

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 Alcoholism and Other Drug Abuse and  
5 Dependency Act is amended by adding Section 5-23 as follows:

6 (20 ILCS 301/5-23 new)

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

8 (a) Reports of drug overdose.

9 (1) The Director of the Division of Alcoholism and  
10 Substance Abuse may publish annually a report on drug  
11 overdose trends statewide that reviews State death rates  
12 from available data to ascertain changes in the causes or  
13 rates of fatal and nonfatal drug overdose for the preceding  
14 period of not less than 5 years. The report shall also  
15 provide information on interventions that would be  
16 effective in reducing the rate of fatal or nonfatal drug  
17 overdose.

18 (2) The report may include:

19 (A) Trends in drug overdose death rates.

20 (B) Trends in emergency room utilization related  
21 to drug overdose and the cost impact of emergency room  
22 utilization.

23 (C) Trends in utilization of pre-hospital and

1 emergency services and the cost impact of emergency  
2 services utilization.

3 (D) Suggested improvements in data collection.

4 (E) A description of other interventions effective  
5 in reducing the rate of fatal or nonfatal drug  
6 overdose.

7 (b) Programs; drug overdose prevention.

8 (1) The Director may establish a program to provide for  
9 the production and publication, in electronic and other  
10 formats, of drug overdose prevention, recognition, and  
11 response literature. The Director may develop and  
12 disseminate curricula for use by professionals,  
13 organizations, individuals, or committees interested in  
14 the prevention of fatal and nonfatal drug overdose,  
15 including, but not limited to, drug users, jail and prison  
16 personnel, jail and prison inmates, drug treatment  
17 professionals, emergency medical personnel, hospital  
18 staff, families and associates of drug users, peace  
19 officers, firefighters, public safety officers, needle  
20 exchange program staff, and other persons. In addition to  
21 information regarding drug overdose prevention,  
22 recognition, and response, literature produced by the  
23 Department shall stress that drug use remains illegal and  
24 highly dangerous and that complete abstinence from illegal  
25 drug use is the healthiest choice. The literature shall  
26 provide information and resources for substance abuse

1       treatment.

2       The Director may establish or authorize programs for  
3       prescribing, dispensing, or distributing naloxone  
4       hydrochloride or any other similarly acting and equally  
5       safe drug approved by the U.S. Food and Drug Administration  
6       for the treatment of drug overdose. Such programs may  
7       include the prescribing of naloxone hydrochloride or any  
8       other similarly acting and equally safe drug approved by  
9       the U.S. Food and Drug Administration for the treatment of  
10       drug overdose to and education about administration by  
11       individuals who are not personally at risk of opioid  
12       overdose.

13       (2) The Director may provide advice to State and local  
14       officials on the growing drug overdose crisis, including  
15       the prevalence of drug overdose incidents, trends in drug  
16       overdose incidents, and solutions to the drug overdose  
17       crisis.

18       (c) Grants.

19       (1) The Director may award grants, in accordance with  
20       this subsection, to create or support local drug overdose  
21       prevention, recognition, and response projects. Local  
22       health departments, correctional institutions, hospitals,  
23       universities, community-based organizations, and  
24       faith-based organizations may apply to the Department for a  
25       grant under this subsection at the time and in the manner  
26       the Director prescribes.

1           (2) In awarding grants, the Director shall consider the  
2           necessity for overdose prevention projects in various  
3           settings and shall encourage all grant applicants to  
4           develop interventions that will be effective and viable in  
5           their local areas.

6           (3) The Director shall give preference for grants to  
7           proposals that, in addition to providing life-saving  
8           interventions and responses, provide information to drug  
9           users on how to access drug treatment or other strategies  
10          for abstaining from illegal drugs. The Director shall give  
11          preference to proposals that include one or more of the  
12          following elements:

13               (A) Policies and projects to encourage persons,  
14               including drug users, to call 911 when they witness a  
15               potentially fatal drug overdose.

16               (B) Drug overdose prevention, recognition, and  
17               response education projects in drug treatment centers,  
18               outreach programs, and other organizations that work  
19               with, or have access to, drug users and their families  
20               and communities.

21               (C) Drug overdose recognition and response  
22               training, including rescue breathing, in drug  
23               treatment centers and for other organizations that  
24               work with, or have access to, drug users and their  
25               families and communities.

26               (D) The production and distribution of targeted or

1 mass media materials on drug overdose prevention and  
2 response.

3 (E) Prescription and distribution of naloxone  
4 hydrochloride or any other similarly acting and  
5 equally safe drug approved by the U.S. Food and Drug  
6 Administration for the treatment of drug overdose.

7 (F) The institution of education and training  
8 projects on drug overdose response and treatment for  
9 emergency services and law enforcement personnel.

10 (G) A system of parent, family, and survivor  
11 education and mutual support groups.

12 (4) In addition to moneys appropriated by the General  
13 Assembly, the Director may seek grants from private  
14 foundations, the federal government, and other sources to  
15 fund the grants under this Section and to fund an  
16 evaluation of the programs supported by the grants.

17 (d) Health care professional prescription of drug overdose  
18 treatment medication.

19 (1) A health care professional who, acting in good  
20 faith, directly or by standing order, prescribes or  
21 dispenses an opioid antidote to a patient who, in the  
22 judgment of the health care professional, is capable of  
23 administering the drug in an emergency, shall not, as a  
24 result of his or her acts or omissions, be subject to  
25 disciplinary or other adverse action under the Medical  
26 Practice Act of 1987, the Physician Assistant Practice Act

1 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,  
2 or any other professional licensing statute.

3 (2) A person who is not otherwise licensed to  
4 administer an opioid antidote may in an emergency  
5 administer without fee an opioid antidote if the person has  
6 received the patient information specified in paragraph  
7 (4) of this subsection and believes in good faith that  
8 another person is experiencing a drug overdose. The person  
9 shall not, as a result of his or her acts or omissions, be  
10 liable for any violation of the Medical Practice Act of  
11 1987, the Physician Assistant Practice Act of 1987, the  
12 Nurse Practice Act, the Pharmacy Practice Act, or any other  
13 professional licensing statute, or subject to any criminal  
14 prosecution arising from or related to the unauthorized  
15 practice of medicine or the possession of an opioid  
16 antidote.

17 (3) A health care professional prescribing an opioid  
18 antidote to a patient shall ensure that the patient  
19 receives the patient information specified in paragraph  
20 (4) of this subsection. Patient information may be provided  
21 by the health care professional or a community-based  
22 organization, substance abuse program, or other  
23 organization with which the health care professional  
24 establishes a written agreement that includes a  
25 description of how the organization will provide patient  
26 information, how employees or volunteers providing

1 information will be trained, and standards for documenting  
2 the provision of patient information to patients.  
3 Provision of patient information shall be documented in the  
4 patient's medical record or through similar means as  
5 determined by agreement between the health care  
6 professional and the organization. The Director of the  
7 Division of Alcoholism and Substance Abuse, in  
8 consultation with statewide organizations representing  
9 physicians, advanced practice nurses, physician  
10 assistants, substance abuse programs, and other interested  
11 groups, shall develop and disseminate to health care  
12 professionals, community-based organizations, substance  
13 abuse programs, and other organizations training materials  
14 in video, electronic, or other formats to facilitate the  
15 provision of such patient information.

16 (4) For the purposes of this subsection:

17 "Opioid antidote" means naloxone hydrochloride or any  
18 other similarly acting and equally safe drug approved by  
19 the U.S. Food and Drug Administration for the treatment of  
20 drug overdose.

21 "Health care professional" means a physician licensed  
22 to practice medicine in all its branches, a physician  
23 assistant who has been delegated the prescription or  
24 dispensation of an opioid antidote by his or her  
25 supervising physician, an advanced practice registered  
26 nurse who has a written collaborative agreement with a

1 collaborating physician that authorizes the prescription  
2 or dispensation of an opioid antidote, or an advanced  
3 practice nurse who practices in a hospital or ambulatory  
4 surgical treatment center and possesses appropriate  
5 clinical privileges in accordance with the Nurse Practice  
6 Act.

7 "Patient" includes a person who is not at risk of  
8 opioid overdose but who, in the judgment of the physician,  
9 may be in a position to assist another individual during an  
10 overdose and who has received patient information as  
11 required in paragraph (2) of this subsection on the  
12 indications for and administration of an opioid antidote.

13 "Patient information" includes information provided to  
14 the patient on drug overdose prevention and recognition;  
15 how to perform rescue breathing and resuscitation; opioid  
16 antidote dosage and administration; the importance of  
17 calling 911; care for the overdose victim after  
18 administration of the overdose antidote; and other issues  
19 as necessary.

20 Section 99. Effective date. This Act takes effect January  
21 1, 2010.