



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

HB2929

Introduced 2/6/2025, by Rep. La Shawn K. Ford

#### SYNOPSIS AS INTRODUCED:

20 ILCS 301/5-26 new

Amends the Substance Use Disorder Act. Requires the Department of Human Services to establish a mechanism to collect research and data regarding overdose prevention sites (OPSS) and prepare a report for the General Assembly within 12 months after the effective date of the amendatory Act. Provides that the report shall contain information on (1) current research on the effectiveness of an OPS as an overdose prevention strategy; (2) OPS best practices for staffing, placement, and activities; and (3) the benefits and challenges of different OPS models - structures and settings. Requires the Department, in collaboration with people with lived experience, to develop a pilot service, subject to available funding, aimed at saving the lives of people who use substances that shall include the establishment of at least one OPS. Requires the pilot OPSS to offer people, who are most likely to use drugs in public, unobserved, high-risk, and unsanitary locations, a safe space to use pre-obtained substances and connect to community supports or other existing treatment and recovery programs, harm reduction services, and health care. Contains provisions concerning certain principles pilot OPSS must abide by; OPS staffing and location requirements; pilot OPS services; and other matters. Permits the Department to approve an entity to operate a pilot program in one or more jurisdictions. Grants criminal and civil immunity to persons who use pilot OPSS services; pilot OPS staff; and any real property owner upon which the OPS site is located or operates. Contains provisions on public awareness outreach; OPS reporting requirements; home rule exemption; and other matters. Effective immediately.

LRB104 12092 KTG 22190 b

1 AN ACT concerning State government.

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 adding Section 5-26 as follows:

6 (20 ILCS 301/5-26 new)

7 Sec. 5-26. Harm reduction services.

8 (a) Legislative findings. The General Assembly finds the  
9 following:

10 (1) Illinois is experiencing a growing overdose  
11 crisis. According to the Centers for Disease Control and  
12 Prevention, over 4,000 Illinoisans died from overdoses  
13 between January 2021 and January 2022, a 12.6% increase  
14 from the previous year. Most of those preventable deaths  
15 involved opioids.

16 (2) A significant reason for the increase in deaths is  
17 a poisoned drug supply, with illicit fentanyl killing  
18 people using street-bought substances. With the increasing  
19 use of potent fentanyl in the illicit substance supply in  
20 Illinois, more lives will continue to be lost.

21 (3) Nearly all witnessed opioid overdoses are  
22 reversible with the provision of oxygen, naloxone, and  
23 other emergency care. However, many people use drugs alone

1 or use them with people who do not have naloxone and are  
2 not trained in overdose response.

3 (4) Overdose prevention sites can save lives. Overdose  
4 prevention sites provide individuals with a safe, hygienic  
5 space to consume pre-obtained drugs and access to other  
6 harm reduction, treatment, recovery, and ancillary support  
7 services.

8 (5) The goals of overdose prevention sites are:

9 (A) Saving lives by quickly providing emergency  
10 care to persons experiencing an overdose.

11 (B) Reducing the spread of infectious diseases,  
12 such as HIV and hepatitis.

13 (C) Reducing public injection of substances and  
14 discarded syringes in surrounding areas.

15 (D) Linking those with substance use disorders to  
16 behavioral and physical health supports.

17 (b) Definitions. As used in this Section:

18 "Entity" means (i) any community-based organization that  
19 provides educational, health, harm reduction, housing, or  
20 social services and (ii) any hospital, medical clinic or  
21 office, health center, community-based mental health center,  
22 or other similar entity that provides medical care.

23 "Harm reduction" refers to a philosophical framework and  
24 set of strategies designed to reduce harm and promote dignity  
25 and well-being among persons and communities who engage in  
26 substance use.

1 "Overdose prevention sites" means hygienic locations where  
2 individuals may safely consume pre-obtained substances.

3 "Participant" means an individual who seeks to utilize,  
4 utilizes, or has utilized services provided at an overdose  
5 prevention site established in accordance with this Section.

6 (c) The Department shall establish a mechanism to collect  
7 research and data regarding overdose prevention sites (OPSs)  
8 and prepare a report for the General Assembly within 12 months  
9 after the effective date of this amendatory Act of the 104th  
10 General Assembly. The Department may identify collaborators  
11 across other Departments and State universities. The report  
12 shall contain information on:

13 (1) The current research on the effectiveness of an  
14 OPS as an overdose prevention strategy.

15 (2) OPS best practices for staffing, placement, and  
16 activities.

17 (3) The benefits and challenges of different OPS  
18 models - structures and settings.

19 (d) The Department, in collaboration with people with  
20 lived experience, shall develop a pilot service, subject to  
21 available funding, aimed at saving the lives of people who use  
22 substances that shall include the establishment of at least  
23 one OPS. Pilot OPSs shall offer people, who are most likely to  
24 use drugs in public, unobserved, high-risk, and unsanitary  
25 locations, a safe space to use pre-obtained substances and  
26 connect to community supports or other existing treatment and

1 recovery programs, harm reduction services, and health care.

2 (e) Pilot OPSs shall abide by the following principles:

3 (1) Nothing About Us Without Us: OPS programs and  
4 services shall be formulated with transparency, community  
5 involvement, and direct input by people who use  
6 substances.

7 (2) Equity: OPS staff and programs shall provide equal  
8 support, services, and resources to all participants and  
9 ensure accessibility to the greatest extent possible.

10 (3) Harm Reduction: OPS shall prioritize individual  
11 dignity and autonomy in decision-making while encouraging  
12 people to reduce high-risk behaviors.

13 (4) OPS shall affirm the humanity and dignity of  
14 people who use substances and shall be operated in a way  
15 that is safe, clean, inclusive, and welcoming to reduce  
16 stigma and build trust.

17 (5) OPS shall prioritize relationship-building and  
18 trust among staff and participants in order to create safe  
19 spaces and provide increased opportunities to connect with  
20 additional services that promote health and well-being.

21 (f) Staffing.

22 (1) OPS staff, at a minimum, shall consist of trained  
23 peers with lived experience of substance use or overdose,  
24 along with other necessary professionals such as community  
25 health workers, behavioral health professionals,  
26 physicians, nurses, or medical personnel who have been

1 trained in overdose responses.

2 (2) A majority of the OPS staff shall include peers.

3 (3) Staffing decisions must ensure that participants  
4 utilize the service, feel safe, and are connected to  
5 resources.

6 (4) The Department may not prohibit persons with  
7 criminal records from frontline, management, or executive  
8 positions within entities that operate an OPS.

9 (g) Location. Pilot OPSs shall be established in physical  
10 locations with high need determined by rates of overdoses and  
11 substance use; and as a natural development or extension of  
12 existing harm reduction and outreach programming. Priority  
13 shall be given to communities that have the highest number of  
14 fatal and non-fatal overdoses as determined by public health  
15 data from the Department of Public Health. Pilot OPSs shall  
16 specifically target high-risk and socially marginalized drug  
17 users in a municipality with a population greater than  
18 2,500,000, not to exceed 12 months from implementation.

19 (h) Pilot OPS features. Pilot OPSs shall at a minimum:

20 (1) provide a hygienic space where participants may  
21 consume their pre-obtained substances;

22 (2) maintain a supply of naloxone and oxygen on-site,  
23 together with the necessary equipment to administer  
24 naloxone and oxygen;

25 (3) monitor participants for potential overdose;

26 (4) employ staff trained to administer first aid to

1 participants who are experiencing an overdose;

2 (5) provide sterile injection or other substance use  
3 supplies, collect used hypodermic needles and syringes,  
4 and provide secure hypodermic needle and syringe disposal  
5 services in compliance with the Overdose Prevention and  
6 Harm Reduction Act and any applicable rules adopted by the  
7 Department of Public Health;

8 (6) provide safer smoking and safer snorting kits;

9 (7) provide naloxone;

10 (8) encourage drug checking or the use of fentanyl  
11 test strips;

12 (9) provide education on safe consumption practices,  
13 the proper disposal of hypodermic needles and syringes,  
14 and overdose prevention;

15 (10) provide referrals to substance use disorder and  
16 mental health treatment, medication-assisted treatment or  
17 recovery, and other services which address social  
18 determinants of health which include Housing First  
19 programs;

20 (11) offer a quiet and comfortable space for  
21 participants to stay safely sheltered and supervised after  
22 consuming substances; and

23 (12) train staff members and volunteers to deliver  
24 services offered at the overdose prevention site, and  
25 maintain an adequate staff of health care professionals or  
26 other trained staff or volunteers. Trainings shall be

1 conducted and partnered with established harm reduction  
2 professionals.

3 (i) Other OPS program design and implementation shall be  
4 informed by the target community and the report submitted to  
5 the General Assembly.

6 (j) The Department may approve an entity to operate a  
7 pilot program in one or more jurisdictions upon satisfaction  
8 of the requirements set forth in this Section. The Department  
9 shall establish standards for program approval and training.

10 (k) Immunity provided. Notwithstanding the Illinois  
11 Controlled Substances Act, the Drug Paraphernalia Control Act,  
12 or any other provision of law to the contrary, the following  
13 persons shall not be arrested, charged, or prosecuted for any  
14 criminal offense or violation of parole, mandatory supervised  
15 release, probation, or conditional discharge, or be subject to  
16 any civil or administrative penalty, including seizure or  
17 forfeiture of assets or real property or disciplinary action  
18 by a professional licensing board, or be denied any right or  
19 privilege solely for participation or involvement at an  
20 overdose prevention site approved by the Department under this  
21 Act:

22 (1) any individual who seeks to utilize, utilizes, or  
23 has utilized services provided at an overdose prevention  
24 site established in accordance with this Section;

25 (2) a staff member or administrator of an overdose  
26 prevention site, including a healthcare professional,

1 manager, employee, or volunteer; and

2 (3) an individual who owns real property at which an  
3 overdose prevention site is located or operates.

4 Notwithstanding any other law, ordinance, or regulation,  
5 any entity licensed as an OPS Harm Reduction Services provider  
6 may operate an overdose prevention site as authorized by the  
7 Department.

8 (1) The Department shall help educate local communities  
9 and public and private entities, such as public safety  
10 organizations, social service groups, school districts, faith  
11 communities, and businesses, about overdose prevention sites  
12 and the evidence regarding the benefits of overdose prevention  
13 sites.

14 (m) Reporting. An entity operating an overdose prevention  
15 site in accordance with this Section shall, within the time  
16 frame specified by the Department, submit a report to the  
17 Department that shall include:

18 (1) the number of participants who have received or  
19 are receiving services at the overdose prevention site;

20 (2) aggregate information regarding the  
21 characteristics of those participants reported under  
22 paragraph (1);

23 (3) the number of hypodermic needles, syringes, and  
24 harm reduction supplies distributed for use on-site;

25 (4) the number of overdoses experienced and the number  
26 of overdoses reversed on-site;

1           (5) the number of participants directly and formally  
2           referred to other services and the type of services.

3           In compiling the report required under this subsection, an  
4           entity operating an overdose prevention site shall exclude all  
5           personally identifiable information and adhere to all federal  
6           regulations concerning the confidentiality of substance use  
7           disorder patient records under Part 2, Subchapter A, Chapter  
8           1, Title 42 of the Code of Federal Regulations as that Part  
9           existed on December 20, 2024.

10           (n) Home rule preemption. A home rule unit may not  
11           prohibit the establishment or operation of an overdose  
12           prevention site as provided in this Section. This Section is a  
13           denial and limitation of home rule powers and functions under  
14           subsection (g) of Section 6 of Article VII of the Illinois  
15           Constitution.

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