



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB2185

Introduced 2/7/2025, by Sen. Rachel Ventura

SYNOPSIS AS INTRODUCED:

730 ILCS 5/3-6-2.1 new

Amends the Unified Code of Corrections. Provides within 24 hours of admission to a correctional institution or facility of the Department of Corrections, each committed person shall be screened for substance use disorders as part of an initial and ongoing substance use screening and assessment process. Provides that this process includes screening and assessment for opioid use disorders. Provides that if at any time a committed person screens positive as having or being at risk for an opioid use disorder, is diagnosed with an opioid use disorder or is exhibiting symptoms of withdrawal from an opioid use disorder, and medication assisted treatment is clinically indicated by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner, then the individual may consent to commence medications for opioid use disorder, which shall be provided by the Department. Provides that the committed person shall be authorized to receive the medication immediately and for as long as clinically indicated. Provides that upon reentry, the Department shall provide an individual participating in medication assisted treatment with a referral to a community-based provider who may assist the individual with continued medications for opioid use disorder and medication assisted treatment care.

LRB104 10818 RLC 20899 b

1 AN ACT concerning criminal law.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Unified Code of Corrections is amended by
5 adding Section 3-6-2.1 as follows:

6 (730 ILCS 5/3-6-2.1 new)

7 Sec. 3-6-2.1. Medication for opioid use disorder.

8 (a) In this Section:

9 "Clinically indicated" means a medical procedure or
10 treatment is based upon the treatment provider's medical
11 judgment in accordance with the current generally accepted
12 standards of care.

13 "Medication assisted treatment" means the use of U.S.
14 Federal Drug Administration-approved medications, in
15 combination with counseling and behavioral therapies, to
16 provide a whole patient approach to the treatment of substance
17 use disorders.

18 "Medications for opioid use disorder" means the use of
19 U.S. Federal Drug Administration-approved medications to treat
20 substance use disorders.

21 (b) Within 24 hours of admission to a correctional
22 institution or facility, each committed person shall be
23 screened for substance use disorders as part of an initial and

1 ongoing substance use screening and assessment process. This
2 process includes screening and assessment for opioid use
3 disorders.

4 (c) A committed person who is admitted to a correctional
5 institution or facility while under the medical care of a
6 licensed physician, a licensed physician assistant, or a
7 licensed nurse practitioner and who is taking medication at
8 the time of admission pursuant to a valid prescription as
9 verified by the individual's pharmacy of record, primary care
10 provider, other licensed care provider, or a prescription
11 monitoring or information system, shall have that medication
12 continued and provided by the Department pending an evaluation
13 by a licensed physician, a licensed physician assistant, or a
14 licensed nurse practitioner and subject to the treatment
15 provider's medical judgment. The Department may defer
16 provision of a validly prescribed medication in accordance
17 with this subsection if, in the judgment of a licensed
18 physician, a licensed physician assistant, or a licensed nurse
19 practitioner, continuation of the medication is no longer
20 clinically indicated.

21 A committed person who is admitted to a correctional
22 institution or facility while under the medical care of a
23 licensed physician, a licensed physician assistant, or a
24 licensed nurse practitioner and who is taking medication for
25 an opioid use disorder or participating in medication assisted
26 treatment at the time of admission pursuant to a valid

1 prescription as verified by the individual's pharmacy of
2 record, primary care provider, other licensed care provider,
3 or a prescription monitoring or information system, shall have
4 the committed person's medication continued and provided by
5 the Department pending an evaluation by a licensed physician,
6 a licensed physician assistant, or a licensed nurse
7 practitioner and subject to the treatment provider's medical
8 judgment. The Department may defer provision of a validly
9 prescribed medication in accordance with this subsection if,
10 in the judgment of a licensed physician, a licensed physician
11 assistant, or a licensed nurse practitioner, continuation of
12 the medication is no longer clinically indicated. An
13 individual participating in a medication assisted treatment
14 program may have counseling and behavioral therapies continued
15 to the extent possible.

16 If at any time a committed person screens positive as
17 having or being at risk for an opioid use disorder, is
18 diagnosed with an opioid use disorder or is exhibiting
19 symptoms of withdrawal from an opioid use disorder, and
20 medication assisted treatment is clinically indicated by a
21 licensed physician, a licensed physician assistant, or a
22 licensed nurse practitioner, then the individual may consent
23 to commence medications for opioid use disorder, which shall
24 be provided by the Department. The committed person shall be
25 authorized to receive the medication immediately and for as
26 long as clinically indicated.

1 (d) The licensed practitioner who makes the clinical
2 judgment to discontinue the use of medication shall enter the
3 reason for the discontinuance to be entered into the committed
4 person's medical record, specifically stating the reason for
5 discontinuance. The individual shall be provided, both orally
6 and in writing, with a specific explanation of the decision to
7 discontinue the medication.

8 (e) As part of the reentry planning, the Department shall
9 commence medications for opioid use disorder prior to an
10 individual's release if:

11 (1) the individual screens positive as having an
12 opioid use disorder, being at risk for an opioid use
13 disorder, or exhibiting symptoms of withdrawal from an
14 opioid use disorder;

15 (2) medication assisted treatment is clinically
16 indicated by a licensed physician, a licensed physician
17 assistant, or a licensed nurse practitioner; and

18 (3) The individual consents to commence medications
19 for opioid use disorder.

20 Upon reentry, the Department shall provide an individual
21 participating in medication assisted treatment with a referral
22 to a community-based provider who may assist the individual
23 with continued medications for opioid use disorder and
24 medication assisted treatment care.