

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

6 (20 ILCS 301/5-23)

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

8 (a) Reports.

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

22 (2) The report may include:

23 (A) Trends in drug overdose death rates.

1 (B) Trends in emergency room utilization related
2 to drug overdose and the cost impact of emergency room
3 utilization.

4 (C) Trends in utilization of pre-hospital and
5 emergency services and the cost impact of emergency
6 services utilization.

7 (D) Suggested improvements in data collection.

8 (E) A description of other interventions effective
9 in reducing the rate of fatal or nonfatal drug
10 overdose.

11 (F) A description of efforts undertaken to educate
12 the public about unused medication and about how to
13 properly dispose of unused medication, including the
14 number of registered collection receptacles in this
15 State, mail-back programs, and drug take-back events.

16 (G) An inventory of the State's substance use
17 disorder treatment capacity, including, but not
18 limited to:

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

21 (ii) The availability of medication-assisted
22 treatment at each licensed program and which types
23 of medication-assisted treatment are available.

24 (iii) The number of recovery homes that accept
25 individuals using medication-assisted treatment in
26 their recovery.

1 (iv) The number of medical professionals
2 currently authorized to prescribe buprenorphine
3 and the number of individuals who fill
4 prescriptions for that medication at retail
5 pharmacies as prescribed.

6 (v) Any partnerships between programs licensed
7 by the Department and other providers of
8 medication-assisted treatment.

9 (vi) Any challenges in providing
10 medication-assisted treatment reported by programs
11 licensed by the Department and any potential
12 solutions.

13 (b) Programs; drug overdose prevention.

14 (1) The Department may establish a program to provide
15 for the production and publication, in electronic and
16 other formats, of drug overdose prevention, recognition,
17 and response literature. The Department may develop and
18 disseminate curricula for use by professionals,
19 organizations, individuals, or committees interested in
20 the prevention of fatal and nonfatal drug overdose,
21 including, but not limited to, drug users, jail and prison
22 personnel, jail and prison inmates, drug treatment
23 professionals, emergency medical personnel, hospital
24 staff, families and associates of drug users, peace
25 officers, firefighters, public safety officers, needle
26 exchange program staff, and other persons. In addition to

1 information regarding drug overdose prevention,
2 recognition, and response, literature produced by the
3 Department shall stress that drug use remains illegal and
4 highly dangerous and that complete abstinence from illegal
5 drug use is the healthiest choice. The literature shall
6 provide information and resources for substance use
7 disorder treatment.

8 The Department may establish or authorize programs for
9 prescribing, dispensing, or distributing opioid
10 antagonists for the treatment of drug overdose and for
11 dispensing and distributing fentanyl test strips to
12 further promote harm reduction efforts and prevent an
13 overdose. Such programs may include the prescribing of
14 opioid antagonists for the treatment of drug overdose to a
15 person who is not at risk of opioid overdose but who, in
16 the judgment of the health care professional, may be in a
17 position to assist another individual during an
18 opioid-related drug overdose and who has received basic
19 instruction on how to administer an opioid antagonist.

20 (2) The Department may provide advice to State and
21 local officials on the growing drug overdose crisis,
22 including the prevalence of drug overdose incidents,
23 programs promoting the disposal of unused prescription
24 drugs, trends in drug overdose incidents, and solutions to
25 the drug overdose crisis.

26 (3) The Department may support drug overdose

1 prevention, recognition, and response projects by
2 facilitating the acquisition of opioid antagonist
3 medication approved for opioid overdose reversal,
4 facilitating the acquisition of opioid antagonist
5 medication approved for opioid overdose reversal,
6 providing trainings in overdose prevention best practices,
7 facilitating the acquisition of fentanyl test strips to
8 test for the presence of fentanyl, a fentanyl analog, or a
9 drug adulterant within a controlled substance, connecting
10 programs to medical resources, establishing a statewide
11 standing order for the acquisition of needed medication,
12 establishing learning collaboratives between localities
13 and programs, and assisting programs in navigating any
14 regulatory requirements for establishing or expanding such
15 programs.

16 (4) In supporting best practices in drug overdose
17 prevention programming, the Department may promote the
18 following programmatic elements:

19 (A) Training individuals who currently use drugs
20 in the administration of opioid antagonists approved
21 for the reversal of an opioid overdose and in the use
22 of fentanyl test strips to test for the presence of
23 fentanyl, a fentanyl analog, or a drug adulterant
24 within a controlled substance.

25 (B) Directly distributing opioid antagonists
26 approved for the reversal of an opioid overdose rather

1 than providing prescriptions to be filled at a
2 pharmacy.

3 (B-1) Directly distributing fentanyl test strips
4 to test for the presence of fentanyl, a fentanyl
5 analog, or a drug adulterant within a controlled
6 substance.

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

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

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

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

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

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

25 (I) Providing education and training on drug
26 overdose prevention and response to emergency

1 personnel and law enforcement.

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

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

10 (c) Grants.

11 (1) The Department may award grants, in accordance
12 with this subsection, to create or support local drug
13 overdose prevention, recognition, and response projects.
14 Local health departments, correctional institutions,
15 hospitals, universities, community-based organizations,
16 and faith-based organizations may apply to the Department
17 for a grant under this subsection at the time and in the
18 manner the Department prescribes. Eligible grant
19 activities include, but are not limited to, purchasing and
20 distributing opioid antagonists and fentanyl test strips,
21 hiring peer recovery specialists or other community
22 members to conduct community outreach, and hosting public
23 health fairs or events to distribute opioid antagonists
24 and fentanyl test strips, promote harm reduction
25 activities, and provide linkages to community partners.

26 (2) In awarding grants, the Department shall consider

1 the overall rate of opioid overdose, the rate of increase
2 in opioid overdose, and racial disparities in opioid
3 overdose experienced by the communities to be served by
4 grantees. The Department shall encourage all grant
5 applicants to develop interventions that will be effective
6 and viable in their local areas.

7 (3) (Blank).

8 (3.5) Any hospital licensed under the Hospital
9 Licensing Act or organized under the University of
10 Illinois Hospital Act shall be deemed to have met the
11 standards and requirements set forth in this Section to
12 enroll in the drug overdose prevention program upon
13 completion of the enrollment process except that proof of
14 a standing order and attestation of programmatic
15 requirements shall be waived for enrollment purposes.
16 Reporting mandated by enrollment shall be necessary to
17 carry out or attain eligibility for associated resources
18 under this Section for drug overdose prevention projects
19 operated on the licensed premises of the hospital and
20 operated by the hospital or its designated agent. The
21 Department shall streamline hospital enrollment for drug
22 overdose prevention programs by accepting such deemed
23 status under this Section in order to reduce barriers to
24 hospital participation in drug overdose prevention,
25 recognition, or response projects. Subject to
26 appropriation, any hospital under this paragraph and any

1 other organization deemed eligible by the Department shall
2 be enrolled to receive fentanyl test strips from the
3 Department and distribute fentanyl test strips upon
4 enrollment in the Drug Overdose Prevention Program.

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

10 (d) Health care professional prescription of opioid
11 antagonists.

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

1 licensing statute or (ii) any criminal liability, except
2 for willful and wanton misconduct.

3 (1.5) Notwithstanding any provision of or requirement
4 otherwise imposed by the Pharmacy Practice Act, the
5 Medical Practice Act of 1987, or any other law or rule,
6 including, but not limited to, any requirement related to
7 labeling, storage, or recordkeeping, a health care
8 professional or other person acting under the direction of
9 a health care professional may, directly or by standing
10 order, obtain, store, and dispense an opioid antagonist to
11 a patient in a facility that includes, but is not limited
12 to, a hospital, a hospital affiliate, or a federally
13 qualified health center if the patient information
14 specified in paragraph (4) of this subsection is provided
15 to the patient. A person acting in accordance with this
16 paragraph shall not, as a result of his or her acts or
17 omissions, be subject to: (i) any disciplinary or other
18 adverse action under the Medical Practice Act of 1987, the
19 Physician Assistant Practice Act of 1987, the Nurse
20 Practice Act, the Pharmacy Practice Act, or any other
21 professional licensing statute; or (ii) any criminal
22 liability, except for willful and wanton misconduct.

23 (2) A person who is not otherwise licensed to
24 administer an opioid antagonist may in an emergency
25 administer without fee an opioid antagonist if the person
26 has received the patient information specified in

1 paragraph (4) of this subsection and believes in good
2 faith that another person is experiencing a drug overdose.
3 The person shall not, as a result of his or her acts or
4 omissions, be (i) liable for any violation of the Medical
5 Practice Act of 1987, the Physician Assistant Practice Act
6 of 1987, the Nurse Practice Act, the Pharmacy Practice
7 Act, or any other professional licensing statute, or (ii)
8 subject to any criminal prosecution or civil liability,
9 except for willful and wanton misconduct.

10 (3) A health care professional prescribing an opioid
11 antagonist to a patient shall ensure that the patient
12 receives the patient information specified in paragraph
13 (4) of this subsection. Patient information may be
14 provided by the health care professional or a
15 community-based organization, substance use disorder
16 program, or other organization with which the health care
17 professional establishes a written agreement that includes
18 a description of how the organization will provide patient
19 information, how employees or volunteers providing
20 information will be trained, and standards for documenting
21 the provision of patient information to patients.
22 Provision of patient information shall be documented in
23 the patient's medical record or through similar means as
24 determined by agreement between the health care
25 professional and the organization. The Department, in
26 consultation with statewide organizations representing

1 physicians, pharmacists, advanced practice registered
2 nurses, physician assistants, substance use disorder
3 programs, and other interested groups, shall develop and
4 disseminate to health care professionals, community-based
5 organizations, substance use disorder programs, and other
6 organizations training materials in video, electronic, or
7 other formats to facilitate the provision of such patient
8 information.

9 (4) For the purposes of this subsection:

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

15 "Health care professional" means a physician licensed
16 to practice medicine in all its branches, a licensed
17 physician assistant with prescriptive authority, a
18 licensed advanced practice registered nurse with
19 prescriptive authority, an advanced practice registered
20 nurse or physician assistant who practices in a hospital,
21 hospital affiliate, or ambulatory surgical treatment
22 center and possesses appropriate clinical privileges in
23 accordance with the Nurse Practice Act, or a pharmacist
24 licensed to practice pharmacy under the Pharmacy Practice
25 Act.

26 "Patient" includes a person who is not at risk of

1 opioid overdose but who, in the judgment of the physician,
2 advanced practice registered nurse, or physician
3 assistant, may be in a position to assist another
4 individual during an overdose and who has received patient
5 information as required in paragraph (2) of this
6 subsection on the indications for and administration of an
7 opioid antagonist.

8 "Patient information" includes information provided to
9 the patient on drug overdose prevention and recognition;
10 how to perform rescue breathing and resuscitation; opioid
11 antagonist dosage and administration; the importance of
12 calling 911; care for the overdose victim after
13 administration of the overdose antagonist; and other
14 issues as necessary.

15 (e) Drug overdose response policy.

16 (1) Every State and local government agency that
17 employs a law enforcement officer or fireman as those
18 terms are defined in the Line of Duty Compensation Act
19 must possess opioid antagonists and must establish a
20 policy to control the acquisition, storage,
21 transportation, and administration of such opioid
22 antagonists and to provide training in the administration
23 of opioid antagonists. A State or local government agency
24 that employs a fireman as defined in the Line of Duty
25 Compensation Act but does not respond to emergency medical
26 calls or provide medical services shall be exempt from

1 this subsection.

2 (2) Every publicly or privately owned ambulance,
3 special emergency medical services vehicle, non-transport
4 vehicle, or ambulance assist vehicle, as described in the
5 Emergency Medical Services (EMS) Systems Act, that
6 responds to requests for emergency services or transports
7 patients between hospitals in emergency situations must
8 possess opioid antagonists.

9 (3) Entities that are required under paragraphs (1)
10 and (2) to possess opioid antagonists may also apply to
11 the Department for a grant to fund the acquisition of
12 opioid antagonists and training programs on the
13 administration of opioid antagonists.

14 (Source: P.A. 101-356, eff. 8-9-19; 102-598, eff. 1-1-22.)

15 Section 10. The Overdose Prevention and Harm Reduction Act
16 is amended by changing Section 5 as follows:

17 (410 ILCS 710/5)

18 Sec. 5. Needle and hypodermic syringe access program.

19 (a) Any governmental or nongovernmental organization,
20 including a local health department, community-based
21 organization, or a person or entity, that promotes
22 scientifically proven ways of mitigating health risks
23 associated with drug use and other high-risk behaviors may
24 establish and operate a needle and hypodermic syringe access

1 program. The objective of the program shall be accomplishing
2 all of the following:

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

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

7 (3) facilitating connections or linkages to
8 evidence-based treatment.

9 (b) Programs established under this Act shall provide all
10 of the following:

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

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

16 (3) Educational materials or training on:

17 (A) overdose prevention and intervention; and

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

21 (4) Access to opioid antagonists approved for the
22 reversal of an opioid overdose, or referrals to programs
23 that provide access to opioid antagonists approved for the
24 reversal of an opioid overdose.

25 (5) Linkages to needed services, including mental
26 health treatment, housing programs, substance use disorder

1 treatment, and other relevant community services.

2 (6) Individual consultations from a trained employee
3 tailored to individual needs.

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

9 (8) If feasible, access to on-site drug adulterant
10 testing supplies.

11 (9) If feasible, access to fentanyl test strips to
12 test for the presence of fentanyl, a fentanyl analog, or a
13 drug adulterant within a controlled substance.

14 (c) Notwithstanding any provision of the Illinois
15 Controlled Substances Act, the Drug Paraphernalia Control Act,
16 or any other law, no employee or volunteer of or participant in
17 a program established under this Act shall be charged with or
18 prosecuted for possession of any of the following:

19 (1) Needles, hypodermic syringes, or other drug
20 consumption paraphernalia obtained from or returned,
21 directly or indirectly, to a program established under
22 this Act.

23 (2) Residual amounts of a controlled substance
24 contained in used needles, used hypodermic syringes, or
25 other used drug consumption paraphernalia obtained from or
26 returned, directly or indirectly, to a program established

1 under this Act.

2 (3) Drug adulterant testing supplies obtained from or
3 returned, directly or indirectly, to a program established
4 under this Act or a pharmacy, hospital, clinic, or other
5 health care facility or medical office dispensing drug
6 adulterant testing supplies in accordance with Section 10.
7 This paragraph also applies to any employee or customer of
8 a pharmacy, hospital, clinic, or other health care
9 facility or medical office dispensing drug adulterant
10 testing supplies in accordance with Section 10.

11 (4) Any residual amounts of controlled substances used
12 in the course of testing the controlled substance to
13 determine the chemical composition and potential threat of
14 the substances obtained for consumption that are obtained
15 from or returned, directly or indirectly, to a program
16 established under this Act. This paragraph also applies to
17 any person using drug adulterant testing supplies procured
18 in accordance with Section 10 of this Act.

19 In addition to any other applicable immunity or limitation
20 on civil liability, a law enforcement officer who, acting on
21 good faith, arrests or charges a person who is thereafter
22 determined to be entitled to immunity from prosecution under
23 this subsection (c) shall not be subject to civil liability
24 for the arrest or filing of charges.

25 (d) Prior to the commencing of operations of a program
26 established under this Act, the governmental or

1 nongovernmental organization shall submit to the Illinois
2 Department of Public Health all of the following information:

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

5 (2) the areas and populations to be served by the
6 program; and

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

9 The Department of Public Health may adopt rules to
10 implement this subsection.

11 (Source: P.A. 101-356, eff. 8-9-19; 102-1039, eff. 6-2-22.)

12 Section 5. The Overdose Prevention and Harm Reduction Act
13 is amended by changing Section 15 as follows:

14 (410 ILCS 710/15)

15 Sec. 15. Fentanyl test strips. To further promote harm
16 reduction efforts, a pharmacist or retailer may sell fentanyl
17 test strips over-the-counter to the public to test for the
18 presence of fentanyl, a fentanyl analog, or a drug adulterant
19 within a controlled substance. A county health department may
20 distribute fentanyl test strips ~~at the county health~~
21 ~~department facility~~ for no fee.

22 (Source: P.A. 103-336, eff. 1-1-24.)