (c) Grants.

13           (1) The Department may award grants, in accordance with  
14           this subsection, to create or support local drug overdose  
15           prevention, recognition, and response projects. Local  
16           health departments, correctional institutions, hospitals,  
17           universities, community-based organizations, and  
18           faith-based organizations may apply to the Department for a  
19           grant under this subsection at the time and in the manner  
20           the Department prescribes.

21           (2) In awarding grants, the Department shall consider  
22           the necessity for overdose prevention projects in various  
23           settings and shall encourage all grant applicants to  
24           develop interventions that will be effective and viable in  
25           their local areas.

26           (3) (Blank). ~~The Department shall give preference for~~

1 ~~grants to proposals that, in addition to providing~~  
2 ~~life-saving interventions and responses, provide~~  
3 ~~information to drug users on how to access substance use~~  
4 ~~disorder treatment or other strategies for abstaining from~~  
5 ~~illegal drugs. The Department shall give preference to~~  
6 ~~proposals that include one or more of the following~~  
7 ~~elements:~~

8 ~~(A) Policies and projects to encourage persons,~~  
9 ~~including drug users, to call 911 when they witness a~~  
10 ~~potentially fatal drug overdose.~~

11 ~~(B) Drug overdose prevention, recognition, and~~  
12 ~~response education projects in drug treatment centers,~~  
13 ~~outreach programs, and other organizations that work~~  
14 ~~with, or have access to, drug users and their families~~  
15 ~~and communities.~~

16 ~~(C) Drug overdose recognition and response~~  
17 ~~training, including rescue breathing, in drug~~  
18 ~~treatment centers and for other organizations that~~  
19 ~~work with, or have access to, drug users and their~~  
20 ~~families and communities.~~

21 ~~(D) The production and distribution of targeted or~~  
22 ~~mass media materials on drug overdose prevention and~~  
23 ~~response, the potential dangers of keeping unused~~  
24 ~~prescription drugs in the home, and methods to properly~~  
25 ~~dispose of unused prescription drugs.~~

26 ~~(E) Prescription and distribution of opioid~~

1           ~~antagonists.~~

2           ~~(F) The institution of education and training~~  
3           ~~projects on drug overdose response and treatment for~~  
4           ~~emergency services and law enforcement personnel.~~

5           ~~(G) A system of parent, family, and survivor~~  
6           ~~education and mutual support groups.~~

7           (4) In addition to moneys appropriated by the General  
8           Assembly, the Department may seek grants from private  
9           foundations, the federal government, and other sources to  
10          fund the grants under this Section and to fund an  
11          evaluation of the programs supported by the grants.

12          (d) Health care professional prescription of opioid  
13          antagonists.

14               (1) A health care professional who, acting in good  
15               faith, directly or by standing order, prescribes or  
16               dispenses an opioid antagonist to: (a) a patient who, in  
17               the judgment of the health care professional, is capable of  
18               administering the drug in an emergency, or (b) a person who  
19               is not at risk of opioid overdose but who, in the judgment  
20               of the health care professional, may be in a position to  
21               assist another individual during an opioid-related drug  
22               overdose and who has received basic instruction on how to  
23               administer an opioid antagonist shall not, as a result of  
24               his or her acts or omissions, be subject to: (i) any  
25               disciplinary or other adverse action under the Medical  
26               Practice Act of 1987, the Physician Assistant Practice Act

1 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,  
2 or any other professional licensing statute or (ii) any  
3 criminal liability, except for willful and wanton  
4 misconduct.

5 (2) A person who is not otherwise licensed to  
6 administer an opioid antagonist may in an emergency  
7 administer without fee an opioid antagonist if the person  
8 has received the patient information specified in  
9 paragraph (4) of this subsection and believes in good faith  
10 that another person is experiencing a drug overdose. The  
11 person shall not, as a result of his or her acts or  
12 omissions, be (i) liable for any violation of the Medical  
13 Practice Act of 1987, the Physician Assistant Practice Act  
14 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,  
15 or any other professional licensing statute, or (ii)  
16 subject to any criminal prosecution or civil liability,  
17 except for willful and wanton misconduct.

18 (3) A health care professional prescribing an opioid  
19 antagonist to a patient shall ensure that the patient  
20 receives the patient information specified in paragraph  
21 (4) of this subsection. Patient information may be provided  
22 by the health care professional or a community-based  
23 organization, substance use disorder program, or other  
24 organization with which the health care professional  
25 establishes a written agreement that includes a  
26 description of how the organization will provide patient

1 information, how employees or volunteers providing  
2 information will be trained, and standards for documenting  
3 the provision of patient information to patients.  
4 Provision of patient information shall be documented in the  
5 patient's medical record or through similar means as  
6 determined by agreement between the health care  
7 professional and the organization. The Department, in  
8 consultation with statewide organizations representing  
9 physicians, pharmacists, advanced practice registered  
10 nurses, physician assistants, substance use disorder  
11 programs, and other interested groups, shall develop and  
12 disseminate to health care professionals, community-based  
13 organizations, substance use disorder programs, and other  
14 organizations training materials in video, electronic, or  
15 other formats to facilitate the provision of such patient  
16 information.

17 (4) For the purposes of this subsection:

18 "Opioid antagonist" means a drug that binds to opioid  
19 receptors and blocks or inhibits the effect of opioids  
20 acting on those receptors, including, but not limited to,  
21 naloxone hydrochloride or any other similarly acting drug  
22 approved by the U.S. Food and Drug Administration.

23 "Health care professional" means a physician licensed  
24 to practice medicine in all its branches, a licensed  
25 physician assistant with prescriptive authority, a  
26 licensed advanced practice registered nurse with

1 prescriptive authority, an advanced practice registered  
2 nurse or physician assistant who practices in a hospital,  
3 hospital affiliate, or ambulatory surgical treatment  
4 center and possesses appropriate clinical privileges in  
5 accordance with the Nurse Practice Act, or a pharmacist  
6 licensed to practice pharmacy under the Pharmacy Practice  
7 Act.

8 "Patient" includes a person who is not at risk of  
9 opioid overdose but who, in the judgment of the physician,  
10 advanced practice registered nurse, or physician  
11 assistant, may be in a position to assist another  
12 individual during an overdose and who has received patient  
13 information as required in paragraph (2) of this subsection  
14 on the indications for and administration of an opioid  
15 antagonist.

16 "Patient information" includes information provided to  
17 the patient on drug overdose prevention and recognition;  
18 how to perform rescue breathing and resuscitation; opioid  
19 antagonist dosage and administration; the importance of  
20 calling 911; care for the overdose victim after  
21 administration of the overdose antagonist; and other  
22 issues as necessary.

23 (e) Drug overdose response policy.

24 (1) Every State and local government agency that  
25 employs a law enforcement officer or fireman as those terms  
26 are defined in the Line of Duty Compensation Act must

1 possess opioid antagonists and must establish a policy to  
2 control the acquisition, storage, transportation, and  
3 administration of such opioid antagonists and to provide  
4 training in the administration of opioid antagonists. A  
5 State or local government agency that employs a fireman as  
6 defined in the Line of Duty Compensation Act but does not  
7 respond to emergency medical calls or provide medical  
8 services shall be exempt from this subsection.

9 (2) Every publicly or privately owned ambulance,  
10 special emergency medical services vehicle, non-transport  
11 vehicle, or ambulance assist vehicle, as described in the  
12 Emergency Medical Services (EMS) Systems Act, that  
13 responds to requests for emergency services or transports  
14 patients between hospitals in emergency situations must  
15 possess opioid antagonists.

16 (3) Entities that are required under paragraphs (1) and  
17 (2) to possess opioid antagonists may also apply to the  
18 Department for a grant to fund the acquisition of opioid  
19 antagonists and training programs on the administration of  
20 opioid antagonists.

21 (Source: P.A. 99-173, eff. 7-29-15; 99-480, eff. 9-9-15;  
22 99-581, eff. 1-1-17; 99-642, eff. 7-28-16; 100-201, eff.  
23 8-18-17; 100-513, eff. 1-1-18; 100-759, eff. 1-1-19.)

24 Section 200. The Hypodermic Syringes and Needles Act is  
25 amended by changing Sections 1 and 2 as follows:



1 (720 ILCS 635/1) (from Ch. 38, par. 22-50)

2 Sec. 1. Possession of hypodermic syringes and needles.

3 (a) Except as provided in subsection (b), no person, not  
4 being a physician, dentist, chiropodist or veterinarian  
5 licensed under the laws of this State or of the state where he  
6 resides, or a registered professional nurse, or a registered  
7 embalmer, manufacturer or dealer in embalming supplies,  
8 wholesale druggist, manufacturing pharmacist, registered  
9 pharmacist, manufacturer of surgical instruments, industrial  
10 user, official of any government having possession of the  
11 articles hereinafter mentioned by reason of his or her official  
12 duties, nurse or a medical laboratory technician acting under  
13 the direction of a physician or dentist, employee of an  
14 incorporated hospital acting under the direction of its  
15 superintendent or officer in immediate charge, or a carrier or  
16 messenger engaged in the transportation of the articles, or the  
17 holder of a permit issued under Section 5 of this Act, or a  
18 farmer engaged in the use of the instruments on livestock, or a  
19 person engaged in chemical, clinical, pharmaceutical or other  
20 scientific research, or a staff person, volunteer, or  
21 participant in a needle or hypodermic syringe access program,  
22 shall have in his or her possession a hypodermic syringe,  
23 hypodermic needle, or any instrument adapted for the use of  
24 controlled substances or cannabis by subcutaneous injection.

25 (b) A person who is at least 18 years of age may purchase

1 from a pharmacy and have in his or her possession up to 100  
2 hypodermic syringes or needles.

3 (Source: P.A. 100-326, eff. 1-1-18.)

4 (720 ILCS 635/2) (from Ch. 38, par. 22-51)

5 Sec. 2. Sale of hypodermic syringes and needles.

6 (a) Except as provided in subsection (b), no syringe,  
7 needle or instrument shall be delivered or sold to, or  
8 exchanged with, any person except a registered pharmacist,  
9 physician, dentist, veterinarian, registered embalmer,  
10 manufacturer or dealer in embalming supplies, wholesale  
11 druggist, manufacturing pharmacist, industrial user, a nurse  
12 upon the written order of a physician or dentist, the holder of  
13 a permit issued under Section 5 of this Act, a registered  
14 chiropodist, or an employee of an incorporated hospital upon  
15 the written order of its superintendent or officer in immediate  
16 charge; provided that the provisions of this Act shall not  
17 prohibit the sale, possession or use of hypodermic syringes or  
18 hypodermic needles for treatment of livestock or poultry by the  
19 owner or keeper thereof or a person engaged in chemical,  
20 clinical, pharmaceutical or other scientific research, or a  
21 staff person, volunteer, or participant in a needle or  
22 hypodermic syringe access program.

23 (b) A pharmacist may sell up to 100 sterile hypodermic  
24 syringes or needles to a person who is at least 18 years of  
25 age. A syringe or needle sold under this subsection (b) must be

1 stored at a pharmacy and in a manner that limits access to the  
2 syringes or needles to pharmacists employed at the pharmacy and  
3 any persons designated by the pharmacists. A syringe or needle  
4 sold at a pharmacy under this subsection (b) may be sold only  
5 from the pharmacy department of the pharmacy.

6 (Source: P.A. 100-326, eff. 1-1-18.)

7 Section 999. Effective date. This Act takes effect upon  
8 becoming law.