

AN ACT concerning health.

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

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

(20 ILCS 301/5-23)

Sec. 5-23. Drug Overdose Prevention Program.

(a) Reports.

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

(2) The report may include:

(A) Trends in drug overdose death rates.

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

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

(D) Suggested improvements in data collection.

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

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

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

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

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

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

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

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

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

(b) Programs; drug overdose prevention.

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

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

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

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

(3) The Department may support drug overdose

prevention, recognition, and response projects by facilitating the acquisition of opioid antagonist medication approved for opioid overdose reversal, facilitating the acquisition of opioid antagonist medication approved for opioid overdose reversal, providing trainings in overdose prevention best practices, facilitating the acquisition of fentanyl test strips to test for the presence of fentanyl, a fentanyl analog, or a drug adulterant within a controlled substance, connecting programs to medical resources, establishing a statewide standing order for the acquisition of needed medication, establishing learning collaboratives between localities and programs, and assisting programs in navigating any regulatory requirements for establishing or expanding such programs.

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

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

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

than providing prescriptions to be filled at a pharmacy.

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

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

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

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

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

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

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

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

personnel and law enforcement.

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

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

(c) Grants.

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

(2) In awarding grants, the Department shall consider

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

(3) (Blank).

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

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

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

(d) Health care professional prescription of opioid antagonists.

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

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

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

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

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

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

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

(4) For the purposes of this subsection:

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

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

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

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

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

(e) Drug overdose response policy.

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

this subsection.

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

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

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

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

(410 ILCS 710/5)

Sec. 5. Needle and hypodermic syringe access program.

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

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

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

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

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

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

(1) Disposal of used needles and hypodermic syringes.

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

(3) Educational materials or training on:

(A) overdose prevention and intervention; and

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

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

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

treatment, and other relevant community services.

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

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

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

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

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

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

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

under this Act.

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

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

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

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

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

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

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

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

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

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

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

(410 ILCS 710/15)

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

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