720 ILCS 570/322 new

Amends the Illinois Controlled Substances Act. Provides that a prescriber shall offer a prescription for naloxone hydrochloride, or another similar drug approved by the Food and Drug Administration, under specified circumstances. Provides for educational information to be provided concerning overdose prevention and the use of naloxone hydrochloride. Provides that a prescriber who does not comply with specified requirements shall be subject to administrative sanctions under the appropriate licensing board. Specifies that the provisions do not create a private right of action against a prescriber, and do not limit a prescriber's liability for the negligent failure to diagnose or treat a patient. Provides that these provisions do apply to a patient receiving hospice care in accordance with the Hospice Program Licensing Act. Contains a purpose provision. Effective immediately.
AN ACT concerning criminal law.

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

Section 1. Findings and purpose. The General Assembly finds that:

(a) Drug overdose is the leading cause of accidental death in the United States, with opioids being the most common drug; to stop the opioid crisis in Illinois, patients need access to the lifesaving drug naloxone and education on the risks of overdose.

(b) According to the Illinois Department of Public Health there were 2,219 deaths due to opioids in Illinois in 2019.

(c) Due to the COVID-19 pandemic, there has been a sharp increase in opioid-related deaths with Cook County reporting 1,599 overdose deaths in 2020, more than double the previous year.

(c) Research has shown rates of opioid use at the national scale are higher for whites than they are for African Americans, yet rates of opioid deaths are higher among African Americans (43%) than whites (22%). The COVID-19 pandemic will likely exacerbate this situation due to job loss, stay-at-home orders, and ongoing mitigation efforts creating a lack of physical access to addiction support and harm reduction groups. The combination of an opioid overdose crisis and
COVID-19 has created a situation in Illinois in which epidemic meets pandemic. Stay-at-home orders have created a lack of physical access to addiction support and harm reduction groups during the COVID-19 epidemic and increased social isolation adding to the mental health burdens on people with substance abuse issues. Even with the rise in opioid overdoses both here in Illinois and across the country, doctors continue to prescribe high amounts of opioids.

(d) The United States Food and Drug Administration took strong action in 2020 advising doctors to co-prescribe naloxone and requiring opioid labels to be updated to recommend that as a routine part of prescribing these medicines, doctors should discuss the availability of naloxone with patients and caregivers when beginning and renewing treatment.

(e) The Centers for Disease Control and Prevention of the United States Department of Health and Human Services issued an advisory in 2020 to healthcare providers to "prescribe naloxone to individuals at risk for opioid overdose, such as those with a prior history of overdose, those with opioid use disorder, and individuals using illicit opioids and other drugs that might be mixed with illicitly manufactured fentanyl," and to "co-prescribe naloxone to patients with high morphine milligram equivalents and those receiving opioids and benzodiazepines."

(f) Therefore, in order to save lives, address
long-standing health inequities, and educate patients on the
risks of opioid overdose, Illinois needs to take action to
implement the co-prescription of naloxone alongside opioid
prescriptions.

Section 5. The Illinois Controlled Substances Act is
amended by adding Section 322 as follows:

(720 ILCS 570/322 new)

Sec. 322. Naloxone hydrochloride prescription.

(a) Notwithstanding any provision of law to the contrary,
a prescriber shall:

(1) offer a prescription for naloxone hydrochloride or
another drug approved by the United States Food and Drug
Administration for the complete or partial reversal of
opioid depression to a patient when one or more of the
following conditions are met:

(A) the prescription dosage for the patient is 50
or more morphine milligram equivalents of an opioid
medication per day;

(B) an opioid medication is prescribed
concurrently with a prescription for benzodiazepine;
or

(C) the patient presents with an increased risk
for overdose, including a patient with a known history
of overdose, a patient with a known history of
substance use disorder, or a patient at risk for
returning to a high dose of opioid medication to which
the patient is no longer tolerant;
(2) consistent with the existing standard of care and
with guidelines issued by the United States Food and Drug
Administration and the Centers for Disease Control and
Prevention of the United States Department of Health and
Human Services, provide education to patients receiving a
prescription under paragraph (1) of this subsection (a) on
overdose prevention and the use of naloxone hydrochloride
or another drug approved by the United States Food and
Drug Administration for the complete or partial reversal
of opioid depression; and
(3) consistent with the existing standard of care and
with guidelines issued by the United States Food and Drug
Administration and the Centers for Disease Control and
Prevention of the United States Department of Health and
Human Services, provide education on overdose prevention
and the use of naloxone hydrochloride or another drug
approved by the United States Food and Drug Administration
for the complete or partial reversal of opioid depression
to one or more persons designated by the patient, or, for a
patient who is a minor, to the minor's parent or guardian.
(b) A prescriber who does not comply with the requirements
of this Section shall be subject to disciplinary action under
the prescriber's licensing Act. This Section does not create a
private right of action against a prescriber, and does not
limit a prescriber's liability for the negligent failure to
diagnose or treat a patient.

(c) This Section does not apply to a patient receiving
hospice care in accordance with the Hospice Program Licensing
Act.

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