



## 95TH GENERAL ASSEMBLY

### State of Illinois

2007 and 2008

SB2155

Introduced 2/14/2008, by Sen. Donne E. Trotter

#### SYNOPSIS AS INTRODUCED:

20 ILCS 301/5-23 new  
745 ILCS 49/67.5 new

Amends the Alcoholism and Other Drug Abuse and Dependency Act and the Good Samaritan Act. Provides that the Director of Human Services may publish an annual report on statewide drug overdose trends, may establish a program to provide for the publication of drug overdose prevention, recognition, and response literature, may provide advice to State and local officials concerning drug overdose problems, and may award grants to create or support local drug overdose prevention, recognition, and response projects. Provides for civil and criminal immunity for (i) any person who is not otherwise licensed to administer an opioid antagonist if he or she, acting with reasonable care, administers without fee an opioid antagonist and believes in good faith that another person is experiencing a drug overdose and (ii) a health care provider who, acting in good faith, prescribes, dispenses, or distributes an opioid antagonist to a person who, in the judgment of the health care provider, is capable of administering the drug in an emergency, and that person (A) believes in good faith that another person is experiencing a drug overdose and (B) administers the opioid antagonist to the other person. Effective January 1, 2009.

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FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

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

17 (2) The report may include:

18 (A) Trends in drug overdose death rates.

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

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

1 services utilization.

2 (D) Suggested improvements in data collection.

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

6 (b) Programs; drug overdose prevention.

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

1           The Director may also establish programs for  
2           prescribing, dispensing, or distributing naloxone  
3           hydrochloride or any other similarly acting and equally  
4           safe drug approved by the U.S. Food and Drug Administration  
5           for the treatment of drug overdose.

6           (2) The Director may provide advice to State and local  
7           officials on the growing drug overdose crisis, including  
8           the prevalence of drug overdose incidents, trends in drug  
9           overdose incidents, and solutions to the drug overdose  
10           crisis.

11           (c) Grants.

12           (1) The Director may award grants, in accordance with  
13           this subsection, to create or support local drug overdose  
14           prevention, recognition, and response projects. Local  
15           health departments, correctional institutions, and  
16           community-based organizations may apply to the Department  
17           for a grant under this subsection at the time and in the  
18           manner the Director prescribes.

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

24           (3) The Director shall give preference for grants to  
25           proposals that, in addition to providing life-saving  
26           interventions and responses, provide information to drug

1 users on how to access drug treatment or other strategies  
2 for abstaining from illegal drugs. The Director shall give  
3 preference to proposals that include one or more of the  
4 following elements:

5 (A) Policies and projects to encourage persons,  
6 including drug users, to call 9-1-1 when they witness a  
7 potentially fatal drug overdose.

8 (B) Drug overdose prevention, recognition, and  
9 response education projects in drug treatment centers,  
10 outreach programs, and other organizations that work  
11 with, or have access to, drug users and their families  
12 and communities.

13 (C) Drug overdose recognition and response  
14 training, including rescue breathing, in drug  
15 treatment centers and for other organizations that  
16 work with, or have access to, drug users and their  
17 families and communities.

18 (D) The production and distribution of targeted or  
19 mass media materials on drug overdose prevention and  
20 response.

21 (E) Prescription and distribution of naloxone  
22 hydrochloride or any other similarly acting and  
23 equally safe drug approved by the U.S. Food and Drug  
24 Administration for the treatment of drug overdose.

25 (F) The institution of education and training  
26 projects on drug overdose response and treatment for

1 emergency services and law enforcement personnel.

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

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

9 Section 10. The Good Samaritan Act is amended by adding  
10 Section 67.5 as follows:

11 (745 ILCS 49/67.5 new)

12 Sec. 67.5. Drug overdose responders; exemption for  
13 overdose response.

14 (a) Any person who is not otherwise licensed to administer  
15 an opioid antagonist may, if acting with reasonable care,  
16 administer without fee an opioid antagonist if the person  
17 believes in good faith that another person is experiencing a  
18 drug overdose. The person shall not, as a result of his or her  
19 acts or omissions, except willful and wanton misconduct on the  
20 part of the person in providing the aid, be (i) liable to a  
21 person to whom such aid is provided for civil damages or (ii)  
22 subject to criminal prosecution.

23 (b) A health care provider who, acting in good faith,  
24 prescribes, dispenses, or distributes an opioid antagonist to a

1 person who, in the judgment of the health care provider, is  
2 capable of administering the drug in an emergency shall not, as  
3 a result of his or her acts or omissions, except willful and  
4 wanton misconduct on the part of the health care provider in  
5 prescribing, dispensing, or distributing the opioid  
6 antagonist, be liable to a person to whom the aid is provided  
7 for civil damages or subject to criminal prosecution if the  
8 person to whom the opioid antagonist is prescribed, dispensed,  
9 or distributed:

10 (1) believes in good faith that another person is  
11 experiencing a drug overdose; and

12 (2) administers the opioid antagonist to that other  
13 person.

14 (c) For the purposes of this Section:

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

19 "Health care professional" means a physician licensed to  
20 practice medicine in all its branches, a physician assistant  
21 who has been delegated the provision of health services by his  
22 or her supervising physician, or an advanced practice  
23 registered nurse who has a written collaborative agreement with  
24 a collaborating physician that authorizes the provision of  
25 health services.

26 Section 99. Effective date. This Act takes effect January

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1 1, 2009.