

1 AN ACT concerning State government.

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 changing Section 5-23 as follows:

6 (20 ILCS 301/5-23)

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, including, but not limited to, a State
4 Police Officer, a law enforcement officer of a local
5 government agency, fire protection personnel, and a fire
6 fighter, who is not otherwise licensed to administer an
7 opioid antidote may in an emergency administer without fee
8 an opioid antidote if the person has received the same
9 information that patients receive, as specified under the
10 definition of patient information ~~specified~~ in paragraph
11 (4) of this subsection, or the person has received training
12 in the administration of opioid antidotes, and believes in
13 good faith that another person is experiencing a drug
14 overdose. The person shall not, as a result of his or her
15 acts or omissions, be liable for any violation of the
16 Medical Practice Act of 1987, the Physician Assistant
17 Practice Act of 1987, the Nurse Practice Act, the Pharmacy
18 Practice Act, or any other professional licensing statute,
19 or subject to any criminal prosecution arising from or
20 related to the unauthorized practice of medicine or the
21 possession of an opioid antidote.

22 (3) A health care professional prescribing an opioid
23 antidote to a patient shall ensure that the patient
24 receives the patient information specified in paragraph
25 (4) of this subsection. Patient information may be provided
26 by the health care professional or a community-based

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

21 (4) For the purposes of this subsection:

22 "Fire protection personnel" and "fire fighter" have
23 the meanings ascribed to those terms in Section 2 of the
24 Illinois Fire Protection Training Act.

25 "Law enforcement officer" and "local government
26 agency" have the meanings ascribed to those terms in

1 Section 2 of the Illinois Police Training Act.

2 "Opioid antidote" means naloxone hydrochloride or any
3 other similarly acting and equally safe drug approved by
4 the U.S. Food and Drug Administration for the treatment of
5 drug overdose.

6 "Health care professional" means a physician licensed
7 to practice medicine in all its branches, a physician
8 assistant who has been delegated the prescription or
9 dispensation of an opioid antidote by his or her
10 supervising physician, an advanced practice registered
11 nurse who has a written collaborative agreement with a
12 collaborating physician that authorizes the prescription
13 or dispensation of an opioid antidote, or an advanced
14 practice nurse who practices in a hospital or ambulatory
15 surgical treatment center and possesses appropriate
16 clinical privileges in accordance with the Nurse Practice
17 Act.

18 "Patient" includes a person who is not at risk of
19 opioid overdose but who, in the judgment of the physician,
20 may be in a position to assist another individual during an
21 overdose and who has received patient information as
22 required in paragraph (2) of this subsection on the
23 indications for and administration of an opioid antidote.

24 "Patient information" includes information provided to
25 the patient on drug overdose prevention and recognition;
26 how to perform rescue breathing and resuscitation; opioid

1 antidote dosage and administration; the importance of
2 calling 911; care for the overdose victim after
3 administration of the overdose antidote; and other issues
4 as necessary.

5 (Source: P.A. 96-361, eff. 1-1-10.)

6 Section 10. The State Police Act is amended by changing
7 Section 9 as follows:

8 (20 ILCS 2610/9) (from Ch. 121, par. 307.9)

9 Sec. 9. Appointment; qualifications.

10 (a) Except as otherwise provided in this Section, the
11 appointment of Department of State Police officers shall be
12 made from those applicants who have been certified by the Board
13 as being qualified for appointment. All persons so appointed
14 shall, at the time of their appointment, be not less than 21
15 years of age, or 20 years of age and have successfully
16 completed 2 years of law enforcement studies, including
17 training in the administration of opioid antidotes, as defined
18 in paragraph (4) of subsection (d) of Section 5-23 of the
19 Alcoholism and Other Drug Abuse and Dependency Act, for use in
20 prehospital emergency medical care, at an accredited college or
21 university. Any person appointed subsequent to successful
22 completion of 2 years of such law enforcement studies shall not
23 have power of arrest, nor shall he be permitted to carry
24 firearms, until he reaches 21 years of age. In addition, all

1 persons so certified for appointment shall be of sound mind and
2 body, be of good moral character, be citizens of the United
3 States, have no criminal records, possess such prerequisites of
4 training, education and experience as the Board may from time
5 to time prescribe, and shall be required to pass successfully
6 such mental and physical tests and examinations as may be
7 prescribed by the Board. Notwithstanding any Board rule to the
8 contrary, all persons who either: (i) have been honorably
9 discharged and who have been awarded a Southwest Asia Service
10 Medal, Kosovo Campaign Medal, Korean Defense Service Medal,
11 Afghanistan Campaign Medal, Iraq Campaign Medal, or Global War
12 on Terrorism Expeditionary Medal by the United States Armed
13 Forces or (ii) are active members of the Illinois National
14 Guard or a reserve component of the United States Armed Forces
15 and who have been awarded a Southwest Asia Service Medal,
16 Kosovo Campaign Medal, Korean Defense Service Medal,
17 Afghanistan Campaign Medal, Iraq Campaign Medal, or Global War
18 on Terrorism Expeditionary Medal as a result of honorable
19 service during deployment on active duty, are deemed to have
20 met the collegiate educational requirements. Preference shall
21 be given in such appointments to persons who have honorably
22 served in the military or naval services of the United States.
23 All appointees shall serve a probationary period of 12 months
24 from the date of appointment and during that period may be
25 discharged at the will of the Director. However, the Director
26 may in his or her sole discretion extend the probationary

1 period of an officer up to an additional 6 months when to do so
2 is deemed in the best interest of the Department.

3 (b) Notwithstanding the other provisions of this Act, after
4 July 1, 1977 and before July 1, 1980, the Director of State
5 Police may appoint and promote not more than 20 persons having
6 special qualifications as special agents as he deems necessary
7 to carry out the Department's objectives. Any such appointment
8 or promotion shall be ratified by the Board.

9 (c) During the 90 days following the effective date of this
10 amendatory Act of 1995, the Director of State Police may
11 appoint up to 25 persons as State Police officers. These
12 appointments shall be made in accordance with the requirements
13 of this subsection (c) and any additional criteria that may be
14 established by the Director, but are not subject to any other
15 requirements of this Act. The Director may specify the initial
16 rank for each person appointed under this subsection.

17 All appointments under this subsection (c) shall be made
18 from personnel certified by the Board. A person certified by
19 the Board and appointed by the Director under this subsection
20 must have been employed by the Illinois Commerce Commission on
21 November 30, 1994 in a job title subject to the Personnel Code
22 and in a position for which the person was eligible to earn
23 "eligible creditable service" as a "noncovered employee", as
24 those terms are defined in Article 14 of the Illinois Pension
25 Code.

26 Persons appointed under this subsection (c) shall

1 thereafter be subject to the same requirements and procedures
2 as other State police officers. A person appointed under this
3 subsection must serve a probationary period of 12 months from
4 the date of appointment, during which he or she may be
5 discharged at the will of the Director.

6 This subsection (c) does not affect or limit the Director's
7 authority to appoint other State Police officers under
8 subsection (a) of this Section.

9 (Source: P.A. 97-640, eff. 12-19-11; 98-54, eff. 1-1-14.)

10 Section 15. The Illinois Police Training Act is amended by
11 adding Section 10.17 as follows:

12 (50 ILCS 705/10.17 new)

13 Sec. 10.17. Training; opioid antidotes. The Illinois Law
14 Enforcement Training Standards Board shall conduct or approve a
15 training program in opioid antidotes, as defined in paragraph
16 (4) of subsection (d) of Section 5-23 of the Alcoholism and
17 Other Drug Abuse and Dependency Act, use for law enforcement
18 officers of local government agencies. The purpose of that
19 training shall be to equip law enforcement officers of local
20 government agencies to administer opioid antidotes for use in
21 prehospital emergency medical care.

22 Section 20. The Illinois Fire Protection Training Act is
23 amended by changing Section 8 as follows:

1 (50 ILCS 740/8) (from Ch. 85, par. 538)

2 Sec. 8. Rules and minimum standards for schools. The Office
3 shall adopt rules and minimum standards for such schools which
4 shall include but not be limited to the following:

5 a. Minimum courses of study, resources, facilities,
6 apparatus, equipment, reference material, established records
7 and procedures as determined by the Office.

8 b. Minimum requirements for instructors.

9 c. Minimum basic training requirements, which a trainee
10 must satisfactorily complete before being eligible for
11 permanent employment as a fire fighter in the fire department
12 of a participating local governmental agency. Those
13 requirements shall include, but are not limited to, training in
14 first aid (including cardiopulmonary resuscitation) and
15 training in the administration of opioid antidotes, as defined
16 in paragraph (4) of subsection (d) of Section 5-23 of the
17 Alcoholism and Other Drug Abuse and Dependency Act, for use in
18 prehospital emergency medical care.

19 (Source: P.A. 88-661, eff. 1-1-95.)

20 Section 99. Effective date. This Act takes effect upon
21 becoming law.