



## 103RD GENERAL ASSEMBLY

### State of Illinois

2023 and 2024

SB3350

Introduced 2/7/2024, by Sen. Laura Ellman

#### SYNOPSIS AS INTRODUCED:

20 ILCS 301/5-23  
410 ILCS 710/5

Amends the Substance Use Disorder Act. Provides that the Department of Human Services may establish or authorize a program for dispensing and distributing fentanyl test strips. Provides that the Department may acquire fentanyl test strips, train individuals in the use of fentanyl test strips, and distribute fentanyl test strips. Provides that the Department may award grants for the purchasing and distributing of fentanyl test strips. Requires every law enforcement agency and fire department that responds to emergency medical calls to possess fentanyl test strips and to distribute fentanyl test strips to the public at no charge. Permits law enforcement agencies and relevant fire departments to apply to the Department for grants to fund acquisition of fentanyl test strips and related training programs. Requires every health care facility to possess fentanyl test strips and to make available fentanyl test strips to the public. Amends the Overdose Prevention and Harm Reduction Act. Adds fentanyl test strips to the needle and hypodermic syringe access program.

LRB103 38262 CES 68397 b

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 Substance Use Disorder Act is amended by  
5 changing Section 5-23 as follows:

6 (20 ILCS 301/5-23)

7 Sec. 5-23. Drug Overdose Prevention Program.

8 (a) Reports.

9 (1) The Department may publish annually a report on  
10 drug overdose trends statewide that reviews State death  
11 rates from available data to ascertain changes in the  
12 causes or rates of fatal and nonfatal drug overdose. The  
13 report shall also provide information on interventions  
14 that would be effective in reducing the rate of fatal or  
15 nonfatal drug overdose and on the current substance use  
16 disorder treatment capacity within the State. The report  
17 shall include an analysis of drug overdose information  
18 reported to the Department of Public Health pursuant to  
19 subsection (e) of Section 3-3013 of the Counties Code,  
20 Section 6.14g of the Hospital Licensing Act, and  
21 subsection (j) of Section 22-30 of the School Code.

22 (2) The report may include:

23 (A) Trends in drug overdose death rates.

1 (B) Trends in emergency room utilization related  
2 to drug overdose and the cost impact of emergency room  
3 utilization.

4 (C) Trends in utilization of pre-hospital and  
5 emergency services and the cost impact of emergency  
6 services utilization.

7 (D) Suggested improvements in data collection.

8 (E) A description of other interventions effective  
9 in reducing the rate of fatal or nonfatal drug  
10 overdose.

11 (F) A description of efforts undertaken to educate  
12 the public about unused medication and about how to  
13 properly dispose of unused medication, including the  
14 number of registered collection receptacles in this  
15 State, mail-back programs, and drug take-back events.

16 (G) An inventory of the State's substance use  
17 disorder treatment capacity, including, but not  
18 limited to:

19 (i) The number and type of licensed treatment  
20 programs in each geographic area of the State.

21 (ii) The availability of medication-assisted  
22 treatment at each licensed program and which types  
23 of medication-assisted treatment are available.

24 (iii) The number of recovery homes that accept  
25 individuals using medication-assisted treatment in  
26 their recovery.

1 (iv) The number of medical professionals  
2 currently authorized to prescribe buprenorphine  
3 and the number of individuals who fill  
4 prescriptions for that medication at retail  
5 pharmacies as prescribed.

6 (v) Any partnerships between programs licensed  
7 by the Department and other providers of  
8 medication-assisted treatment.

9 (vi) Any challenges in providing  
10 medication-assisted treatment reported by programs  
11 licensed by the Department and any potential  
12 solutions.

13 (b) Programs; drug overdose prevention.

14 (1) The Department may establish a program to provide  
15 for the production and publication, in electronic and  
16 other formats, of drug overdose prevention, recognition,  
17 and response literature. The Department may develop and  
18 disseminate curricula for use by professionals,  
19 organizations, individuals, or committees interested in  
20 the prevention of fatal and nonfatal drug overdose,  
21 including, but not limited to, drug users, jail and prison  
22 personnel, jail and prison inmates, drug treatment  
23 professionals, emergency medical personnel, hospital  
24 staff, families and associates of drug users, peace  
25 officers, firefighters, public safety officers, needle  
26 exchange program staff, and other persons. In addition to

1 information regarding drug overdose prevention,  
2 recognition, and response, literature produced by the  
3 Department shall stress that drug use remains illegal and  
4 highly dangerous and that complete abstinence from illegal  
5 drug use is the healthiest choice. The literature shall  
6 provide information and resources for substance use  
7 disorder treatment.

8 The Department may establish or authorize programs for  
9 prescribing, dispensing, or distributing opioid  
10 antagonists for the treatment of drug overdose and for  
11 dispensing and distributing fentanyl test strips to  
12 further promote harm reduction efforts and prevent an  
13 overdose. Such programs may include the prescribing of  
14 opioid antagonists for the treatment of drug overdose to a  
15 person who is not at risk of opioid overdose but who, in  
16 the judgment of the health care professional, may be in a  
17 position to assist another individual during an  
18 opioid-related drug overdose and who has received basic  
19 instruction on how to administer an opioid antagonist.

20 (2) The Department may provide advice to State and  
21 local officials on the growing drug overdose crisis,  
22 including the prevalence of drug overdose incidents,  
23 programs promoting the disposal of unused prescription  
24 drugs, trends in drug overdose incidents, and solutions to  
25 the drug overdose crisis.

26 (3) The Department may support drug overdose

1 prevention, recognition, and response projects by  
2 facilitating the acquisition of opioid antagonist  
3 medication approved for opioid overdose reversal,  
4 facilitating the acquisition of opioid antagonist  
5 medication approved for opioid overdose reversal,  
6 providing trainings in overdose prevention best practices,  
7 facilitating the acquisition of fentanyl test strips to  
8 test for the presence of fentanyl, a fentanyl analog, or a  
9 drug adulterant within a controlled substance, connecting  
10 programs to medical resources, establishing a statewide  
11 standing order for the acquisition of needed medication,  
12 establishing learning collaboratives between localities  
13 and programs, and assisting programs in navigating any  
14 regulatory requirements for establishing or expanding such  
15 programs.

16 (4) In supporting best practices in drug overdose  
17 prevention programming, the Department may promote the  
18 following programmatic elements:

19 (A) Training individuals who currently use drugs  
20 in the administration of opioid antagonists approved  
21 for the reversal of an opioid overdose and in the use  
22 of fentanyl test strips to test for the presence of  
23 fentanyl, a fentanyl analog, or a drug adulterant  
24 within a controlled substance.

25 (B) Directly distributing opioid antagonists  
26 approved for the reversal of an opioid overdose rather

1 than providing prescriptions to be filled at a  
2 pharmacy.

3 (B-1) Directly distributing fentanyl test strips  
4 to test for the presence of fentanyl, a fentanyl  
5 analog, or a drug adulterant within a controlled  
6 substance.

7 (C) Conducting street and community outreach to  
8 work directly with individuals who are using drugs.

9 (D) Employing community health workers or peer  
10 recovery specialists who are familiar with the  
11 communities served and can provide culturally  
12 competent services.

13 (E) Collaborating with other community-based  
14 organizations, substance use disorder treatment  
15 centers, or other health care providers engaged in  
16 treating individuals who are using drugs.

17 (F) Providing linkages for individuals to obtain  
18 evidence-based substance use disorder treatment.

19 (G) Engaging individuals exiting jails or prisons  
20 who are at a high risk of overdose.

21 (H) Providing education and training to  
22 community-based organizations who work directly with  
23 individuals who are using drugs and those individuals'  
24 families and communities.

25 (I) Providing education and training on drug  
26 overdose prevention and response to emergency

1 personnel and law enforcement.

2 (J) Informing communities of the important role  
3 emergency personnel play in responding to accidental  
4 overdose.

5 (K) Producing and distributing targeted mass media  
6 materials on drug overdose prevention and response,  
7 the potential dangers of leaving unused prescription  
8 drugs in the home, and the proper methods for  
9 disposing of unused prescription drugs.

10 (c) Grants.

11 (1) The Department may award grants, in accordance  
12 with this subsection, to create or support local drug  
13 overdose prevention, recognition, and response projects.  
14 Local health departments, correctional institutions,  
15 hospitals, universities, community-based organizations,  
16 and faith-based organizations may apply to the Department  
17 for a grant under this subsection at the time and in the  
18 manner the Department prescribes. Eligible grant  
19 activities include, but are not limited to, purchasing and  
20 distributing opioid antagonists and fentanyl test strips,  
21 hiring peer recovery specialists or other community  
22 members to conduct community outreach, and hosting public  
23 health fairs or events to distribute opioid antagonists  
24 and fentanyl test strips, promote harm reduction  
25 activities, and provide linkages to community partners.

26 (2) In awarding grants, the Department shall consider



1 the overall rate of opioid overdose, the rate of increase  
2 in opioid overdose, and racial disparities in opioid  
3 overdose experienced by the communities to be served by  
4 grantees. The Department shall encourage all grant  
5 applicants to develop interventions that will be effective  
6 and viable in their local areas.

7 (3) (Blank).

8 (3.5) Any hospital licensed under the Hospital  
9 Licensing Act or organized under the University of  
10 Illinois Hospital Act shall be deemed to have met the  
11 standards and requirements set forth in this Section to  
12 enroll in the drug overdose prevention program upon  
13 completion of the enrollment process except that proof of  
14 a standing order and attestation of programmatic  
15 requirements shall be waived for enrollment purposes.  
16 Reporting mandated by enrollment shall be necessary to  
17 carry out or attain eligibility for associated resources  
18 under this Section for drug overdose prevention projects  
19 operated on the licensed premises of the hospital and  
20 operated by the hospital or its designated agent. The  
21 Department shall streamline hospital enrollment for drug  
22 overdose prevention programs by accepting such deemed  
23 status under this Section in order to reduce barriers to  
24 hospital participation in drug overdose prevention,  
25 recognition, or response projects.

26 (4) In addition to moneys appropriated by the General

1 Assembly, the Department may seek grants from private  
2 foundations, the federal government, and other sources to  
3 fund the grants under this Section and to fund an  
4 evaluation of the programs supported by the grants.

5 (d) Health care professional prescription of opioid  
6 antagonists.

7 (1) A health care professional who, acting in good  
8 faith, directly or by standing order, prescribes or  
9 dispenses an opioid antagonist to: (a) a patient who, in  
10 the judgment of the health care professional, is capable  
11 of administering the drug in an emergency, or (b) a person  
12 who is not at risk of opioid overdose but who, in the  
13 judgment of the health care professional, may be in a  
14 position to assist another individual during an  
15 opioid-related drug overdose and who has received basic  
16 instruction on how to administer an opioid antagonist  
17 shall not, as a result of his or her acts or omissions, be  
18 subject to: (i) any disciplinary or other adverse action  
19 under the Medical Practice Act of 1987, the Physician  
20 Assistant Practice Act of 1987, the Nurse Practice Act,  
21 the Pharmacy Practice Act, or any other professional  
22 licensing statute or (ii) any criminal liability, except  
23 for willful and wanton misconduct.

24 (1.5) Notwithstanding any provision of or requirement  
25 otherwise imposed by the Pharmacy Practice Act, the  
26 Medical Practice Act of 1987, or any other law or rule,

1 including, but not limited to, any requirement related to  
2 labeling, storage, or recordkeeping, a health care  
3 professional or other person acting under the direction of  
4 a health care professional may, directly or by standing  
5 order, obtain, store, and dispense an opioid antagonist to  
6 a patient in a facility that includes, but is not limited  
7 to, a hospital, a hospital affiliate, or a federally  
8 qualified health center if the patient information  
9 specified in paragraph (4) of this subsection is provided  
10 to the patient. A person acting in accordance with this  
11 paragraph shall not, as a result of his or her acts or  
12 omissions, be subject to: (i) any disciplinary or other  
13 adverse action under the Medical Practice Act of 1987, the  
14 Physician Assistant Practice Act of 1987, the Nurse  
15 Practice Act, the Pharmacy Practice Act, or any other  
16 professional licensing statute; or (ii) any criminal  
17 liability, except for willful and wanton misconduct.

18 (2) A person who is not otherwise licensed to  
19 administer an opioid antagonist may in an emergency  
20 administer without fee an opioid antagonist if the person  
21 has received the patient information specified in  
22 paragraph (4) of this subsection and believes in good  
23 faith that another person is experiencing a drug overdose.  
24 The person shall not, as a result of his or her acts or  
25 omissions, be (i) liable for any violation of the Medical  
26 Practice Act of 1987, the Physician Assistant Practice Act

1 of 1987, the Nurse Practice Act, the Pharmacy Practice  
2 Act, or any other professional licensing statute, or (ii)  
3 subject to any criminal prosecution or civil liability,  
4 except for willful and wanton misconduct.

5 (3) A health care professional prescribing an opioid  
6 antagonist to a patient shall ensure that the patient  
7 receives the patient information specified in paragraph  
8 (4) of this subsection. Patient information may be  
9 provided by the health care professional or a  
10 community-based organization, substance use disorder  
11 program, or other organization with which the health care  
12 professional establishes a written agreement that includes  
13 a description of how the organization will provide patient  
14 information, how employees or volunteers providing  
15 information will be trained, and standards for documenting  
16 the provision of patient information to patients.  
17 Provision of patient information shall be documented in  
18 the patient's medical record or through similar means as  
19 determined by agreement between the health care  
20 professional and the organization. The Department, in  
21 consultation with statewide organizations representing  
22 physicians, pharmacists, advanced practice registered  
23 nurses, physician assistants, substance use disorder  
24 programs, and other interested groups, shall develop and  
25 disseminate to health care professionals, community-based  
26 organizations, substance use disorder programs, and other

1 organizations training materials in video, electronic, or  
2 other formats to facilitate the provision of such patient  
3 information.

4 (4) For the purposes of this subsection:

5 "Opioid antagonist" means a drug that binds to opioid  
6 receptors and blocks or inhibits the effect of opioids  
7 acting on those receptors, including, but not limited to,  
8 naloxone hydrochloride or any other similarly acting drug  
9 approved by the U.S. Food and Drug Administration.

10 "Health care professional" means a physician licensed  
11 to practice medicine in all its branches, a licensed  
12 physician assistant with prescriptive authority, a  
13 licensed advanced practice registered nurse with  
14 prescriptive authority, an advanced practice registered  
15 nurse or physician assistant who practices in a hospital,  
16 hospital affiliate, or ambulatory surgical treatment  
17 center and possesses appropriate clinical privileges in  
18 accordance with the Nurse Practice Act, or a pharmacist  
19 licensed to practice pharmacy under the Pharmacy Practice  
20 Act.

21 "Patient" includes a person who is not at risk of  
22 opioid overdose but who, in the judgment of the physician,  
23 advanced practice registered nurse, or physician  
24 assistant, may be in a position to assist another  
25 individual during an overdose and who has received patient  
26 information as required in paragraph (2) of this

1 subsection on the indications for and administration of an  
2 opioid antagonist.

3 "Patient information" includes information provided to  
4 the patient on drug overdose prevention and recognition;  
5 how to perform rescue breathing and resuscitation; opioid  
6 antagonist dosage and administration; the importance of  
7 calling 911; care for the overdose victim after  
8 administration of the overdose antagonist; and other  
9 issues as necessary.

10 (e) Drug overdose response policy.

11 (1) Every State and local government agency that  
12 employs a law enforcement officer or fireman as those  
13 terms are defined in the Line of Duty Compensation Act  
14 must possess opioid antagonists and must establish a  
15 policy to control the acquisition, storage,  
16 transportation, and administration of such opioid  
17 antagonists and to provide training in the administration  
18 of opioid antagonists. A State or local government agency  
19 that employs a fireman as defined in the Line of Duty  
20 Compensation Act but does not respond to emergency medical  
21 calls or provide medical services shall be exempt from  
22 this subsection.

23 (1-1) Every State and local government agency that  
24 employs a law enforcement officer or fireman as those  
25 terms are defined in the Line of Duty Compensation Act  
26 must possess fentanyl test strips and must establish a

1 policy to make available and distribute such fentanyl test  
2 strips to the general public, at no charge, at specified  
3 precinct and fire station locations. A State or local  
4 government agency that employs a fireman as defined in the  
5 Line of Duty Compensation Act but does not respond to  
6 emergency medical calls or provide medical services shall  
7 be exempt from this subsection.

8 (2) Every publicly or privately owned ambulance,  
9 special emergency medical services vehicle, non-transport  
10 vehicle, or ambulance assist vehicle, as described in the  
11 Emergency Medical Services (EMS) Systems Act, that  
12 responds to requests for emergency services or transports  
13 patients between hospitals in emergency situations must  
14 possess opioid antagonists.

15 (3) Entities that are required under paragraphs (1),  
16 (1-1), and (2) to possess opioid antagonists and fentanyl  
17 test strips may also apply to the Department for a grant to  
18 fund the acquisition of opioid antagonists and training  
19 programs on the administration of opioid antagonists and  
20 use of fentanyl test strips.

21 (4) Every publicly or privately owned health care  
22 facility must possess fentanyl test strips and must make  
23 such fentanyl testing strips available to the general  
24 public at any health care facility that is open to the  
25 general public for medical services.

26 (5) As used in paragraph (4), "health care facility"

1       means and includes the following facilities,  
2       organizations, and related persons:

3               (i) an institution, place, building, or agency  
4               required to be licensed under the Hospital Licensing  
5               Act;

6               (ii) an ambulatory surgical treatment center  
7               required to be licensed under the Ambulatory Surgical  
8               Treatment Center Act; and

9               (iii) facilities licensed under the Specialized  
10              Mental Health Rehabilitation Act of 2013.

11       (Source: P.A. 101-356, eff. 8-9-19; 102-598, eff. 1-1-22.)

12              Section 10. The Overdose Prevention and Harm Reduction Act  
13       is amended by changing Section 5 as follows:

14              (410 ILCS 710/5)

15              Sec. 5. Needle and hypodermic syringe access program.

16              (a) Any governmental or nongovernmental organization,  
17       including a local health department, community-based  
18       organization, or a person or entity, that promotes  
19       scientifically proven ways of mitigating health risks  
20       associated with drug use and other high-risk behaviors may  
21       establish and operate a needle and hypodermic syringe access  
22       program. The objective of the program shall be accomplishing  
23       all of the following:

24              (1) reducing the spread of HIV, AIDS, viral hepatitis,



1 and other bloodborne diseases;

2 (2) reducing the potential for needle stick injuries  
3 from discarded contaminated equipment; and

4 (3) facilitating connections or linkages to  
5 evidence-based treatment.

6 (b) Programs established under this Act shall provide all  
7 of the following:

8 (1) Disposal of used needles and hypodermic syringes.

9 (2) Needles, hypodermic syringes, and other safer drug  
10 consumption supplies, at no cost and in quantities  
11 sufficient to ensure that needles, hypodermic syringes, or  
12 other supplies are not shared or reused.

13 (3) Educational materials or training on:

14 (A) overdose prevention and intervention; and

15 (B) the prevention of HIV, AIDS, viral hepatitis,  
16 and other common bloodborne diseases resulting from  
17 shared drug consumption equipment and supplies.

18 (4) Access to opioid antagonists approved for the  
19 reversal of an opioid overdose, or referrals to programs  
20 that provide access to opioid antagonists approved for the  
21 reversal of an opioid overdose.

22 (5) Linkages to needed services, including mental  
23 health treatment, housing programs, substance use disorder  
24 treatment, and other relevant community services.

25 (6) Individual consultations from a trained employee  
26 tailored to individual needs.

1           (7) If feasible, a hygienic, separate space for  
2 individuals who need to administer a prescribed injectable  
3 medication that can also be used as a quiet space to gather  
4 composure in the event of an adverse on-site incident,  
5 such as a nonfatal overdose.

6           (8) If feasible, access to on-site drug adulterant  
7 testing supplies.

8           (9) Access to fentanyl test strips to test for the  
9 presence of fentanyl, a fentanyl analog, or a drug  
10 adulterant within a controlled substance.

11           (c) Notwithstanding any provision of the Illinois  
12 Controlled Substances Act, the Drug Paraphernalia Control Act,  
13 or any other law, no employee or volunteer of or participant in  
14 a program established under this Act shall be charged with or  
15 prosecuted for possession of any of the following:

16           (1) Needles, hypodermic syringes, or other drug  
17 consumption paraphernalia obtained from or returned,  
18 directly or indirectly, to a program established under  
19 this Act.

20           (2) Residual amounts of a controlled substance  
21 contained in used needles, used hypodermic syringes, or  
22 other used drug consumption paraphernalia obtained from or  
23 returned, directly or indirectly, to a program established  
24 under this Act.

25           (3) Drug adulterant testing supplies obtained from or  
26 returned, directly or indirectly, to a program established

1 under this Act or a pharmacy, hospital, clinic, or other  
2 health care facility or medical office dispensing drug  
3 adulterant testing supplies in accordance with Section 10.  
4 This paragraph also applies to any employee or customer of  
5 a pharmacy, hospital, clinic, or other health care  
6 facility or medical office dispensing drug adulterant  
7 testing supplies in accordance with Section 10.

8 (4) Any residual amounts of controlled substances used  
9 in the course of testing the controlled substance to  
10 determine the chemical composition and potential threat of  
11 the substances obtained for consumption that are obtained  
12 from or returned, directly or indirectly, to a program  
13 established under this Act. This paragraph also applies to  
14 any person using drug adulterant testing supplies procured  
15 in accordance with Section 10 of this Act.

16 In addition to any other applicable immunity or limitation  
17 on civil liability, a law enforcement officer who, acting on  
18 good faith, arrests or charges a person who is thereafter  
19 determined to be entitled to immunity from prosecution under  
20 this subsection (c) shall not be subject to civil liability  
21 for the arrest or filing of charges.

22 (d) Prior to the commencing of operations of a program  
23 established under this Act, the governmental or  
24 nongovernmental organization shall submit to the Illinois  
25 Department of Public Health all of the following information:

26 (1) the name of the organization, agency, group,

1 person, or entity operating the program;

2 (2) the areas and populations to be served by the  
3 program; and

4 (3) the methods by which the program will meet the  
5 requirements of subsection (b) of this Section.

6 The Department of Public Health may adopt rules to  
7 implement this subsection.

8 (Source: P.A. 101-356, eff. 8-9-19; 102-1039, eff. 6-2-22.)