



Sen. Laura Ellman

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10300SB3350sam002

LRB103 38262 RPS 70853 a

1 AMENDMENT TO SENATE BILL 3350

2 AMENDMENT NO. _____. Amend Senate Bill 3350 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 5-23 as follows:

6 (20 ILCS 301/5-23)

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

8 (a) Reports.

9 (1) The Department may publish annually a report on
10 drug overdose trends statewide that reviews State death
11 rates from available data to ascertain changes in the
12 causes or rates of fatal and nonfatal drug overdose. The
13 report shall also provide information on interventions
14 that would be effective in reducing the rate of fatal or
15 nonfatal drug overdose and on the current substance use
16 disorder treatment capacity within the State. The report

1 shall include an analysis of drug overdose information
2 reported to the Department of Public Health pursuant to
3 subsection (e) of Section 3-3013 of the Counties Code,
4 Section 6.14g of the Hospital Licensing Act, and
5 subsection (j) of Section 22-30 of the School Code.

6 (2) The report may include:

7 (A) Trends in drug overdose death rates.

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

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

14 (D) Suggested improvements in data collection.

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

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

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

26 (i) The number and type of licensed treatment

1 programs in each geographic area of the State.

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

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

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

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

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

20 (b) Programs; drug overdose prevention.

21 (1) The Department may establish a program to provide
22 for the production and publication, in electronic and
23 other formats, of drug overdose prevention, recognition,
24 and response literature. The Department may develop and
25 disseminate curricula for use by professionals,
26 organizations, individuals, or committees interested in

1 the prevention of fatal and nonfatal drug overdose,
2 including, but not limited to, drug users, jail and prison
3 personnel, jail and prison inmates, drug treatment
4 professionals, emergency medical personnel, hospital
5 staff, families and associates of drug users, peace
6 officers, firefighters, public safety officers, needle
7 exchange program staff, and other persons. In addition to
8 information regarding drug overdose prevention,
9 recognition, and response, literature produced by the
10 Department shall stress that drug use remains illegal and
11 highly dangerous and that complete abstinence from illegal
12 drug use is the healthiest choice. The literature shall
13 provide information and resources for substance use
14 disorder treatment.

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

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

7 (3) The Department may support drug overdose
8 prevention, recognition, and response projects by
9 facilitating the acquisition of opioid antagonist
10 medication approved for opioid overdose reversal,
11 facilitating the acquisition of opioid antagonist
12 medication approved for opioid overdose reversal,
13 providing trainings in overdose prevention best practices,
14 facilitating the acquisition of fentanyl test strips to
15 test for the presence of fentanyl, a fentanyl analog, or a
16 drug adulterant within a controlled substance, connecting
17 programs to medical resources, establishing a statewide
18 standing order for the acquisition of needed medication,
19 establishing learning collaboratives between localities
20 and programs, and assisting programs in navigating any
21 regulatory requirements for establishing or expanding such
22 programs.

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

26 (A) Training individuals who currently use drugs

1 in the administration of opioid antagonists approved
2 for the reversal of an opioid overdose and in the use
3 of fentanyl test strips to test for the presence of
4 fentanyl, a fentanyl analog, or a drug adulterant
5 within a controlled substance.

6 (B) Directly distributing opioid antagonists
7 approved for the reversal of an opioid overdose rather
8 than providing prescriptions to be filled at a
9 pharmacy.

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

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

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

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

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

26 (G) Engaging individuals exiting jails or prisons

1 who are at a high risk of overdose.

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

6 (I) Providing education and training on drug
7 overdose prevention and response to emergency
8 personnel and law enforcement.

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

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

17 (c) Grants.

18 (1) The Department may award grants, in accordance
19 with this subsection, to create or support local drug
20 overdose prevention, recognition, and response projects.
21 Local health departments, correctional institutions,
22 hospitals, universities, community-based organizations,
23 and faith-based organizations may apply to the Department
24 for a grant under this subsection at the time and in the
25 manner the Department prescribes. Eligible grant
26 activities include, but are not limited to, purchasing and

1 distributing opioid antagonists and fentanyl test strips,
2 hiring peer recovery specialists or other community
3 members to conduct community outreach, and hosting public
4 health fairs or events to distribute opioid antagonists
5 and fentanyl test strips, promote harm reduction
6 activities, and provide linkages to community partners.

7 (2) In awarding grants, the Department shall consider
8 the overall rate of opioid overdose, the rate of increase
9 in opioid overdose, and racial disparities in opioid
10 overdose experienced by the communities to be served by
11 grantees. The Department shall encourage all grant
12 applicants to develop interventions that will be effective
13 and viable in their local areas.

14 (3) (Blank).

15 (3.5) Any hospital licensed under the Hospital
16 Licensing Act or organized under the University of
17 Illinois Hospital Act shall be deemed to have met the
18 standards and requirements set forth in this Section to
19 enroll in the drug overdose prevention program upon
20 completion of the enrollment process except that proof of
21 a standing order and attestation of programmatic
22 requirements shall be waived for enrollment purposes.
23 Reporting mandated by enrollment shall be necessary to
24 carry out or attain eligibility for associated resources
25 under this Section for drug overdose prevention projects
26 operated on the licensed premises of the hospital and

1 operated by the hospital or its designated agent. The
2 Department shall streamline hospital enrollment for drug
3 overdose prevention programs by accepting such deemed
4 status under this Section in order to reduce barriers to
5 hospital participation in drug overdose prevention,
6 recognition, or response projects. Subject to
7 appropriation, any hospital under this paragraph and any
8 other organization deemed eligible by the Department shall
9 be enrolled to receive fentanyl test strips from the
10 Department and distribute fentanyl test strips upon
11 enrollment in the Drug Overdose Prevention Program.

12 (4) In addition to moneys appropriated by the General
13 Assembly, the Department 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 opioid
18 antagonists.

19 (1) A health care professional who, acting in good
20 faith, directly or by standing order, prescribes or
21 dispenses an opioid antagonist to: (a) a patient who, in
22 the judgment of the health care professional, is capable
23 of administering the drug in an emergency, or (b) a person
24 who is not at risk of opioid overdose but who, in the
25 judgment of the health care professional, may be in a
26 position to assist another individual during an

1 opioid-related drug overdose and who has received basic
2 instruction on how to administer an opioid antagonist
3 shall not, as a result of his or her acts or omissions, be
4 subject to: (i) any disciplinary or other adverse action
5 under the Medical Practice Act of 1987, the Physician
6 Assistant Practice Act of 1987, the Nurse Practice Act,
7 the Pharmacy Practice Act, or any other professional
8 licensing statute or (ii) any criminal liability, except
9 for willful and wanton misconduct.

10 (1.5) Notwithstanding any provision of or requirement
11 otherwise imposed by the Pharmacy Practice Act, the
12 Medical Practice Act of 1987, or any other law or rule,
13 including, but not limited to, any requirement related to
14 labeling, storage, or recordkeeping, a health care
15 professional or other person acting under the direction of
16 a health care professional may, directly or by standing
17 order, obtain, store, and dispense an opioid antagonist to
18 a patient in a facility that includes, but is not limited
19 to, a hospital, a hospital affiliate, or a federally
20 qualified health center if the patient information
21 specified in paragraph (4) of this subsection is provided
22 to the patient. A person acting in accordance with this
23 paragraph shall not, as a result of his or her acts or
24 omissions, be subject to: (i) any disciplinary or other
25 adverse action under the Medical Practice Act of 1987, the
26 Physician Assistant Practice Act of 1987, the Nurse

1 Practice Act, the Pharmacy Practice Act, or any other
2 professional licensing statute; or (ii) any criminal
3 liability, except for willful and wanton misconduct.

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

17 (3) A health care professional prescribing an opioid
18 antagonist 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
21 provided by the health care professional or a
22 community-based organization, substance use disorder
23 program, or other organization with which the health care
24 professional establishes a written agreement that includes
25 a 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
4 the patient's medical record or through similar means as
5 determined by agreement between the health care
6 professional and the organization. The Department, in
7 consultation with statewide organizations representing
8 physicians, pharmacists, advanced practice registered
9 nurses, physician assistants, substance use disorder
10 programs, and other interested groups, shall develop and
11 disseminate to health care professionals, community-based
12 organizations, substance use disorder programs, and other
13 organizations training materials in video, electronic, or
14 other formats to facilitate the provision of such patient
15 information.

16 (4) For the purposes of this subsection:

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

22 "Health care professional" means a physician licensed
23 to practice medicine in all its branches, a licensed
24 physician assistant with prescriptive authority, a
25 licensed advanced practice registered nurse with
26 prescriptive authority, an advanced practice registered

1 nurse or physician assistant who practices in a hospital,
2 hospital affiliate, or ambulatory surgical treatment
3 center and possesses appropriate clinical privileges in
4 accordance with the Nurse Practice Act, or a pharmacist
5 licensed to practice pharmacy under the Pharmacy 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 advanced practice registered nurse, or physician
10 assistant, may be in a position to assist another
11 individual during an overdose and who has received patient
12 information as required in paragraph (2) of this
13 subsection on the indications for and administration of an
14 opioid antagonist.

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

22 (e) Drug overdose response policy.

23 (1) Every State and local government agency that
24 employs a law enforcement officer or fireman as those
25 terms are defined in the Line of Duty Compensation Act
26 must possess opioid antagonists and must establish a

1 policy to control the acquisition, storage,
2 transportation, and administration of such opioid
3 antagonists and to provide training in the administration
4 of opioid antagonists. A State or local government agency
5 that employs a fireman as defined in the Line of Duty
6 Compensation Act but does not respond to emergency medical
7 calls or provide medical services shall be exempt from
8 this subsection.

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

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

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

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

24 (410 ILCS 710/5)

1 Sec. 5. Needle and hypodermic syringe access program.

2 (a) Any governmental or nongovernmental organization,
3 including a local health department, community-based
4 organization, or a person or entity, that promotes
5 scientifically proven ways of mitigating health risks
6 associated with drug use and other high-risk behaviors may
7 establish and operate a needle and hypodermic syringe access
8 program. The objective of the program shall be accomplishing
9 all of the following:

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

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

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

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

18 (1) Disposal of used needles and hypodermic syringes.

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

23 (3) Educational materials or training on:

24 (A) overdose prevention and intervention; and

25 (B) the prevention of HIV, AIDS, viral hepatitis,
26 and other common bloodborne diseases resulting from

1 shared drug consumption equipment and supplies.

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

6 (5) Linkages to needed services, including mental
7 health treatment, housing programs, substance use disorder
8 treatment, and other relevant community services.

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

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

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

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

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

26 (1) Needles, hypodermic syringes, or other drug

1 consumption paraphernalia obtained from or returned,
2 directly or indirectly, to a program established under
3 this Act.

4 (2) Residual amounts of a controlled substance
5 contained in used needles, used hypodermic syringes, or
6 other used drug consumption paraphernalia obtained from or
7 returned, directly or indirectly, to a program established
8 under this Act.

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

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

26 In addition to any other applicable immunity or limitation

1 on civil liability, a law enforcement officer who, acting on
2 good faith, arrests or charges a person who is thereafter
3 determined to be entitled to immunity from prosecution under
4 this subsection (c) shall not be subject to civil liability
5 for the arrest or filing of charges.

6 (d) Prior to the commencing of operations of a program
7 established under this Act, the governmental or
8 nongovernmental organization shall submit to the Illinois
9 Department of Public Health all of the following information:

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

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

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

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

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