



Rep. La Shawn K. Ford

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LRB103 04457 KTG 57820 a

1 AMENDMENT TO HOUSE BILL 2

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 2 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Substance Use Disorder Act is amended by  
5 changing Section 15-10 and by 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

1 a poisoned drug supply, with illicit fentanyl killing  
2 people using street-bought substances. With the increasing  
3 use of potent fentanyl in the illicit substance supply in  
4 Illinois, more lives will continue to be lost.

5 (3) Nearly all witnessed opioid overdoses are  
6 reversible with the provision of oxygen, naloxone, and  
7 other emergency care. However, many people use drugs alone  
8 or use them with people who do not have naloxone and are  
9 not trained in overdose response.

10 (4) Overdose prevention sites can save lives. Overdose  
11 prevention sites provide individuals with a safe, hygienic  
12 space to consume pre-obtained drugs and access to other  
13 harm reduction, treatment, recovery, and ancillary support  
14 services.

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

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

18 (B) Reducing the spread of infectious diseases,  
19 such as AIDS and hepatitis.

20 (C) Reducing public injection of substances and  
21 discarded syringes in surrounding areas.

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

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

25 "Harm reduction" means a philosophical framework and set  
26 of strategies designed to reduce harm and promote dignity and

1 well-being among persons and communities who engage in  
2 substance use.

3 "Overdose prevention sites" or "OPS" means hygienic  
4 locations where individuals may safely consume pre-obtained  
5 substances.

6 (c) Overdose prevention sites; licensure. The Department  
7 shall develop a pilot program aimed at saving the lives of  
8 people who use substances that shall include the establishment  
9 of at least one overdose prevention site. The pilot overdose  
10 prevention sites shall be exempt from the intervention  
11 licensure requirements under Section 15-10 for harm reduction  
12 services until the Department has adopted rules for harm  
13 reduction services. Overdose prevention sites shall offer  
14 people who are most likely to use drugs in public, unobserved,  
15 high-risk, and unsanitary locations a safe space to use  
16 pre-obtained substances and to connect with community supports  
17 or other existing treatment and recovery programs, harm  
18 reduction services, and health care.

19 (d) Pilot overdose prevention sites shall abide by the  
20 following principles:

21 (1) Nothing About Us Without Us: OPS programs and  
22 services shall be formulated with transparency, community  
23 involvement, and direct input by people who use  
24 substances.

25 (2) Equity: OPS staff and programs shall provide equal  
26 support, services, and resources to all participants and

1 ensure accessibility to the greatest extent possible.

2 (3) Harm Reduction: OPS programs and services shall  
3 prioritize individual dignity and autonomy in  
4 decision-making while encouraging people to reduce  
5 high-risk behaviors.

6 (4) OPS programs and services shall affirm the  
7 humanity and dignity of people who use substances and  
8 shall be operated in a way that is safe, clean, inclusive,  
9 and welcoming to reduce stigma and build trust.

10 (5) OPS programs and services shall prioritize  
11 relationship-building and trust among staff and  
12 participants in order to create safe spaces and provide  
13 increased opportunities to connect with additional  
14 services that promote health and well-being.

15 (e) Staffing.

16 (1) OPS staff, at a minimum, shall consist of trained  
17 peers with lived experience of substance use or overdose,  
18 along with other necessary professionals such as community  
19 health workers, behavioral health professionals,  
20 physicians, nurses, or medical personnel who have been  
21 trained in overdose responses.

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

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

26 (4) The Department may not prohibit persons with

1 criminal records from frontline, management, or executive  
2 positions within entities that operate an overdose  
3 prevention site.

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

15 (g) Pilot OPS features. An overdose prevention site shall  
16 at a minimum:

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

19 (2) administer first aid, if needed, and monitor  
20 participants for potential overdose;

21 (3) provide sterile injection or other substance use  
22 supplies, collect used hypodermic needles and syringes,  
23 provide secure hypodermic needle and syringe disposal  
24 services;

25 (4) provide access to naloxone or naloxone nasal  
26 spray;

1           (5) ensure confidentiality of OPS participants by  
2           using an anonymous unique identifier;

3           (6) provide education on safe consumption practices,  
4           proper disposal of hypodermic needles and syringes, and  
5           overdose prevention, including written information in, at  
6           a minimum, the 4 most commonly spoken languages in the  
7           State as determined by the Department;

8           (7) provide referrals to substance use disorder and  
9           mental health treatment services, medication-assisted  
10           treatment or recovery services, recovery support services,  
11           medical services, job training and placement services, and  
12           other services that address social determinants of health;

13           (8) provide wound kits;

14           (9) offer a space on-site for participants to stay  
15           safely sheltered and supervised after consuming  
16           substances; and

17           (10) provide adequate staffing by health care  
18           professionals or other trained staff.

19           (h) Other OPS program designs and implementation shall be  
20           informed by the target community.

21           (i) The Department may approve an entity to operate a  
22           pilot program in one or more jurisdictions upon satisfaction  
23           of the requirements set forth in this Section. The Department  
24           shall establish standards for program approval and training.

25           (j) Notwithstanding the Illinois Controlled Substances  
26           Act, the Drug Paraphernalia Control Act, or any other

1 provision of law to the contrary, the following persons shall  
2 not be arrested, charged, or prosecuted for any criminal  
3 offense or be subject to any civil or administrative penalty,  
4 including seizure or forfeiture of assets or real property or  
5 disciplinary action by a professional licensing board, or be  
6 denied any right or privilege, solely for participation or  
7 involvement in a program approved by the Department under this  
8 Act:

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

12 (2) a staff member or administrator of an overdose  
13 prevention site, including a healthcare professional,  
14 manager, employee, or volunteer; and

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

17 (20 ILCS 301/15-10)

18 Sec. 15-10. Licensure categories and services. No person,  
19 entity, or program may provide the services or conduct the  
20 activities described in this Section without first obtaining a  
21 license therefor from the Department, unless otherwise  
22 exempted under this Act. The Department shall, by rule,  
23 provide requirements for each of the following types of  
24 licenses and categories of service:

25 (a) Treatment: Categories of service authorized by a

1 treatment license are Early Intervention, Outpatient,  
2 Intensive Outpatient/Partial Hospitalization, Subacute  
3 Residential/Inpatient, and Withdrawal Management.  
4 Medication assisted treatment that includes methadone used  
5 for an opioid use disorder can be licensed as an adjunct to  
6 any of the treatment levels of care specified in this  
7 Section.

8 (b) Intervention: Categories of service authorized by  
9 an intervention license are DUI Evaluation, DUI Risk  
10 Education, Designated Program, Harm Reduction Services,  
11 and Recovery Homes for persons in any stage of recovery  
12 from a substance use disorder.

13 The Department may, under procedures established by rule  
14 and upon a showing of good cause for such, exempt off-site  
15 services from having to obtain a separate license for services  
16 conducted away from the provider's licensed location.

17 (Source: P.A. 100-759, eff. 1-1-19.)".