

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 Substance Use Disorder Act is amended by
5 changing Section 15-10 and by adding Section 5-26 as follows:

6 (20 ILCS 301/5-26 new)

7 Sec. 5-26. Harm reduction services.

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

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

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

21 (3) Nearly all witnessed opioid overdoses are
22 reversible with the provision of oxygen, naloxone, and
23 other emergency care. However, many people use drugs alone

1 or use them with people who do not have naloxone and are
2 not trained in overdose response.

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

8 (5) The goals of overdose prevention sites are:

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

11 (B) Reducing the spread of infectious diseases,
12 such as AIDS and hepatitis.

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

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

17 (b) Definitions. As used in this Section:

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

22 "Overdose prevention sites" or "OPS" means hygienic
23 locations where individuals may safely consume pre-obtained
24 substances.

25 (c) Overdose prevention sites; licensure. The Department
26 shall develop a pilot program aimed at saving the lives of

1 people who use substances that shall include the establishment
2 of at least one overdose prevention site. The pilot overdose
3 prevention sites shall be exempt from the intervention
4 licensure requirements under Section 15-10 for harm reduction
5 services until the Department has adopted rules for harm
6 reduction services. Overdose prevention sites shall offer
7 people who are most likely to use drugs in public, unobserved,
8 high-risk, and unsanitary locations a safe space to use
9 pre-obtained substances and to connect with community supports
10 or other existing treatment and recovery programs, harm
11 reduction services, and health care.

12 (d) Pilot overdose prevention sites shall abide by the
13 following principles:

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

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

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

25 (4) OPS programs and services shall affirm the
26 humanity and dignity of people who use substances and

1 shall be operated in a way that is safe, clean, inclusive,
2 and welcoming to reduce stigma and build trust.

3 (5) OPS programs and services shall prioritize
4 relationship-building and trust among staff and
5 participants in order to create safe spaces and provide
6 increased opportunities to connect with additional
7 services that promote health and well-being.

8 (e) Staffing.

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

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

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

19 (4) The Department may not prohibit persons with
20 criminal records from frontline, management, or executive
21 positions within entities that operate an overdose
22 prevention site.

23 (f) Location. Pilot overdose prevention sites shall be
24 established in physical locations with high need determined by
25 rates of overdoses and substance use; and as a natural
26 development or extension of existing harm reduction and

1 outreach programming. Priority shall be given to communities
2 that have the highest number of fatal and non-fatal overdoses
3 as determined by public health data from the Department of
4 Public Health. Pilot overdose prevention sites shall
5 specifically target high-risk and socially marginalized drug
6 users in a municipality with a population greater than
7 2,000,000, not to exceed 12 months from implementation.

8 (g) Pilot OPS features. An overdose prevention site shall
9 at a minimum:

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

12 (2) administer first aid, if needed, and monitor
13 participants for potential overdose;

14 (3) provide sterile injection or other substance use
15 supplies, collect used hypodermic needles and syringes,
16 provide secure hypodermic needle and syringe disposal
17 services;

18 (4) provide access to naloxone or naloxone nasal
19 spray;

20 (5) ensure confidentiality of OPS participants by
21 using an anonymous unique identifier;

22 (6) provide education on safe consumption practices,
23 proper disposal of hypodermic needles and syringes, and
24 overdose prevention, including written information in, at
25 a minimum, the 4 most commonly spoken languages in the
26 State as determined by the Department;

1 (7) provide referrals to substance use disorder and
2 mental health treatment services, medication-assisted
3 treatment or recovery services, recovery support services,
4 medical services, job training and placement services, and
5 other services that address social determinants of health;

6 (8) provide wound kits;

7 (9) offer a space on-site for participants to stay
8 safely sheltered and supervised after consuming
9 substances; and

10 (10) provide adequate staffing by health care
11 professionals or other trained staff.

12 (h) Other OPS program designs and implementation shall be
13 informed by the target community.

14 (i) Each pilot overdose prevention site shall track and
15 compile information on the success rate of persons who are
16 referred to and receive additional treatment and recovery
17 support services after utilizing the services provided at the
18 overdose prevention site. To obtain such information, each
19 pilot overdose prevention site must monitor and collect the
20 following data:

21 (1) the number of persons who seek and receive
22 services at the overdose prevention site;

23 (2) the number of persons identified in paragraph (1)
24 who are referred to other substance use treatment and
25 recovery support services offered by another provider; and

26 (3) the number of persons identified in paragraph (2)

1 who receive and complete substance use treatment or a
2 program of recovery support services offered by another
3 provider.

4 Each pilot overdose prevention site shall compile the data
5 and information required under this subsection and submit an
6 annual report on its findings to the Department in a form and
7 manner and on a date prescribed by the Department. All
8 personally identifiable information shall be excluded from the
9 reports consistent with State and federal privacy protections.

10 (j) The Department may approve an entity to operate a
11 pilot program in one or more jurisdictions upon satisfaction
12 of the requirements set forth in this Section. The Department
13 shall establish standards for program approval and training.

14 (k) Notwithstanding the Illinois Controlled Substances
15 Act, the Drug Paraphernalia Control Act, or any other
16 provision of law to the contrary, the following persons shall
17 not be arrested, charged, or prosecuted for any criminal
18 offense or be subject to any civil or administrative penalty,
19 including seizure or forfeiture of assets or real property or
20 disciplinary action by a professional licensing board, or be
21 denied any right or privilege, solely for participation or
22 involvement in a program approved by the Department under this
23 Act:

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

- 1 (2) a staff member or administrator of an overdose
2 prevention site, including a healthcare professional,
3 manager, employee, or volunteer; and
4 (3) an individual who owns real property at which an
5 overdose prevention site is located or operates.

6 (20 ILCS 301/15-10)

7 Sec. 15-10. Licensure categories and services. No person,
8 entity, or program may provide the services or conduct the
9 activities described in this Section without first obtaining a
10 license therefor from the Department, unless otherwise
11 exempted under this Act. The Department shall, by rule,
12 provide requirements for each of the following types of
13 licenses and categories of service:

14 (a) Treatment: Categories of service authorized by a
15 treatment license are Early Intervention, Outpatient,
16 Intensive Outpatient/Partial Hospitalization, Subacute
17 Residential/Inpatient, and Withdrawal Management.
18 Medication assisted treatment that includes methadone used
19 for an opioid use disorder can be licensed as an adjunct to
20 any of the treatment levels of care specified in this
21 Section.

22 (b) Intervention: Categories of service authorized by
23 an intervention license are DUI Evaluation, DUI Risk
24 Education, Designated Program, Harm Reduction Services,
25 and Recovery Homes for persons in any stage of recovery

1 from a substance use disorder.

2 The Department may, under procedures established by rule
3 and upon a showing of good cause for such, exempt off-site
4 services from having to obtain a separate license for services
5 conducted away from the provider's licensed location.

6 (Source: P.A. 100-759, eff. 1-1-19.)