Rep. La Shawn K. Ford

Filed: 4/7/2025

AMENDMENT TO HOUSE BILL 2929

AMENDMENT NO. _____. Amend House Bill 2929, AS AMENDED, by replacing everything after the enacting clause with the following:

"Section 5. The Substance Use Disorder Act is amended by adding Section 5-26 as follows:

(20 ILCS 301/5-26 new)

Sec. 5-26. Harm reduction services.

(a) Legislative findings. The General Assembly finds the following:

(1) Illinois is experiencing a growing overdose crisis. According to the Centers for Disease Control and Prevention, over 4,000 Illinoisans died from overdoses between January 2021 and January 2022, a 12.6% increase from the previous year. Most of those preventable deaths involved opioids.

(2) A significant reason for the increase in deaths is a poisoned drug supply, with illicit fentanyl killing people using street-bought substances. With the increasing use of potent fentanyl in the illicit substance supply in Illinois, more lives will continue to be lost.

(3) Nearly all witnessed opioid overdoses are reversible with the provision of oxygen, naloxone, and other emergency care. However, many people use drugs alone or use them with people who do not have naloxone and are not trained in overdose response.

(4) Overdose prevention sites can save lives. Overdose prevention sites provide individuals with a safe, hygienic space to consume pre-obtained drugs and access to other harm reduction, treatment, recovery, and ancillary support services.

(5) The goals of overdose prevention sites are:

(A) Saving lives by quickly providing emergency care to persons experiencing an overdose.

(B) Reducing the spread of infectious diseases, such as HIV and hepatitis.

(C) Reducing public injection of substances and discarded syringes in surrounding areas.

(D) Linking those with substance use disorders to behavioral and physical health supports.

(b) Definitions. As used in this Section:

"Entity" means (i) any community-based organization that

provides educational, health, harm reduction, housing, or social services and (ii) any hospital, medical clinic or office, health center, community-based mental health center, or other similar entity that provides medical care.

"Harm reduction" refers to a philosophical framework and set of strategies designed to reduce harm and promote dignity and well-being among persons and communities who engage in substance use.

"Overdose prevention site" or "OPS" means a hygienic location where individuals may safely consume pre-obtained substances.

"Participant" means an individual who seeks to utilize, utilizes, or has utilized services provided at an overdose prevention site established in accordance with this Section.

(c) The Department shall establish a mechanism to collect research and data regarding overdose prevention sites and prepare a report for the General Assembly within 12 months after the effective date of this amendatory Act of the 104th General Assembly. The Department may identify collaborators across other Departments and State universities. The report shall contain information on:

(1) The current research on the effectiveness of an OPS as an overdose prevention strategy.

(2) OPS best practices for staffing, placement, and activities.

(3) The benefits and challenges of different OPS

models - structures and settings.

(d) The Department, in collaboration with people with lived experience, shall develop a pilot service, subject to available funding, aimed at saving the lives of people who use substances that shall include the establishment of at least one OPS. Pilot OPSs shall offer people, who are most likely to use drugs in public, unobserved, high-risk, and unsanitary locations, a safe space to use pre-obtained substances and connect to community supports or other existing treatment and recovery programs, harm reduction services, and health care.

(e) Pilot OPSs shall abide by the following principles:

(1) Nothing About Us Without Us: OPS programs and services shall be formulated with transparency, community involvement, and direct input by people who use substances.

(2) Equity: OPS staff and programs shall provide equal support, services, and resources to all participants and ensure accessibility to the greatest extent possible.

(3) Harm Reduction: OPS shall prioritize individual dignity and autonomy in decision-making while encouraging people to reduce high-risk behaviors.

(4) OPS shall affirm the humanity and dignity of people who use substances and shall be operated in a way that is safe, clean, inclusive, and welcoming to reduce stigma and build trust.

(5) OPS shall prioritize relationship-building and

trust among staff and participants in order to create safe spaces and provide increased opportunities to connect with additional services that promote health and well-being.

(f) Staffing.

(1) OPS staff, at a minimum, shall consist of trained peers with lived experience of substance use or overdose, along with other necessary professionals such as community health workers, behavioral health professionals, physicians, nurses, or medical personnel who have been trained in overdose responses.

(2) A majority of the OPS staff shall include peers.

(3) Staffing decisions must ensure that participants utilize the service, feel safe, and are connected to resources.

(4) The Department may not prohibit persons with criminal records from frontline, management, or executive positions within entities that operate an OPS.

(g) Location. A pilot OPS shall be established in a physical location that is not located within 250 feet of a school, child care center, or playground with high need determined by rates of overdoses and substance use and as a natural development or extension of existing harm reduction and outreach programming. Priority shall be given to communities that have the highest number of fatal and non-fatal overdoses as determined by public health data from the Department of Public Health. Pilot OPSs shall specifically

target high-risk and socially marginalized drug users and shall be located only in Chicago, a municipality with a population greater than 2,000,000, not to exceed 12 months from implementation.

(h) Pilot OPS features. Pilot OPSs shall at a minimum:

(1) provide a hygienic space where participants may consume their pre-obtained substances;

(2) maintain a supply of naloxone and oxygen on-site, together with the necessary equipment to administer naloxone and oxygen;

(3) monitor participants for potential overdose;

(4) employ staff trained to administer first aid to participants who are experiencing an overdose;

(5) provide sterile injection or other substance use supplies, collect used hypodermic needles and syringes, and provide secure hypodermic needle and syringe disposal services in compliance with the Overdose Prevention and Harm Reduction Act and any applicable rules adopted by the Department of Public Health;

(6) provide safer smoking and safer snorting kits;

(7) provide naloxone;

(8) encourage drug checking or the use of fentanyl test strips;

(9) provide education on safe consumption practices, the proper disposal of hypodermic needles and syringes, and overdose prevention;

(10) provide referrals to substance use disorder and mental health treatment, medication-assisted treatment or recovery, and other services which address social determinants of health which include Housing First programs;

(11) offer a quiet and comfortable space for participants to stay safely sheltered and supervised after consuming substances; and

(12) train staff members and volunteers to deliver services offered at the overdose prevention site, and maintain an adequate staff of health care professionals or other trained staff or volunteers. Trainings shall be conducted and partnered with established harm reduction professionals.

(i) Other OPS program design and implementation shall be informed by the target community and the report submitted to the General Assembly.

(j) The Department may approve an entity to operate a pilot program in one or more locations in Chicago, a municipality with a population greater than 2,000,000, upon satisfaction of the requirements set forth in this Section. The Department shall establish standards for program approval and training.

(k) Immunity provided. Notwithstanding the Illinois Controlled Substances Act, the Drug Paraphernalia Control Act, or any other provision of law to the contrary, the following

persons shall not be arrested, charged, or prosecuted for any criminal offense or violation of parole, mandatory supervised release, probation, or conditional discharge, or be subject to any civil or administrative penalty, including seizure or forfeiture of assets or real property or disciplinary action by a professional licensing board, or be denied any right or privilege solely for participation or involvement at an overdose prevention site approved by the Department under this Act:

(1) any individual who seeks to utilize, utilizes, or has utilized services provided at an overdose prevention site established in accordance with this Section;

(2) a staff member or administrator of an overdose prevention site, including a healthcare professional, manager, employee, or volunteer; and

(3) an individual who owns real property at which an overdose prevention site is located or operates.

Notwithstanding any other law, ordinance, or regulation, any entity approved as an OPS Harm Reduction Services provider may operate an overdose prevention site as authorized by the Department.

(l) The Department shall educate community stakeholders about overdose prevention sites and the evidence regarding the benefits of overdose prevention sites and shall involve local communities and public and private entities, including, but not limited to, public safety organizations, city and county

representatives, social service groups, school districts, faith communities, and businesses, in the development and implementation of the OPS. Such involvement shall include providing input on the OPS location and addressing how local law enforcement and other entities will respond to potential concerns raised by community members.

(m) Reporting. An entity operating an overdose prevention site in accordance with this Section shall, within the time frame specified by the Department, submit a report to the Department that shall include:

(1) the number of participants who have received or are receiving services at the overdose prevention site;

(2) aggregate information regarding the characteristics of those participants reported under paragraph (1);

(3) the number of hypodermic needles, syringes, and harm reduction supplies distributed for use on-site;

(4) the number of overdoses experienced and the number of overdoses reversed on-site;

(5) the number of participants directly and formally referred to other services, the types of services, the number of participants who successfully engage in those services, and, when possible, outcomes of substance use treatment and recovery services.

In compiling the report required under this subsection, an entity operating an overdose prevention site shall exclude all

personally identifiable information and adhere to all federal regulations concerning the confidentiality of substance use disorder patient records under Part 2, Subchapter A, Chapter 1, Title 42 of the Code of Federal Regulations as that Part existed on December 20, 2024.

(n) No later than 5 years after the beginning date of operation of the pilot OPS, the Department shall submit a report and recommendations to the General Assembly.

(o) This Section is inoperative 5 years after the implementation date of the pilot OPS.

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