

AN ACT concerning criminal law.

**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. 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, 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.

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

(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, hiring peer recovery specialists or other community members to conduct community outreach, and hosting public health fairs or events to distribute opioid antagonists, 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.

(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 probation officer, as defined in Section 9b of the Probation and Probation Officers Act, or 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 Pretrial Services Act is amended by

changing Sections 1, 1.5, 2, 3, 4, 5, 8, 9, 10, 12, 13, 14, 15, 17, 22, 24, 30, and 33 and by adding Sections 0.02, 0.03, and 0.04 as follows:

(725 ILCS 185/0.02 new)

Sec. 0.02. Definitions. In this Act:

"Director" means the Director of the Office of Statewide Pretrial Services.

"Local pretrial services" means a pretrial services other than the Office who is providing pretrial services.

"Pretrial services" means any providing services to the circuit court as provided for in this Act, including the Office.

"Office" means the Office of Statewide Pretrial Services.

(725 ILCS 185/0.03 new)

Sec. 0.03. Office of Statewide Pretrial Services; establishment. There is established in the judicial branch of State government an office to be known as the Office of Statewide Pretrial Services. This office shall be under the supervision and direction of a Director who shall be appointed by a vote of a majority of the Illinois Supreme Court Justices for a 4-year term and until a successor is appointed and qualified. The Director shall adopt rules, instructions, and orders, consistent with this Act, further defining the organization of this office and the duties of its employees.

The Illinois Supreme Court shall approve or modify an operational budget submitted to it by the Office of Statewide Pretrial Services and set the number of employees each year.

(725 ILCS 185/0.04 new)

Sec. 0.04. Powers and duties.

(a) The Office shall provide pretrial services as provided in Section 7 to circuit courts or counties without existing pretrial services agencies.

(b) The Office shall develop, establish, adopt, and enforce uniform standards for pretrial services in this State.

(c) The Office may:

(1) hire and train State employed pretrial personnel;

(2) establish qualifications for pretrial officers as to hiring, promotion, and training;

(3) establish a system of training and orientation for local pretrial services agencies;

(4) Develop standards and approve employee compensation schedules for local pretrial services agencies;

(5) establish a system of uniform forms;

(6) develop standards for a system of recordkeeping for local pretrial services agencies;

(7) gather statistics and develop research for planning of pretrial services in Illinois;

(8) establish a means of verifying the conditions for

reimbursement under this Act for local pretrial services agencies and develop criteria for approved costs for reimbursement;

(9) monitor and evaluate all pretrial programs operated by local pretrial services agencies;

(10) review and approve annual plans submitted by local pretrial services agencies; and

(11) establish such other standards and regulations and do all acts necessary to carry out the intent and purposes of this Act.

(725 ILCS 185/1) (from Ch. 38, par. 301)

Sec. 1. Pretrial services shall be provided by a local pretrial services agency or the Office. The pretrial services agency shall provide ~~Each circuit court shall establish a pretrial services agency to provide~~ the circuit court with accurate background data regarding the pretrial release of persons charged with felonies and effective supervision of compliance with the terms and conditions imposed on release.

(Source: P.A. 84-1449.)

(725 ILCS 185/1.5)

Sec. 1.5. Framework facilitating the hiring and training of new State-employed pretrial services personnel to serve circuit courts or counties without existing pretrial services agencies. Notwithstanding anything in this Act to the



contrary, the Office shall hire ~~Supreme Court is encouraged to establish a framework that facilitates the hiring and train training of~~ new State-employed pretrial services personnel to serve circuit courts or counties without existing pretrial services ~~agencies~~, as required by Section 1. Nothing in this amendatory Act of the 103rd General Assembly shall be constructed to invalidate, diminish, or otherwise interfere with any collective bargaining agreement or representation rights under the Illinois Public Labor Relations Act, if applicable.

(Source: P.A. 102-694, eff. 1-7-22.)

(725 ILCS 185/2) (from Ch. 38, par. 302)

Sec. 2. Local pretrial ~~Pretrial~~ services agencies may be independent divisions of the circuit courts accountable to the chief judge or his designee for program activities. The agencies shall be supervised by a program director appointed by the chief judge and removable for cause. The chief judge or his designee shall have the authority to hire, terminate or discipline local pretrial services ~~agency~~ personnel on recommendation of the program director.

(Source: P.A. 84-1449.)

(725 ILCS 185/3) (from Ch. 38, par. 303)

Sec. 3. Pretrial services shall be provided by the Office  
~~The functions of the pretrial services agency shall be~~

~~assigned to the Department of Probation and Court Services or other arm of the court~~ where the volume of criminal proceedings does not justify the establishment of a local pretrial services agency ~~separate division.~~

(Source: P.A. 84-1449.)

(725 ILCS 185/4) (from Ch. 38, par. 304)

Sec. 4. All local pretrial services agency personnel shall be full-time employees supervised by the director and, except for secretarial staff, subject to the hiring and training requirements established by the Office Supreme Court ~~as provided in "An Act providing for a system of probation, for the appointment and compensation of probation officers, and authorizing the suspension of final judgment and the imposition of sentence upon persons found guilty of certain defined crimes and offenses, and legalizing their ultimate discharge without punishment", approved June 10, 1911, as amended.~~

(Source: P.A. 84-1449.)

(725 ILCS 185/5) (from Ch. 38, par. 305)

Sec. 5. The compensation for local pretrial services agency personnel shall be commensurate with salaries and other benefits accorded probation department employees.

(Source: P.A. 84-1449.)

(725 ILCS 185/8) (from Ch. 38, par. 308)

Sec. 8. In addition to the foregoing, local pretrial services agencies may with the approval of the chief judge provide one or more of the following services to the circuit court:

(a) Supervise compliance with the terms and conditions imposed by the courts for appeal bonds; and

(b) Assist in such other pretrial services activities as may be delegated to the agency by the court.

(Source: P.A. 84-1449.)

(725 ILCS 185/9) (from Ch. 38, par. 309)

Sec. 9. Pretrial services agencies shall have standing court authority to interview and process all persons charged with non-capital felonies either before or after first appearance if the person is in custody. The chief judge and program director of the pretrial services agency may establish interviewing priorities where resources do not permit total coverage, but no other criteria shall be employed to exclude categories of offenses or offenders from program operations.

(Source: P.A. 84-1449.)

(725 ILCS 185/10) (from Ch. 38, par. 310)

Sec. 10. The chief judge and program director of the local pretrial services agency shall continuously assess the benefits of agency intervention before or after the first

appearance of accused persons. In determining the best allocation of available resources, consideration shall be given to current release practices of first appearance judges in misdemeanor and lesser felony cases; the logistics of pre-first appearance intervention where decentralized detention facilities are utilized; the availability of verification resources for pre-first appearance intervention; and the ultimate goal of prompt and informed determinations of pretrial release conditions.

(Source: P.A. 84-1449.)

(725 ILCS 185/12) (from Ch. 38, par. 312)

Sec. 12. Interviews shall be individually conducted by agency personnel in facilities or locations which assure an adequate opportunity for discussion, consistent with security needs.

The chief judge or his designee shall maintain a continuous liaison between the pretrial services agency ~~director~~ and the sheriff, or other affected law enforcement agencies, to assure that pretrial services interviewers have prompt access consistent with security and law enforcement needs to all prisoners after booking.

(Source: P.A. 84-1449.)

(725 ILCS 185/13) (from Ch. 38, par. 313)

Sec. 13. Information received from the arrested person as

a result of the agency interview shall be recorded on uniform interview forms created by the Office.

(Source: P.A. 84-1449.)

(725 ILCS 185/14) (from Ch. 38, par. 314)

Sec. 14. The pretrial services agency shall, after interviewing arrestees, immediately verify and supplement the information required by the uniform interview form before submitting its report to the court. Minimum verification shall include the interviewee's prior criminal record, residency, and employment circumstances. The chief judge or his designee shall assist the pretrial services agency ~~program director~~ in establishing and maintaining cooperation with the circuit clerk and law enforcement information systems to assure the prompt verification of prior criminal records.

(Source: P.A. 84-1449.)

(725 ILCS 185/15) (from Ch. 38, par. 315)

Sec. 15. Verified and supplemental information assembled by the pretrial services agency shall be recorded on a uniform reporting form established by the Office ~~Supreme Court~~.

(Source: P.A. 84-1449.)

(725 ILCS 185/17) (from Ch. 38, par. 317)

Sec. 17. Reports shall be in writing, signed by an authorized representative of the pretrial services agency, and

prepared on the uniform reporting form. Copies of the report shall be provided to all parties and counsel of record. If the report is filed with the court, the court shall deny public access to the report.

(Source: P.A. 84-1449.)

(725 ILCS 185/22) (from Ch. 38, par. 322)

Sec. 22. If so ordered by the court, the pretrial services agency shall prepare and submit for the court's approval and signature a uniform release order on the uniform form established by the Office ~~Supreme Court~~ in all cases where an interviewee may be released from custody under conditions contained in an agency report. Such conditions shall become part of the conditions of pretrial release. A copy of the uniform release order shall be provided to the defendant and defendant's attorney of record, and the prosecutor.

(Source: P.A. 101-652, eff. 1-1-23.)

(725 ILCS 185/24) (from Ch. 38, par. 324)

Sec. 24. Where functions of the local pretrial services agency have been delegated to a probation department or other arm of the court ~~under Section 3~~, their records shall be segregated from other records. Two years after the date of the first interview with a pretrial services agency representative, the defendant may apply to the chief circuit judge, or a judge designated by the chief circuit judge for

these purposes, for an order expunging from the records of the pretrial services agency all files pertaining to the defendant.

(Source: P.A. 84-1449.)

(725 ILCS 185/30) (from Ch. 38, par. 330)

Sec. 30. Records and statistics shall be maintained by local pretrial services agencies of their operations and effect upon the criminal justice system, with monthly reports submitted to the circuit court and the Office ~~Supreme Court~~ on a uniform statistical form developed by the Supreme Court.

(Source: P.A. 84-1449.)

(725 ILCS 185/33) (from Ch. 38, par. 333)

Sec. 33. The Office ~~Supreme Court~~ shall pay from funds appropriated to it for this purpose 100% of all approved costs for pretrial services, including pretrial services officers, necessary support personnel, travel costs reasonably related to the delivery of pretrial services, space costs, equipment, telecommunications, postage, commodities, printing and contractual services. Costs shall be reimbursed monthly, based on an annual ~~a~~ plan and budget approved by the Office ~~Supreme Court~~. No department may be reimbursed for costs which exceed or are not provided for in the approved annual plan and budget. ~~The Mandatory Arbitration Fund may be used to reimburse approved costs for pretrial services.~~

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HB4621 Enrolled

LRB103 36415 RLC 66517 b

(Source: P.A. 94-91, eff. 7-1-05; 94-839, eff. 6-6-06; 95-331, eff. 8-21-07; 95-707, eff. 1-11-08.)

(725 ILCS 185/6 rep.)

Section 15. The Pretrial Services Act is amended by repealing Section 6.

Section 99. Effective date. This Act takes effect upon becoming law, except that Sections 10 and 15 take effect on July 1, 2025.