



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB3419

Introduced 2/8/2024, by Sen. Napoleon Harris, III

SYNOPSIS AS INTRODUCED:

730 ILCS 5/3-6-9 new

Amends the Unified Code of Corrections. Provides that the Department of Corrections shall ensure all persons under its care are assessed for substance use disorder, as defined in the Substance Use Disorder Act. Provides that this process includes screening and assessment for opioid use disorders. Provides that, for committed persons diagnosed with opioid use disorder, the Department shall offer, or facilitate access to, all medication-assisted treatment options deemed appropriate by an authorized health care professional. Provides that the Department shall not impose limitations on the types of medication-assisted treatment that may be recommended by an authorized health care professional as part of a treatment plan. Provides that an individual receiving medication-assisted treatment prior to being committed to a Department of Corrections facility shall be entitled to, upon request, continue such treatment in the medication-assisted treatment program for any period of time deemed medically necessary by an authorized health care professional. Provides that no person shall be denied participation in medication-assisted treatment on the basis of a positive drug screening upon entering the Department's custody, nor shall any person receive a disciplinary infraction for such positive drug screen. No person shall be denied participation in medication-assisted treatment based on prior success of failure of any medication-assisted treatment program. Provides that the Department may adopt rules for the implementation of these provisions. Effective January 1, 2025.

LRB103 38442 RLC 68578 b

A BILL FOR

1 AN ACT concerning criminal law.

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

4 Section 5. The Unified Code of Corrections is amended by
5 adding Section 3-6-9 as follows:

6 (730 ILCS 5/3-6-9 new)

7 Sec. 3-6-9. Treatment for committed persons with substance
8 use disorders.

9 (a) (1) The General Assembly finds that:

10 (A) The Department of Corrections does not currently
11 have extensive medication-assisted treatment programs
12 readily available to meet the needs of all committed
13 persons with opioid use disorder, despite estimates that
14 more than half of the committed population meets the
15 criteria for having a substance use disorder.

16 (B) Providing timely access to medication-assisted
17 treatment in correctional settings reduces recidivism,
18 overdose risk following release, and improves treatment
19 retention. Withholding evidence-based opioid use disorder
20 treatment increases risk for death during detention and
21 upon release.

22 (C) According to the Department of Human Services, up
23 to 75% of parolees who leave prison without treatment for

1 an identified substance use disorder resume substance use
2 within 3 months of release.

3 (D) Studies demonstrate that in the first 2 weeks
4 after release, the risk of opioid overdose is 40 times
5 higher for those who were incarcerated compared to the
6 general population.

7 (E) It is the stated position of the U.S. Substance
8 Abuse and Mental Health Services Administration that no
9 justification exists for denying access to medications for
10 opioid use disorder because psychosocial services are
11 unavailable or individuals are unwilling to avail
12 themselves of those services.

13 (F) The U.S. Department of Justice has determined that
14 individuals with opioid use disorder are protected under
15 the Americans with Disabilities Act of 1990.

16 (G) In community-based settings, such as opioid
17 treatment programs and primary care facilities,
18 medication-assisted treatment has been proven to reduce
19 overdose deaths and illicit opioid use. Individuals with
20 opioid use disorder living in correctional settings are
21 entitled to the same level of care as those in
22 community-based settings.

23 (2) In alignment with the State of Illinois Overdose
24 Action Plan, the purpose of this Section is to facilitate
25 timely access to medication-assisted treatment options and
26 therapies to all individuals under the care of the Illinois

1 Department of Corrections who are diagnosed with opioid use
2 disorder.

3 (b) In this Section:

4 "Authorized health care professional" means a physician
5 licensed to practice medicine in all its branches, a licensed
6 physician assistant with prescriptive authority, a licensed
7 advanced practice registered nurse with prescriptive
8 authority, an advanced practice registered nurse or physician
9 assistant who practices in a hospital, hospital affiliate, or
10 ambulatory surgical treatment center and possesses appropriate
11 clinical privileges in accordance with the Nurse Practice Act,
12 or a pharmacist licensed to practice pharmacy under the
13 Pharmacy Practice Act.

14 "Department" means the Department of Corrections.

15 "Medication-assisted treatment" means the use of U.S. Food
16 and Drug Administration-approved medications, in combination
17 with counseling and behavioral therapies, to provide a whole
18 patient approach to the treatment of substance use disorders.

19 (c) The Department shall ensure that all persons under its
20 care are assessed for substance use disorder, as defined in
21 the Substance Use Disorder Act. This process includes
22 screening and assessment for opioid use disorders. For
23 committed persons diagnosed with opioid use disorder, the
24 Department shall offer, or facilitate access to, all
25 medication-assisted treatment options deemed appropriate by an
26 authorized health care professional. The Department shall not

1 impose limitations on the types of medication-assisted
2 treatment that may be recommended by an authorized health care
3 professional as part of a treatment plan.

4 (d) An individual receiving medication-assisted treatment
5 prior to being committed to a Department of Corrections
6 facility shall be entitled to, upon request, continue such
7 treatment in the medication-assisted treatment program for any
8 period of time deemed medically necessary by an authorized
9 health care professional. No person shall be denied
10 participation in medication-assisted treatment on the basis of
11 a positive drug screening upon entering the Department's
12 custody, nor shall any person receive a disciplinary
13 infraction for such positive drug screen. No person shall be
14 denied participation in medication-assisted treatment based on
15 prior success of failure of any medication-assisted treatment
16 program.

17 (e) The Department may adopt rules for the implementation
18 of this Section.

19 Section 99. Effective date. This Act takes effect on
20 January 1, 2025.