



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB1451

Introduced 1/28/2025, by Rep. Daniel Didech

SYNOPSIS AS INTRODUCED:

See Index

Amends the Substance Use Disorder Act. In provisions requiring the Department of Human Services to establish a public education program regarding gambling disorders, requires the program to (i) promote public awareness to create a gambling informed State regarding the impact of gambling disorders on individuals, families, and communities and the stigma that surrounds gambling disorders and (ii) use screening, crisis intervention, treatment, public awareness, prevention, in-service training, and other innovative means to decrease the incidents of suicide attempts related to a gambling disorder or gambling issues. Requires the Department to determine a statement regarding obtaining assistance with a gambling disorder, which each licensed gambling establishment owner shall post and each master sports wagering licensee shall include on the master sports wagering licensee's portal, Internet website, or computer or mobile application. Permits the Department: to provide advice to State and local officials on gambling disorders; to support gambling disorder prevention, recognition, treatment, and recovery projects; to collaborate with other community-based organizations, substance use disorder treatment centers, or other health care providers engaged in treating individuals who are experiencing gambling disorder; and to perform other actions. Permits the Department to award grants to create or support local gambling prevention, recognition, and response projects. Makes other changes.

LRB104 08054 KTG 18100 b

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 Sections 1-5, 1-10, 5-5, 5-10, 5-20, 10-10, 10-15,
6 15-5, 15-10, 20-5, 25-5, 25-10, 30-5, 35-5, 35-10, 50-40,
7 55-30, and 55-40 as follows:

8 (20 ILCS 301/1-5)

9 Sec. 1-5. Legislative declaration. Substance use and
10 gambling disorders, as defined in this Act, constitute a
11 serious public health problem. The effects on public safety
12 and the criminal justice system cause serious social and
13 economic losses, as well as great human suffering. It is
14 imperative that a comprehensive and coordinated strategy be
15 developed under the leadership of a State agency. This
16 strategy should be implemented through the facilities of
17 federal and local government and community-based agencies
18 (which may be public or private, volunteer or professional).
19 Through local prevention, early intervention, treatment, and
20 other recovery support services, this strategy should empower
21 those struggling with these ~~substance use~~ disorders (and, when
22 appropriate, the families of those persons) to lead healthy
23 lives.

1 The human, social, and economic benefits of preventing
2 these ~~substance use~~ disorders are great, and it is imperative
3 that there be interagency cooperation in the planning and
4 delivery of prevention, early intervention, treatment, and
5 other recovery support services in Illinois.

6 The provisions of this Act shall be liberally construed to
7 enable the Department to carry out these objectives and
8 purposes.

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

10 (20 ILCS 301/1-10)

11 Sec. 1-10. Definitions. As used in this Act, unless the
12 context clearly indicates otherwise, the following words and
13 terms have the following meanings:

14 "Case management" means a coordinated approach to the
15 delivery of health and medical treatment, substance use
16 disorder treatment, gambling disorder treatment, mental health
17 treatment, and social services, linking patients with
18 appropriate services to address specific needs and achieve
19 stated goals. In general, case management assists patients
20 with other disorders and conditions that require multiple
21 services over extended periods of time and who face difficulty
22 in gaining access to those services.

23 "Crime of violence" means any of the following crimes:
24 murder, voluntary manslaughter, criminal sexual assault,
25 aggravated criminal sexual assault, predatory criminal sexual

1 assault of a child, armed robbery, robbery, arson, kidnapping,
2 aggravated battery, aggravated arson, or any other felony that
3 involves the use or threat of physical force or violence
4 against another individual.

5 "Department" means the Department of Human Services.

6 "DUI" means driving under the influence of alcohol or
7 other drugs.

8 "Designated program" means a category of service
9 authorized by an intervention license issued by the Department
10 for delivery of all services as described in Article 40 in this
11 Act.

12 "Early intervention" means services, authorized by a
13 treatment license, that are sub-clinical and pre-diagnostic
14 and that are designed to screen, identify, and address risk
15 factors that may be related to problems associated with a
16 substance use or gambling disorder ~~substance use disorders~~ and
17 to assist individuals in recognizing harmful consequences.
18 Early intervention services facilitate emotional and social
19 stability and involve ~~involves~~ referrals for treatment, as
20 needed.

21 "Facility" means the building or premises are used for the
22 provision of licensable services, including support services,
23 as set forth by rule.

24 ~~"Gambling disorder" means persistent and recurring~~
25 ~~maladaptive gambling behavior that disrupts personal, family,~~
26 ~~or vocational pursuits.~~

1 "Gambling" means the risking of money or other items of
2 value in games of chance, including video gaming, sports
3 betting, and other games of chance.

4 "Gaming" means the action or practice of playing video
5 games.

6 "Holds itself out" means any activity that would lead one
7 to reasonably conclude that the individual or entity provides
8 or intends to provide licensable substance-related disorder
9 intervention or treatment services. Such activities include,
10 but are not limited to, advertisements, notices, statements,
11 or contractual arrangements with managed care organizations,
12 private health insurance, or employee assistance programs to
13 provide services that require a license as specified in
14 Article 15.

15 "Informed consent" means legally valid written consent,
16 given by a client, patient, or legal guardian, that authorizes
17 intervention or treatment services from a licensed
18 organization and that documents agreement to participate in
19 those services and knowledge of the consequences of withdrawal
20 from such services. Informed consent also acknowledges the
21 client's or patient's right to a conflict-free choice of
22 services from any licensed organization and the potential
23 risks and benefits of selected services.

24 "Intoxicated person" means a person whose mental or
25 physical functioning is substantially impaired as a result of
26 the current effects of alcohol or other drugs within the body.

1 "Medication assisted treatment" means the prescription of
2 medications that are approved by the U.S. Food and Drug
3 Administration and the Center for Substance Abuse Treatment to
4 assist with treatment for a substance use disorder and to
5 support recovery for individuals receiving services in a
6 facility licensed by the Department. Medication assisted
7 treatment includes opioid treatment services as authorized by
8 a Department license.

9 "Off-site services" means licensable services are
10 conducted at a location separate from the licensed location of
11 the provider, and services are operated by an entity licensed
12 under this Act and approved in advance by the Department.

13 "Person" means any individual, firm, group, association,
14 partnership, corporation, trust, government or governmental
15 subdivision or agency.

16 "Prevention" means an interactive process of individuals,
17 families, schools, religious organizations, communities and
18 regional, state and national organizations whose goals are to
19 reduce the prevalence of substance use or gambling disorders,
20 prevent the use of illegal drugs and the abuse of legal drugs
21 by persons of all ages, prevent the use of alcohol by minors,
22 reduce the severity of harm in gambling by persons of all ages,
23 build the capacities of individuals and systems, and promote
24 healthy environments, lifestyles, and behaviors.

25 "Recovery" means a process of change through which
26 individuals improve their health and wellness, live a

1 self-directed life, and reach their full potential.

2 "Recovery support" means services designed to support
3 individual recovery from a substance use or gambling disorder
4 that may be delivered pre-treatment, during treatment, or post
5 treatment. These services may be delivered in a wide variety
6 of settings for the purpose of supporting the individual in
7 meeting his or her recovery support goals.

8 "Secretary" means the Secretary of the Department of Human
9 Services or his or her designee.

10 "Substance use disorder" means a spectrum of persistent
11 and recurring problematic behavior that encompasses 10
12 separate classes of drugs: alcohol; caffeine; cannabis;
13 hallucinogens; inhalants; opioids; sedatives, hypnotics and
14 anxiolytics; stimulants; and tobacco; and other unknown
15 substances leading to clinically significant impairment or
16 distress.

17 "Treatment" means the broad range of emergency,
18 outpatient, and residential care (including assessment,
19 diagnosis, case management, treatment, and recovery support
20 planning) ~~may be extended to individuals with substance use~~
21 ~~disorders~~ or to the families of those persons.

22 "Withdrawal management" means services designed to manage
23 intoxication or withdrawal episodes (previously referred to as
24 detoxification), interrupt the momentum of habitual,
25 compulsive substance use and begin the initial engagement in
26 medically necessary substance use disorder treatment.

1 Withdrawal management allows patients to safely withdraw from
2 substances in a controlled medically-structured environment.

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

4 (20 ILCS 301/5-5)

5 Sec. 5-5. Successor department; home rule.

6 (a) The Department of Human Services, as successor to the
7 Department of Alcoholism and Substance Abuse, shall assume the
8 various rights, powers, duties, and functions provided for in
9 this Act.

10 (b) It is declared to be the public policy of this State,
11 pursuant to paragraphs (h) and (i) of Section 6 of Article VII
12 of the Illinois Constitution of 1970, that the powers and
13 functions set forth in this Act and expressly delegated to the
14 Department are exclusive State powers and functions. Nothing
15 herein prohibits the exercise of any power or the performance
16 of any function, including the power to regulate, for the
17 protection of the public health, safety, morals and welfare,
18 by any unit of local government, other than the powers and
19 functions set forth in this Act and expressly delegated to the
20 Department to be exclusive State powers and functions.

21 (c) The Department shall, through accountable and
22 efficient leadership, example and commitment to excellence,
23 strive to reduce the incidence of substance use or gambling
24 disorders by:

25 (1) Fostering public understanding of substance use

1 disorders and how they affect individuals, families, and
2 communities.

3 (2) Promoting healthy lifestyles.

4 (3) Promoting understanding and support for sound
5 public policies.

6 (4) Ensuring quality prevention, early intervention,
7 treatment, and other recovery support services that are
8 accessible and responsive to the diverse needs of
9 individuals, families, and communities.

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

11 (20 ILCS 301/5-10)

12 Sec. 5-10. Functions of the Department.

13 (a) In addition to the powers, duties and functions vested
14 in the Department by this Act, or by other laws of this State,
15 the Department shall carry out the following activities:

16 (1) Design, coordinate and fund comprehensive
17 community-based and culturally and gender-appropriate
18 services throughout the State. These services must include
19 prevention, early intervention, treatment, and other
20 recovery support services ~~for substance use disorders~~ that
21 are accessible and address the needs of at-risk
22 individuals and their families.

23 (2) Act as the exclusive State agency to accept,
24 receive and expend, pursuant to appropriation, any public
25 or private monies, grants or services, including those

1 received from the federal government or from other State
2 agencies, for the purpose of providing prevention, early
3 intervention, treatment, and other recovery support
4 services for substance use or gambling disorders.

5 (2.5) In partnership with the Department of Healthcare
6 and Family Services, act as one of the principal State
7 agencies for the sole purpose of calculating the
8 maintenance of effort requirement under Section 1930 of
9 Title XIX, Part B, Subpart II of the Public Health Service
10 Act (42 U.S.C. 300x-30) and the Interim Final Rule (45 CFR
11 96.134).

12 (3) Coordinate a statewide strategy for the
13 prevention, early intervention, treatment, and recovery
14 support of substance use or gambling disorders. This
15 strategy shall include the development of a comprehensive
16 plan, submitted annually with the application for federal
17 substance use disorder block grant funding, for the
18 provision of an array of such services. The plan shall be
19 based on local community-based needs and upon data
20 including, but not limited to, that which defines the
21 prevalence of and costs associated with these ~~substance~~
22 ~~use~~ disorders. This comprehensive plan shall include
23 identification of problems, needs, priorities, services
24 and other pertinent information, including the needs of
25 marginalized communities ~~minorities~~ and other specific
26 priority populations in the State, and shall describe how

1 the identified problems and needs will be addressed. For
2 purposes of this paragraph, the term "marginalized
3 communities ~~minorities~~ and other specific priority
4 populations" may include, but shall not be limited to,
5 groups such as women, children, persons who use
6 intravenous drugs ~~intravenous drug users~~, persons with
7 AIDS or who are HIV infected, veterans, ~~African Americans,~~
8 ~~Puerto Ricans, Hispanics, Asian Americans,~~ the elderly,
9 persons in the criminal justice system, persons who are
10 clients of services provided by other State agencies,
11 persons with disabilities and such other specific
12 populations as the Department may from time to time
13 identify. In developing the plan, the Department shall
14 seek input from providers, parent groups, associations and
15 interested citizens.

16 The plan developed under this Section shall include an
17 explanation of the rationale to be used in ensuring that
18 funding shall be based upon local community needs,
19 including, but not limited to, the incidence and
20 prevalence of, and costs associated with, these substance
21 ~~use~~ disorders, as well as upon demonstrated program
22 performance.

23 The plan developed under this Section shall also
24 contain a report detailing the activities of and progress
25 made through services for the care and treatment of these
26 ~~substance use~~ disorders among pregnant women and mothers

1 and their children established under subsection (j) of
2 Section 35-5.

3 As applicable, the plan developed under this Section
4 shall also include information about funding by other
5 State agencies for prevention, early intervention,
6 treatment, and other recovery support services.

7 (4) Lead, foster and develop cooperation, coordination
8 and agreements among federal and State governmental
9 agencies and local providers that provide assistance,
10 services, funding or other functions, peripheral or
11 direct, in the prevention, early intervention, treatment,
12 and recovery support for substance use or gambling
13 disorders. This shall include, but shall not be limited
14 to, the following:

15 (A) Cooperate with and assist other State
16 agencies, as applicable, in establishing and
17 conducting these ~~substance use disorder~~ services among
18 the populations they respectively serve.

19 (B) Cooperate with and assist the Illinois
20 Department of Public Health in the establishment,
21 funding and support of programs and services for the
22 promotion of maternal and child health and the
23 prevention and treatment of infectious diseases,
24 including but not limited to HIV infection, especially
25 with respect to those persons who are high risk due to
26 intravenous injection of illegal drugs, or who may

1 have been sexual partners of these individuals, or who
2 may have impaired immune systems as a result of a
3 substance use disorder.

4 (C) Supply to the Department of Public Health and
5 prenatal care providers a list of all providers who
6 are licensed to provide substance use disorder
7 treatment for pregnant women in this State.

8 (D) Assist in the placement of child abuse or
9 neglect perpetrators (identified by the Illinois
10 Department of Children and Family Services (DCFS)) who
11 have been determined to be in need of substance use
12 disorder treatment pursuant to Section 8.2 of the
13 Abused and Neglected Child Reporting Act.

14 (E) Cooperate with and assist DCFS in carrying out
15 its mandates to:

16 (i) identify substance use and gambling
17 disorders among its clients and their families;
18 and

19 (ii) develop services to deal with such
20 disorders.

21 These services may include, but shall not be limited
22 to, programs to prevent or treat substance use or
23 gambling disorders with DCFS clients and their
24 families, identifying child care needs within such
25 treatment, and assistance with other issues as
26 required.

1 (F) Cooperate with and assist the Illinois
2 Criminal Justice Information Authority with respect to
3 statistical and other information concerning the
4 incidence and prevalence of substance use or gambling
5 disorders.

6 (G) Cooperate with and assist the State
7 Superintendent of Education, boards of education,
8 schools, police departments, the Illinois State
9 Police, courts and other public and private agencies
10 and individuals in establishing substance use or
11 gambling disorder prevention programs statewide and
12 preparing curriculum materials for use at all levels
13 of education.

14 (H) Cooperate with and assist the Illinois
15 Department of Healthcare and Family Services in the
16 development and provision of services offered to
17 recipients of public assistance for the treatment and
18 prevention of substance use or gambling disorders.

19 (I) (Blank).

20 (5) From monies appropriated to the Department from
21 the Drunk and Drugged Driving Prevention Fund, reimburse
22 DUI evaluation and risk education programs licensed by the
23 Department for providing indigent persons with free or
24 reduced-cost evaluation and risk education services
25 relating to a charge of driving under the influence of
26 alcohol or other drugs.

1 (6) Promulgate regulations to identify and disseminate
2 best practice guidelines that can be utilized by publicly
3 and privately funded programs as well as for levels of
4 payment to government funded programs that provide
5 prevention, early intervention, treatment, and other
6 recovery support services for substance use or gambling
7 disorders and those services referenced in Sections 15-10
8 and 40-5.

9 (7) In consultation with providers and related trade
10 associations, specify a uniform methodology for use by
11 funded providers and the Department for billing and
12 collection and dissemination of statistical information
13 regarding services related to substance use or gambling
14 disorders.

15 (8) Receive data and assistance from federal, State
16 and local governmental agencies, and obtain copies of
17 identification and arrest data from all federal, State and
18 local law enforcement agencies for use in carrying out the
19 purposes and functions of the Department.

20 (9) Designate and license providers to conduct
21 screening, assessment, referral and tracking of clients
22 identified by the criminal justice system as having
23 indications of substance use disorders and being eligible
24 to make an election for treatment under Section 40-5 of
25 this Act, and assist in the placement of individuals who
26 are under court order to participate in treatment.

1 (10) Identify and disseminate evidence-based best
2 practice guidelines as maintained in administrative rule
3 that can be utilized to determine a substance use or
4 gambling disorder diagnosis.

5 (11) (Blank).

6 (11.5) Make grants with funds appropriated to the
7 Department as provided in Section 50 of the Video Gaming
8 Act and subsection (c) of Section 13 of the Illinois
9 Gambling Act.

10 (12) Make grants with funds appropriated from the Drug
11 Treatment Fund in accordance with Section 7 of the
12 Controlled Substance and Cannabis Nuisance Act, or in
13 accordance with Section 80 of the Methamphetamine Control
14 and Community Protection Act, or in accordance with
15 subsections (h) and (i) of Section 411.2 of the Illinois
16 Controlled Substances Act, or in accordance with Section
17 6z-107 of the State Finance Act.

18 (13) Encourage all health and disability insurance
19 programs to include substance use and gambling disorder
20 treatment as ~~a~~ covered services ~~service~~ and to use
21 evidence-based best practice criteria as maintained in
22 administrative rule and as required in Public Act 99-0480
23 in determining the necessity for such services and
24 continued stay.

25 (14) Award grants and enter into fixed-rate and
26 fee-for-service arrangements with any other department,

1 authority or commission of this State, or any other state
2 or the federal government or with any public or private
3 agency, including the disbursement of funds and furnishing
4 of staff, to effectuate the purposes of this Act.

5 (15) Conduct a public information campaign to inform
6 the State's Hispanic residents regarding the prevention
7 and treatment of substance use or gambling disorders.

8 (b) In addition to the powers, duties and functions vested
9 in it by this Act, or by other laws of this State, the
10 Department may undertake, but shall not be limited to, the
11 following activities:

12 (1) Require all organizations licensed or funded by
13 the Department to include an education component to inform
14 participants regarding the causes and means of
15 transmission and methods of reducing the risk of acquiring
16 or transmitting HIV infection and other infectious
17 diseases, and to include funding for such education
18 component in its support of the program.

19 (2) Review all State agency applications for federal
20 funds that include provisions relating to the prevention,
21 early intervention and treatment of substance use or
22 gambling disorders in order to ensure consistency.

23 (3) Prepare, publish, evaluate, disseminate and serve
24 as a central repository for educational materials dealing
25 with the nature and effects of substance use or gambling
26 disorders. Such materials may deal with the educational

1 needs of the citizens of Illinois, and may include at
2 least pamphlets that describe the causes and effects of
3 fetal alcohol spectrum disorders.

4 (4) Develop and coordinate, with regional and local
5 agencies, education and training programs for persons
6 engaged in providing services for persons with substance
7 use or gambling disorders, which programs may include
8 specific HIV education and training for program personnel.

9 (5) Cooperate with and assist in the development of
10 education, prevention, early intervention, and treatment
11 programs for employees of State and local governments and
12 businesses in the State.

13 (6) Utilize the support and assistance of interested
14 persons in the community, including recovering persons, to
15 assist individuals and communities in understanding the
16 dynamics of substance use or gambling disorders, and to
17 encourage individuals with these ~~substance use~~ disorders
18 to voluntarily undergo treatment.

19 (7) Promote, conduct, assist or sponsor basic
20 clinical, epidemiological and statistical research into
21 substance use or gambling disorders and research into the
22 prevention of those problems either solely or in
23 conjunction with any public or private agency.

24 (8) Cooperate with public and private agencies,
25 organizations, institutions of higher education, and
26 individuals in the development of programs, and to provide

1 technical assistance and consultation services for this
2 purpose.

3 (9) (Blank).

4 (10) (Blank).

5 (11) Fund, promote, or assist entities dealing with
6 substance use or gambling disorders.

7 (12) With monies appropriated from the Group Home Loan
8 Revolving Fund, make loans, directly or through
9 subcontract, to assist in underwriting the costs of
10 housing in which individuals recovering from substance use
11 or gambling disorders may reside, pursuant to Section
12 50-40 of this Act.

13 (13) Promulgate such regulations as may be necessary
14 to carry out the purposes and enforce the provisions of
15 this Act.

16 (14) Provide funding to help parents be effective in
17 preventing substance use or gambling disorders by building
18 an awareness of the family's role in preventing these
19 ~~substance use~~ disorders through adjusting expectations,
20 developing new skills, and setting positive family goals.
21 The programs shall include, but not be limited to, the
22 following subjects: healthy family communication;
23 establishing rules and limits; how to reduce family
24 conflict; how to build self-esteem, competency, and
25 responsibility in children; how to improve motivation and
26 achievement; effective discipline; problem solving

1 techniques; healthy gaming and play habits; appropriate
2 financial planning and investment strategies; how to talk
3 about gambling and related activities; and how to talk
4 about substance use or gambling ~~drugs and alcohol~~. The
5 programs shall be open to all parents.

6 (15) Establish an Opioid Remediation Services Capital
7 Investment Grant Program. The Department may, subject to
8 appropriation and approval through the Opioid Overdose
9 Prevention and Recovery Steering Committee, after
10 recommendation by the Illinois Opioid Remediation Advisory
11 Board, and certification by the Office of the Attorney
12 General, make capital improvement grants to units of local
13 government and substance use prevention, treatment, and
14 recovery service providers addressing opioid remediation
15 in the State for approved abatement uses under the
16 Illinois Opioid Allocation Agreement. The Illinois Opioid
17 Remediation State Trust Fund shall be the source of
18 funding for the program. Eligible grant recipients shall
19 be units of local government and substance use prevention,
20 treatment, and recovery service providers that offer
21 facilities and services in a manner that supports and
22 meets the approved uses of the opioid settlement funds.
23 Eligible grant recipients have no entitlement to a grant
24 under this Section. The Department of Human Services may
25 consult with the Capital Development Board, the Department
26 of Commerce and Economic Opportunity, and the Illinois

1 Housing Development Authority to adopt rules to implement
2 this Section and may create a competitive application
3 procedure for grants to be awarded. The rules may specify
4 the manner of applying for grants; grantee eligibility
5 requirements; project eligibility requirements;
6 restrictions on the use of grant moneys; the manner in
7 which grantees must account for the use of grant moneys;
8 and any other provision that the Department of Human
9 Services determines to be necessary or useful for the
10 administration of this Section. Rules may include a
11 requirement for grantees to provide local matching funds
12 in an amount equal to a specific percentage of the grant.
13 No portion of an opioid remediation services capital
14 investment grant awarded under this Section may be used by
15 a grantee to pay for any ongoing operational costs or
16 outstanding debt. The Department of Human Services may
17 consult with the Capital Development Board, the Department
18 of Commerce and Economic Opportunity, and the Illinois
19 Housing Development Authority in the management and
20 disbursement of funds for capital-related projects. The
21 Capital Development Board, the Department of Commerce and
22 Economic Opportunity, and the Illinois Housing Development
23 Authority shall act in a consulting role only for the
24 evaluation of applicants, scoring of applicants, or
25 administration of the grant program.

26 (c) There is created within the Department of Human

1 Services an Office of Opioid Settlement Administration. The
2 Office shall be responsible for implementing and administering
3 approved abatement programs as described in Exhibit B of the
4 Illinois Opioid Allocation Agreement, effective December 30,
5 2021. The Office may also implement and administer other
6 opioid-related programs, including but not limited to
7 prevention, treatment, and recovery services from other funds
8 made available to the Department of Human Services. The
9 Secretary of Human Services shall appoint or assign staff as
10 necessary to carry out the duties and functions of the Office.
11 (Source: P.A. 102-538, eff. 8-20-21; 102-699, eff. 4-19-22;
12 103-8, eff. 6-7-23.)

13 (20 ILCS 301/5-20)

14 Sec. 5-20. Gambling disorders.

15 (a) Subject to appropriation, the Department shall
16 establish a program for public education, research, and
17 training regarding gambling disorders and the treatment and
18 prevention of gambling disorders. Subject to specific
19 appropriation for these stated purposes, the program must
20 include all of the following:

21 (1) Establishment and maintenance of a toll-free
22 hotline and website ~~"800" telephone number~~ to provide
23 crisis counseling and referral services for ~~to~~ families
24 experiencing difficulty related to a ~~as a result of~~
25 gambling disorder ~~disorders~~.

1 (2) Promotion of public awareness regarding the
2 recognition and prevention of gambling disorders.
3 Promotion of public awareness to create a gambling
4 informed State regarding the impact of gambling disorders
5 on individuals, families, and communities and the stigma
6 that surrounds gambling disorders.

7 (3) Facilitation, through in-service training,
8 certification promotion, and other innovative means, of
9 the availability of effective assistance programs for
10 gambling disorders.

11 (4) Conducting studies to, and through other
12 innovative means, identify adults and juveniles in this
13 State who have, or who are at risk of developing, gambling
14 disorders.

15 (5) Utilize screening, crisis intervention, treatment,
16 public awareness, prevention, in-service training, and
17 other innovative means, to decrease the incidents of
18 suicide attempts related to a gambling disorder or
19 gambling issues.

20 (b) Subject to appropriation, the Department shall either
21 establish and maintain the program or contract with a private
22 or public entity for the establishment and maintenance of the
23 program. Subject to appropriation, either the Department or
24 the private or public entity shall implement the hotline and
25 website ~~toll-free telephone number~~, promote public awareness,
26 conduct research, fund treatment and recovery services, and

1 conduct in-service training concerning gambling disorders.

2 (c) The Department shall determine a statement regarding
3 obtaining assistance with a gambling disorder which each
4 licensed gambling establishment owner shall post and each
5 master sports wagering licensee shall include on the master
6 sports wagering licensee's portal, Internet website, or
7 computer or mobile application. Subject to appropriation, the
8 Department shall produce and supply the signs with the
9 statement as specified in Section 10.7 of the Illinois Lottery
10 Law, Section 34.1 of the Illinois Horse Racing Act of 1975,
11 Section 4.3 of the Bingo License and Tax Act, Section 8.1 of
12 the Charitable Games Act, Section 25.95 of the Sports Wagering
13 Act, and Section 13.1 of the Illinois Gambling Act, and the
14 Video Gaming Act.

15 (d) Programs; gambling disorder prevention.

16 (1) The Department may establish a program to provide
17 for the production and publication, in electronic and
18 other formats, of gambling prevention, recognition,
19 treatment, and recovery literature and other public
20 education methods. The Department may develop and
21 disseminate curricula for use by professionals,
22 organizations, individuals, or committees interested in
23 the prevention of gambling disorders.

24 (2) The Department may provide advice to State and
25 local officials on gambling disorders, including the
26 prevalence of gambling disorders, programs treating or

1 promoting prevention of gambling disorders, trends in
2 gambling disorder prevalence, and the relationship between
3 gaming and gambling disorders.

4 (3) The Department may support gambling disorder
5 prevention, recognition, treatment, and recovery projects
6 by facilitating the acquisition of gambling prevention
7 curriculums, providing trainings in gambling disorder
8 prevention best practices, connecting programs to health
9 care resources, establishing learning collaboratives
10 between localities and programs, and assisting programs in
11 navigating any regulatory requirements for establishing or
12 expanding such programs.

13 (4) In supporting best practices in gambling disorder
14 prevention programming, the Department may promote the
15 following programmatic elements:

16 (A) Providing funding for community-based
17 organizations to employ community health workers or
18 peer recovery specialists who are familiar with the
19 communities served and can provide culturally
20 competent services.

21 (B) Collaborating with other community-based
22 organizations, substance use disorder treatment
23 centers, or other health care providers engaged in
24 treating individuals who are experiencing gambling
25 disorder.

26 (C) Providing linkages for individuals to obtain

1 evidence-based gambling disorder treatment.

2 (D) Engaging individuals exiting jails or prisons
3 who are at a high risk of developing a gambling
4 disorder.

5 (E) Providing education and training to
6 community-based organizations who work directly with
7 individuals who are experiencing gambling disorders
8 and those individuals' families and communities.

9 (F) Providing education and training on gambling
10 disorder prevention and response to the judicial
11 system.

12 (G) Informing communities of the impact gambling
13 disorder has on suicidal ideation and suicide attempts
14 and the role health care professionals can have in
15 identifying appropriate treatment.

16 (H) Producing and distributing targeted mass media
17 materials on gambling disorder prevention and
18 response, and the potential dangers of gambling
19 related stigma.

20 (e) Grants.

21 (1) The Department may award grants, in accordance
22 with this subsection, to create or support local gambling
23 prevention, recognition, and response projects. Local
24 health departments, correctional institutions, hospitals,
25 universities, community-based organizations, and
26 faith-based organizations may apply to the Department for

1 a grant under this subsection at the time and in the manner
2 the Department prescribes.

3 (2) In awarding grants, the Department shall consider
4 the necessity for gambling disorder prevention projects in
5 various settings and shall encourage all grant applicants
6 to develop interventions that will be effective and viable
7 in their local areas.

8 (3) In addition to moneys appropriated by the General
9 Assembly, the Department may seek grants from private
10 foundations, the federal government, and other sources to
11 fund the grants under this Section and to fund an
12 evaluation of the programs supported by the grants.

13 (4) The Department may award grants to create or
14 support local gambling treatment programs. Such programs
15 may include prevention, early intervention, residential
16 and outpatient treatment, and recovery support services
17 for gambling disorders. Local health departments,
18 hospitals, universities, community-based organizations,
19 and faith-based organizations may apply to the Department
20 for a grant under this subsection at the time and in the
21 manner the Department prescribes.

22 (Source: P.A. 100-759, eff. 1-1-19; 101-31, eff. 6-28-19.)

23 (20 ILCS 301/10-10)

24 Sec. 10-10. Powers and duties of the Council. The Council
25 shall:

1 (a) Advise the Department on ways to encourage public
2 understanding and support of the Department's programs.

3 (b) Advise the Department on regulations and licensure
4 proposed by the Department.

5 (c) Advise the Department in the formulation,
6 preparation, and implementation of the annual plan
7 submitted with the federal Substance Use Disorder Block
8 Grant application for prevention, early intervention,
9 treatment, and other recovery support services for
10 substance use disorders.

11 (d) Advise the Department on implementation of
12 substance use and gambling disorder education and
13 prevention programs throughout the State.

14 (e) Assist with incorporating into the annual plan
15 submitted with the federal Substance Use Disorder Block
16 Grant application, planning information specific to
17 Illinois' female population. The information shall
18 contain, but need not be limited to, the types of services
19 funded, the population served, the support services
20 available, and the goals, objectives, proposed methods of
21 achievement, service projections and cost estimate for the
22 upcoming year.

23 (f) Perform other duties as requested by the
24 Secretary.

25 (g) Advise the Department in the planning,
26 development, and coordination of programs among all

1 agencies and departments of State government, including
2 programs to reduce substance use and gambling disorders,
3 prevent the misuse of illegal and legal drugs by persons
4 of all ages, prevent gambling and gambling behaviors while
5 gaming by minors, and prevent the use of alcohol by
6 minors.

7 (h) Promote and encourage participation by the private
8 sector, including business, industry, labor, and the
9 media, in programs to prevent substance use and gambling
10 disorders.

11 (i) Encourage the implementation of programs to
12 prevent substance use and gambling disorders in the public
13 and private schools and educational institutions.

14 (j) Gather information, conduct hearings, and make
15 recommendations to the Secretary concerning additions,
16 deletions, or rescheduling of substances under the
17 Illinois Controlled Substances Act.

18 (k) Report as requested to the General Assembly
19 regarding the activities and recommendations made by the
20 Council.

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

22 (20 ILCS 301/10-15)

23 Sec. 10-15. Qualification and appointment of members. The
24 membership of the Illinois Advisory Council may, as needed,
25 consist of:

1 (a) A State's Attorney designated by the President of
2 the Illinois State's Attorneys Association.

3 (b) A judge designated by the Chief Justice of the
4 Illinois Supreme Court.

5 (c) A Public Defender appointed by the President of
6 the Illinois Public Defender Association.

7 (d) A local law enforcement officer appointed by the
8 Governor.

9 (e) A labor representative appointed by the Governor.

10 (f) An educator appointed by the Governor.

11 (g) A physician licensed to practice medicine in all
12 its branches appointed by the Governor with due regard for
13 the appointee's knowledge of the field of substance use
14 disorders.

15 (h) 4 members of the Illinois House of
16 Representatives, 2 each appointed by the Speaker and
17 Minority Leader.

18 (i) 4 members of the Illinois Senate, 2 each appointed
19 by the President and Minority Leader.

20 (j) The Chief Executive Officer of the Illinois
21 Association for Behavioral Health or his or her designee.

22 (k) An advocate for the needs of youth appointed by
23 the Governor.

24 (l) The President of the Illinois State Medical
25 Society or his or her designee.

26 (m) The President of the Illinois Hospital Association

1 or his or her designee.

2 (n) The President of the Illinois Nurses Association
3 or a registered nurse designated by the President.

4 (o) The President of the Illinois Pharmacists
5 Association or a licensed pharmacist designated by the
6 President.

7 (p) The President of the Illinois Chapter of the
8 Association of Labor-Management Administrators and
9 Consultants on Alcoholism.

10 (p-1) The Chief Executive Officer of the Community
11 Behavioral Healthcare Association of Illinois or his or
12 her designee.

13 (q) The Attorney General or his or her designee.

14 (r) The State Comptroller or his or her designee.

15 (s) 20 public members, 8 appointed by the Governor, 3
16 of whom shall be representatives of substance use or
17 gambling disorder treatment programs and one of whom shall
18 be a representative of a manufacturer or importing
19 distributor of alcoholic liquor licensed by the State of
20 Illinois, and 3 public members appointed by each of the
21 President and Minority Leader of the Senate and the
22 Speaker and Minority Leader of the House.

23 (t) The Director, Secretary, or other chief
24 administrative officer, ex officio, or his or her
25 designee, of each of the following: the Department on
26 Aging, the Department of Children and Family Services, the

1 Department of Corrections, the Department of Juvenile
2 Justice, the Department of Healthcare and Family Services,
3 the Department of Revenue, the Department of Public
4 Health, the Department of Financial and Professional
5 Regulation, the Illinois State Police, the Administrative
6 Office of the Illinois Courts, the Criminal Justice
7 Information Authority, and the Department of
8 Transportation.

9 (u) Each of the following, ex officio, or his or her
10 designee: the Secretary of State, the State Superintendent
11 of Education, and the Chairman of the Board of Higher
12 Education.

13 The public members may not be officers or employees of the
14 executive branch of State government; however, the public
15 members may be officers or employees of a State college or
16 university or of any law enforcement agency. In appointing
17 members, due consideration shall be given to the experience of
18 appointees in the fields of medicine, law, prevention,
19 correctional activities, and social welfare. Vacancies in the
20 public membership shall be filled for the unexpired term by
21 appointment in like manner as for original appointments, and
22 the appointive members shall serve until their successors are
23 appointed and have qualified. Vacancies among the public
24 members appointed by the legislative leaders shall be filled
25 by the leader of the same house and of the same political party
26 as the leader who originally appointed the member.

1 Each non-appointive member may designate a representative
2 to serve in his place by written notice to the Department. All
3 General Assembly members shall serve until their respective
4 successors are appointed or until termination of their
5 legislative service, whichever occurs first. The terms of
6 office for each of the members appointed by the Governor shall
7 be for 3 years, except that of the members first appointed, 3
8 shall be appointed for a term of one year, and 4 shall be
9 appointed for a term of 2 years. The terms of office of each of
10 the public members appointed by the legislative leaders shall
11 be for 2 years.

12 (Source: P.A. 102-538, eff. 8-20-21.)

13 (20 ILCS 301/15-5)

14 Sec. 15-5. Applicability.

15 (a) It is unlawful for any person to provide treatment for
16 substance use or gambling disorders or to provide services as
17 specified in subsections (a) and (b) of Section 15-10 of this
18 Act unless the person is licensed to do so by the Department.
19 The performance of these activities by any person in violation
20 of this Act is declared to be inimical to the public health and
21 welfare, and to be a public nuisance. The Department may
22 undertake such inspections and investigations as it deems
23 appropriate to determine whether licensable activities are
24 being conducted without the requisite license.

25 (b) Nothing in this Act shall be construed to require any

1 hospital, as defined by the Hospital Licensing Act, required
2 to have a license from the Department of Public Health
3 pursuant to the Hospital Licensing Act to obtain any license
4 under this Act for any substance use disorder treatment
5 services operated on the licensed premises of the hospital,
6 and operated by the hospital or its designated agent, provided
7 that such services are covered within the scope of the
8 Hospital Licensing Act. No person or facility required to be
9 licensed under this Act shall be required to obtain a license
10 pursuant to the Hospital Licensing Act or the Child Care Act of
11 1969.

12 (c) Nothing in this Act shall be construed to require an
13 individual employee of a licensed program to be licensed under
14 this Act.

15 (d) Nothing in this Act shall be construed to require any
16 private professional practice, whether by an individual
17 practitioner, by a partnership, or by a duly incorporated
18 professional service corporation, that provides outpatient
19 treatment for substance use disorders to be licensed under
20 this Act, provided that the treatment is rendered personally
21 by the professional in his own name and the professional is
22 authorized by individual professional licensure or
23 registration from the Department of Financial and Professional
24 Regulation to provide substance use disorder treatment
25 unsupervised. This exemption shall not apply to such private
26 professional practice that provides or holds itself out, as

1 defined in Section 1-10, as providing substance use disorder
2 outpatient treatment. This exemption shall also not apply to
3 licensable intervention services, research, or residential
4 treatment services as defined in this Act or by rule.

5 Notwithstanding any other provisions of this subsection to
6 the contrary, persons licensed to practice medicine in all of
7 its branches in Illinois shall not require licensure under
8 this Act unless their private professional practice provides
9 and holds itself out, as defined in Section 1-10, as providing
10 substance use disorder outpatient treatment.

11 (e) Nothing in this Act shall be construed to require any
12 employee assistance program operated by an employer or any
13 intervenor program operated by a professional association to
14 obtain any license pursuant to this Act to perform services
15 that do not constitute licensable treatment or intervention as
16 defined in this Act.

17 (f) Before any violation of this Act is reported by the
18 Department or any of its agents to any State's Attorney for the
19 institution of a criminal proceeding, the person against whom
20 such proceeding is contemplated shall be given appropriate
21 notice and an opportunity to present his views before the
22 Department or its designated agent, either orally or in
23 writing, in person or by an attorney, with regard to such
24 contemplated proceeding. Nothing in this Act shall be
25 construed as requiring the Department to report minor
26 violations of this Act whenever the Department believes that

1 the public interest would be adequately served by a suitable
2 written notice or warning.

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

4 (20 ILCS 301/15-10)

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

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

21 (b) Intervention: Categories of intervention service
22 ~~authorized by an intervention license~~ are DUI Evaluation,
23 DUI Risk Education, Designated Program, and Recovery Homes
24 for persons in any stage of recovery from a substance use
25 or gambling disorder. Harm Reduction Services is another

1 category of intervention licensure that may be issued if
2 and when legal authorization is adopted to allow for
3 services and upon adoption of administrative or funding
4 rules that govern the delivery of these services.

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

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

10 (20 ILCS 301/20-5)

11 Sec. 20-5. Development of statewide prevention system.

12 (a) The Department shall develop and implement a
13 comprehensive, statewide, community-based strategy to reduce
14 substance use and gambling disorders and prevent the misuse of
15 illegal and legal drugs by persons of all ages, and to prevent
16 the use of alcohol by minors. The system created to implement
17 this strategy shall be based on the premise that coordination
18 among and integration between all community and governmental
19 systems will facilitate effective and efficient program
20 implementation and utilization of existing resources.

21 (b) The statewide system developed under this Section may
22 be adopted by administrative rule or funded as a grant award
23 condition and shall be responsible for:

24 (1) Providing programs and technical assistance to
25 improve the ability of Illinois communities and schools to

1 develop, implement and evaluate prevention programs.

2 (2) Initiating and fostering continuing cooperation
3 among the Department, Department-funded prevention
4 programs, other community-based prevention providers and
5 other State, regional, or local systems or agencies that
6 have an interest in substance use disorder prevention.

7 (c) In developing, implementing, and advocating for this
8 statewide strategy and system, the Department may engage in,
9 but shall not be limited to, the following activities:

10 (1) Establishing and conducting programs to provide
11 awareness and knowledge of the nature and extent of
12 substance use and gambling disorders and their effect on
13 individuals, families, and communities.

14 (2) Conducting or providing prevention skill building
15 or education through the use of structured experiences.

16 (3) Developing, supporting, and advocating with new
17 and existing local community coalitions or
18 neighborhood-based grassroots networks using action
19 planning and collaborative systems to initiate change
20 regarding substance use and gambling disorders in their
21 communities.

22 (4) Encouraging, supporting, and advocating for
23 programs and activities that emphasize alcohol-free and
24 other drug-free lifestyles.

25 (5) Drafting and implementing efficient plans for the
26 use of available resources to address issues of substance

1 use disorder prevention.

2 (6) Coordinating local programs of alcoholism and
3 other drug abuse education and prevention.

4 (7) Encouraging the development of local advisory
5 councils.

6 (d) In providing leadership to this system, the Department
7 shall take into account, wherever possible, the needs and
8 requirements of local communities. The Department shall also
9 involve, wherever possible, local communities in its statewide
10 planning efforts. These planning efforts shall include, but
11 shall not be limited to, in cooperation with local community
12 representatives and Department-funded agencies, the analysis
13 and application of results of local needs assessments, as well
14 as a process for the integration of an evaluation component
15 into the system. The results of this collaborative planning
16 effort shall be taken into account by the Department in making
17 decisions regarding the allocation of prevention resources.

18 (e) Prevention programs funded in whole or in part by the
19 Department shall maintain staff whose skills, training,
20 experiences and cultural awareness demonstrably match the
21 needs of the people they are serving.

22 (f) The Department may delegate the functions and
23 activities described in subsection (c) of this Section to
24 local, community-based providers.

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

1 (20 ILCS 301/25-5)

2 Sec. 25-5. Establishment of comprehensive treatment
3 system. The Department shall develop, fund and implement a
4 comprehensive, statewide, community-based system for the
5 provision of early intervention, treatment, and recovery
6 support services for persons suffering from substance use or
7 gambling disorders. The system created under this Section
8 shall be based on the premise that coordination among and
9 integration between all community and governmental systems
10 will facilitate effective and efficient program implementation
11 and utilization of existing resources.

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

13 (20 ILCS 301/25-10)

14 Sec. 25-10. Promulgation of regulations. The Department
15 shall adopt regulations for licensure, certification for
16 Medicaid reimbursement, and to identify evidence-based best
17 practice criteria that can be utilized for intervention and
18 treatment services, taking into consideration available
19 resources and facilities, for the purpose of early and
20 effective treatment of substance use and gambling disorders.

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

22 (20 ILCS 301/30-5)

23 Sec. 30-5. Patients' rights established.

24 (a) For purposes of this Section, "patient" means any

1 person who is receiving or has received early intervention,
2 treatment, or other recovery support services under this Act
3 or any category of service licensed as "intervention" under
4 this Act.

5 (b) No patient shall be deprived of any rights, benefits,
6 or privileges guaranteed by law, the Constitution of the
7 United States of America, or the Constitution of the State of
8 Illinois solely because of his or her status as a patient.

9 (c) Persons who have substance use or gambling disorders
10 who are also suffering from medical conditions shall not be
11 discriminated against in admission or treatment by any
12 hospital that receives support in any form supported in whole
13 or in part by funds appropriated to any State department or
14 agency.

15 (d) Every patient shall have impartial access to services
16 without regard to race, religion, sex, ethnicity, age, sexual
17 orientation, gender identity, marital status, or other
18 disability.

19 (e) Patients shall be permitted the free exercise of
20 religion.

21 (f) Every patient's personal dignity shall be recognized
22 in the provision of services, and a patient's personal privacy
23 shall be assured and protected within the constraints of his
24 or her individual treatment.

25 (g) Treatment services shall be provided in the least
26 restrictive environment possible.

1 (h) Each patient receiving treatment services shall be
2 provided an individual treatment plan, which shall be
3 periodically reviewed and updated as mandated by
4 administrative rule.

5 (i) Treatment shall be person-centered, meaning that every
6 patient shall be permitted to participate in the planning of
7 his or her total care and medical treatment to the extent that
8 his or her condition permits.

9 (j) A person shall not be denied treatment solely because
10 he or she has withdrawn from treatment against medical advice
11 on a prior occasion or had prior treatment episodes.

12 (k) The patient in residential treatment shall be
13 permitted visits by family and significant others, unless such
14 visits are clinically contraindicated.

15 (l) A patient in residential treatment shall be allowed to
16 conduct private telephone conversations with family and
17 friends unless clinically contraindicated.

18 (m) A patient in residential treatment shall be permitted
19 to send and receive mail without hindrance, unless clinically
20 contraindicated.

21 (n) A patient shall be permitted to manage his or her own
22 financial affairs unless the patient or the patient's
23 guardian, or if the patient is a minor, the patient's parent,
24 authorizes another competent person to do so.

25 (o) A patient shall be permitted to request the opinion of
26 a consultant at his or her own expense, or to request an

1 in-house review of a treatment plan, as provided in the
2 specific procedures of the provider. A treatment provider is
3 not liable for the negligence of any consultant.

4 (p) Unless otherwise prohibited by State or federal law,
5 every patient shall be permitted to obtain from his or her own
6 physician, the treatment provider, or the treatment provider's
7 consulting physician complete and current information
8 concerning the nature of care, procedures, and treatment that
9 he or she will receive.

10 (q) A patient shall be permitted to refuse to participate
11 in any experimental research or medical procedure without
12 compromising his or her access to other, non-experimental
13 services. Before a patient is placed in an experimental
14 research or medical procedure, the provider must first obtain
15 his or her informed written consent or otherwise comply with
16 the federal requirements regarding the protection of human
17 subjects contained in 45 CFR Part 46.

18 (r) All medical treatment and procedures shall be
19 administered as ordered by a physician and in accordance with
20 all Department rules.

21 (s) Every patient in treatment shall be permitted to
22 refuse medical treatment and to know the consequences of such
23 action. Such refusal by a patient shall free the treatment
24 licensee from the obligation to provide the treatment.

25 (t) Unless otherwise prohibited by State or federal law,
26 every patient, patient's guardian, or parent, if the patient

1 is a minor, shall be permitted to inspect and copy all clinical
2 and other records kept by the intervention or treatment
3 licensee or by his or her physician concerning his or her care
4 and maintenance. The licensee or physician may charge a
5 reasonable fee for the duplication of a record.

6 (u) No owner, licensee, administrator, employee, or agent
7 of a licensed intervention or treatment program shall abuse or
8 neglect a patient. It is the duty of any individual who becomes
9 aware of such abuse or neglect to report it to the Department
10 immediately.

11 (v) The licensee may refuse access to any person if the
12 actions of that person are or could be injurious to the health
13 and safety of a patient or the licensee, or if the person seeks
14 access for commercial purposes.

15 (w) All patients admitted to community-based treatment
16 facilities shall be considered voluntary treatment patients
17 and such patients shall not be contained within a locked
18 setting.

19 (x) Patients and their families or legal guardians shall
20 have the right to present complaints to the provider or the
21 Department concerning the quality of care provided to the
22 patient, without threat of discharge or reprisal in any form
23 or manner whatsoever. The complaint process and procedure
24 shall be adopted by the Department by rule. The treatment
25 provider shall have in place a mechanism for receiving and
26 responding to such complaints, and shall inform the patient

1 and the patient's family or legal guardian of this mechanism
2 and how to use it. The provider shall analyze any complaint
3 received and, when indicated, take appropriate corrective
4 action. Every patient and his or her family member or legal
5 guardian who makes a complaint shall receive a timely response
6 from the provider that substantively addresses the complaint.
7 The provider shall inform the patient and the patient's family
8 or legal guardian about other sources of assistance if the
9 provider has not resolved the complaint to the satisfaction of
10 the patient or the patient's family or legal guardian.

11 (y) A patient may refuse to perform labor at a program
12 unless such labor is a part of the patient's individual
13 treatment plan as documented in the patient's clinical record.

14 (z) A person who is in need of services may apply for
15 voluntary admission in the manner and with the rights provided
16 for under regulations promulgated by the Department. If a
17 person is refused admission, then staff, subject to rules
18 promulgated by the Department, shall refer the person to
19 another facility or to other appropriate services.

20 (aa) No patient shall be denied services based solely on
21 HIV status. Further, records and information governed by the
22 AIDS Confidentiality Act and the AIDS Confidentiality and
23 Testing Code (77 Ill. Adm. Code 697) shall be maintained in
24 accordance therewith.

25 (bb) Records of the identity, diagnosis, prognosis or
26 treatment of any patient maintained in connection with the

1 performance of any service or activity relating to substance
2 use or gambling disorder education, early intervention,
3 intervention, training, or treatment that is regulated,
4 authorized, or directly or indirectly assisted by any
5 Department or agency of this State or under any provision of
6 this Act shall be confidential and may be disclosed only in
7 accordance with the provisions of federal law and regulations
8 concerning the confidentiality of substance use disorder
9 patient records as contained in 42 U.S.C. Sections 290dd-2 and
10 42 CFR Part 2, or any successor federal statute or regulation.

11 (1) The following are exempt from the confidentiality
12 protections set forth in 42 CFR Section 2.12(c):

13 (A) Veteran's Administration records.

14 (B) Information obtained by the Armed Forces.

15 (C) Information given to qualified service
16 organizations.

17 (D) Communications within a program or between a
18 program and an entity having direct administrative
19 control over that program.

20 (E) Information given to law enforcement personnel
21 investigating a patient's commission of a crime on the
22 program premises or against program personnel.

23 (F) Reports under State law of incidents of
24 suspected child abuse and neglect; however,
25 confidentiality restrictions continue to apply to the
26 records and any follow-up information for disclosure

1 and use in civil or criminal proceedings arising from
2 the report of suspected abuse or neglect.

3 (2) If the information is not exempt, a disclosure can
4 be made only under the following circumstances:

5 (A) With patient consent as set forth in 42 CFR
6 Sections 2.1(b)(1) and 2.31, and as consistent with
7 pertinent State law.

8 (B) For medical emergencies as set forth in 42 CFR
9 Sections 2.1(b)(2) and 2.51.

10 (C) For research activities as set forth in 42 CFR
11 Sections 2.1(b)(2) and 2.52.

12 (D) For audit evaluation activities as set forth
13 in 42 CFR Section 2.53.

14 (E) With a court order as set forth in 42 CFR
15 Sections 2.61 through 2.67.

16 (3) The restrictions on disclosure and use of patient
17 information apply whether the holder of the information
18 already has it, has other means of obtaining it, is a law
19 enforcement or other official, has obtained a subpoena, or
20 asserts any other justification for a disclosure or use
21 that is not permitted by 42 CFR Part 2. Any court orders
22 authorizing disclosure of patient records under this Act
23 must comply with the procedures and criteria set forth in
24 42 CFR Sections 2.64 and 2.65. Except as authorized by a
25 court order granted under this Section, no record referred
26 to in this Section may be used to initiate or substantiate

1 any charges against a patient or to conduct any
2 investigation of a patient.

3 (4) The prohibitions of this subsection shall apply to
4 records concerning any person who has been a patient,
5 regardless of whether or when the person ceases to be a
6 patient.

7 (5) Any person who discloses the content of any record
8 referred to in this Section except as authorized shall,
9 upon conviction, be guilty of a Class A misdemeanor.

10 (6) The Department shall prescribe regulations to
11 carry out the purposes of this subsection. These
12 regulations may contain such definitions, and may provide
13 for such safeguards and procedures, including procedures
14 and criteria for the issuance and scope of court orders,
15 as in the judgment of the Department are necessary or
16 proper to effectuate the purposes of this Section, to
17 prevent circumvention or evasion thereof, or to facilitate
18 compliance therewith.

19 (cc) Each patient shall be given a written explanation of
20 all the rights enumerated in this Section and a copy, signed by
21 the patient, shall be kept in every patient record. If a
22 patient is unable to read such written explanation, it shall
23 be read to the patient in a language that the patient
24 understands. A copy of all the rights enumerated in this
25 Section shall be posted in a conspicuous place within the
26 program where it may readily be seen and read by program

1 patients and visitors.

2 (dd) The program shall ensure that its staff is familiar
3 with and observes the rights and responsibilities enumerated
4 in this Section.

5 (ee) Licensed organizations shall comply with the right of
6 any adolescent to consent to treatment without approval of the
7 parent or legal guardian in accordance with the Consent by
8 Minors to Health Care Services Act.

9 (ff) At the point of admission for services, licensed
10 organizations must obtain written informed consent, as defined
11 in Section 1-10 and in administrative rule, from each client,
12 patient, or legal guardian.

13 (Source: P.A. 102-813, eff. 5-13-22.)

14 (20 ILCS 301/35-5)

15 Sec. 35-5. Services for pregnant women and mothers.

16 (a) In order to promote a comprehensive, statewide and
17 multidisciplinary approach to serving pregnant women and
18 mothers, including those who are minors, and their children
19 who are affected by substance use or gambling disorders, the
20 Department shall have responsibility for an ongoing exchange
21 of referral information among the following:

22 (1) those who provide medical and social services to
23 pregnant women, mothers and their children, whether or not
24 there exists evidence of a substance use or gambling
25 disorder. These include any other State-funded medical or

1 social services to pregnant women.

2 (2) providers of treatment services to women affected
3 by substance use or gambling disorders.

4 (b) (Blank).

5 (c) (Blank).

6 (d) (Blank).

7 (e) (Blank).

8 (f) The Department shall develop and maintain an updated
9 and comprehensive directory of licensed providers that deliver
10 treatment and intervention services. The Department shall post
11 on its website a licensed provider directory updated at least
12 quarterly.

13 (g) As a condition of any State grant or contract, the
14 Department shall require that any treatment program for women
15 with substance use or gambling disorders provide services,
16 either by its own staff or by agreement with other agencies or
17 individuals, which include but need not be limited to the
18 following:

19 (1) coordination with any program providing case
20 management services to ensure ongoing monitoring and
21 coordination of services after the addicted woman has
22 returned home.

23 (2) coordination with medical services for individual
24 medical care of pregnant women, including prenatal care
25 under the supervision of a physician.

26 (3) coordination with child care services.

1 (h) As a condition of any State grant or contract, the
2 Department shall require that any nonresidential program
3 receiving any funding for treatment services accept women who
4 are pregnant, provided that such services are clinically
5 appropriate. Failure to comply with this subsection shall
6 result in termination of the grant or contract and loss of
7 State funding.

8 (i) (1) From funds appropriated expressly for the purposes
9 of this Section, the Department shall create or contract with
10 licensed, certified agencies to develop a program for the care
11 and treatment of pregnant women, mothers and their children.
12 The program shall be in Cook County in an area of high density
13 population having a disproportionate number of women with
14 substance use and other disorders and a high infant mortality
15 rate.

16 (2) From funds appropriated expressly for the purposes of
17 this Section, the Department shall create or contract with
18 licensed, certified agencies to develop a program for the care
19 and treatment of low income pregnant women. The program shall
20 be located anywhere in the State outside of Cook County in an
21 area of high density population having a disproportionate
22 number of low income pregnant women.

23 (3) In implementing the programs established under this
24 subsection, the Department shall contract with existing
25 residential treatment or recovery homes in areas having a
26 disproportionate number of women with substance use and other

1 disorders who need residential treatment. Priority shall be
2 given to women who:

3 (A) are pregnant, especially if they are intravenous
4 drug users,

5 (B) have minor children,

6 (C) are both pregnant and have minor children, or

7 (D) are referred by medical personnel because they
8 either have given birth to a baby with a substance use
9 disorder, or will give birth to a baby with a substance use
10 disorder.

11 (4) The services provided by the programs shall include
12 but not be limited to:

13 (A) individual medical care, including prenatal care,
14 under the supervision of a physician.

15 (B) temporary, residential shelter for pregnant women,
16 mothers and children when necessary.

17 (C) a range of educational or counseling services.

18 (D) comprehensive and coordinated social services,
19 including therapy groups for the treatment of substance
20 use disorders; family therapy groups; programs to develop
21 positive self-awareness; parent-child therapy; and
22 residential support groups.

23 (5) (Blank).

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

25 (20 ILCS 301/35-10)

1 Sec. 35-10. Adolescent Family Life Program.

2 (a) The General Assembly finds and declares the following:

3 (1) In Illinois, a substantial number of babies are
4 born each year to adolescent mothers between 12 and 19
5 years of age.

6 (2) A substantial percentage of pregnant adolescents
7 have substance use disorders or live in environments in
8 which substance use disorders occur and thus are at risk
9 of exposing their infants to dangerous and harmful
10 circumstances.

11 (3) It is difficult to provide substance use disorder
12 counseling for adolescents in settings designed to serve
13 adults.

14 (b) To address the findings set forth in subsection (a),
15 and subject to appropriation, the Department may establish and
16 fund treatment strategies to meet the developmental, social,
17 and educational needs of high-risk pregnant adolescents and
18 shall do the following:

19 (1) To the maximum extent feasible and appropriate,
20 utilize existing services and funding rather than create
21 new, duplicative services.

22 (2) Include plans for coordination and collaboration
23 with existing perinatal substance use disorder services.

24 (3) Include goals and objectives for reducing the
25 incidence of high-risk pregnant adolescents.

26 (4) Be culturally and linguistically appropriate to

1 the population being served.

2 (5) Include staff development training by substance
3 use and other disorder counselors.

4 As used in this Section, "high-risk pregnant adolescent"
5 means a person at least 12 but not more than 18 years of age
6 with a substance use or other disorder who is pregnant.

7 (c) (Blank).

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

9 (20 ILCS 301/50-40)

10 Sec. 50-40. Group Home Loan Revolving Fund.

11 (a) There is hereby established the Group Home Loan
12 Revolving Fund, referred to in this Section as the "fund", to
13 be held as a separate fund within the State Treasury. Monies in
14 this fund shall be appropriated to the Department on a
15 continuing annual basis. With these funds, the Department
16 shall, directly or through subcontract, make loans to assist
17 in underwriting the costs of housing in which there may reside
18 individuals who are recovering from substance use or gambling
19 disorders, and who are seeking an alcohol-free, gambling-free,
20 or drug-free environment in which to live. Consistent with
21 federal law and regulation, the Department may establish
22 guidelines for approving the use and management of monies
23 loaned from the fund, the operation of group homes receiving
24 loans under this Section and the repayment of monies loaned.

25 (b) There shall be deposited into the fund such amounts

1 including, but not limited to:

2 (1) All receipts, including principal and interest
3 payments and royalties, from any applicable loan agreement
4 made from the fund.

5 (2) All proceeds of assets of whatever nature received
6 by the Department as a result of default or delinquency
7 with respect to loan agreements made from the fund,
8 including proceeds from the sale, disposal, lease or
9 rental of real or personal property that the Department
10 may receive as a result thereof.

11 (3) Any direct appropriations made by the General
12 Assembly, or any gifts or grants made by any person to the
13 fund.

14 (4) Any income received from interest on investments
15 of monies in the fund.

16 (c) The Treasurer may invest monies in the fund in
17 securities constituting obligations of the United States
18 government, or in obligations the principal of and interest on
19 which are guaranteed by the United States government, or in
20 certificates of deposit of any State or national bank which
21 are fully secured by obligations guaranteed as to principal
22 and interest by the United States government.

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

24 (20 ILCS 301/55-30)

25 Sec. 55-30. Rate increase.

1 (a) The Department shall by rule develop the increased
2 rate methodology and annualize the increased rate beginning
3 with State fiscal year 2018 contracts to licensed providers of
4 community-based substance use and gambling disorders ~~disorder~~
5 intervention or treatment, based on the additional amounts
6 appropriated for the purpose of providing a rate increase to
7 licensed providers. The Department shall adopt rules,
8 including emergency rules under subsection (y) of Section 5-45
9 of the Illinois Administrative Procedure Act, to implement the
10 provisions of this Section.

11 (b) (Blank).

12 (c) Beginning on July 1, 2022, the Division of Substance
13 Use Prevention and Recovery shall increase reimbursement rates
14 for all community-based substance use disorder treatment and
15 intervention services by 47%, including, but not limited to,
16 all of the following:

- 17 (1) Admission and Discharge Assessment.
- 18 (2) Level 1 (Individual).
- 19 (3) Level 1 (Group).
- 20 (4) Level 2 (Individual).
- 21 (5) Level 2 (Group).
- 22 (6) Case Management.
- 23 (7) Psychiatric Evaluation.
- 24 (8) Medication Assisted Recovery.
- 25 (9) Community Intervention.
- 26 (10) Early Intervention (Individual).

1 (11) Early Intervention (Group).

2 Beginning in State Fiscal Year 2023, and every State
3 fiscal year thereafter, reimbursement rates for those
4 community-based substance use disorder treatment and
5 intervention services shall be adjusted upward by an amount
6 equal to the Consumer Price Index-U from the previous year,
7 not to exceed 2% in any State fiscal year. If there is a
8 decrease in the Consumer Price Index-U, rates shall remain
9 unchanged for that State fiscal year. The Department shall
10 adopt rules, including emergency rules in accordance with the
11 Illinois Administrative Procedure Act, to implement the
12 provisions of this Section.

13 As used in this Section, "Consumer Price Index-U" means
14 the index published by the Bureau of Labor Statistics of the
15 United States Department of Labor that measures the average
16 change in prices of goods and services purchased by all urban
17 consumers, United States city average, all items, 1982-84 =
18 100.

19 (d) Beginning on January 1, 2024, subject to federal
20 approval, the Division of Substance Use Prevention and
21 Recovery shall increase reimbursement rates for all ASAM level
22 3 residential/inpatient substance use disorder treatment and
23 intervention services by 30%, including, but not limited to,
24 the following services:

25 (1) ASAM level 3.5 Clinically Managed High-Intensity
26 Residential Services for adults;

1 (2) ASAM level 3.5 Clinically Managed Medium-Intensity
2 Residential Services for adolescents;

3 (3) ASAM level 3.2 Clinically Managed Residential
4 Withdrawal Management;

5 (4) ASAM level 3.7 Medically Monitored Intensive
6 Inpatient Services for adults and Medically Monitored
7 High-Intensity Inpatient Services for adolescents; and

8 (5) ASAM level 3.1 Clinically Managed Low-Intensity
9 Residential Services for adults and adolescents.

10 (e) Beginning in State fiscal year 2025, and every State
11 fiscal year thereafter, reimbursement rates for licensed or
12 certified substance use disorder treatment providers of ASAM
13 Level 3 residential/inpatient services for persons with
14 substance use disorders shall be adjusted upward by an amount
15 equal to the Consumer Price Index-U from the previous year,
16 not to exceed 2% in any State fiscal year. If there is a
17 decrease in the Consumer Price Index-U, rates shall remain
18 unchanged for that State fiscal year. The Department shall
19 adopt rules, including emergency rules, in accordance with the
20 Illinois Administrative Procedure Act, to implement the
21 provisions of this Section.

22 (Source: P.A. 102-699, eff. 4-19-22; 103-102, eff. 6-16-23;
23 103-588, eff. 6-5-24.)

24 (20 ILCS 301/55-40)

25 Sec. 55-40. Recovery residences.

1 (a) As used in this Section, "recovery residence" means a
2 sober, safe, and healthy living environment that promotes
3 recovery from alcohol and other drug use and associated
4 problems. These residences are not subject to Department
5 licensure as they are viewed as independent living residences
6 that only provide peer support and a lengthened exposure to
7 the culture of recovery.

8 (b) The Department shall develop and maintain an online
9 registry for recovery residences that operate in Illinois to
10 serve as a resource for individuals seeking continued recovery
11 assistance.

12 (c) Non-licensable recovery residences are encouraged to
13 register with the Department and the registry shall be
14 publicly available through online posting.

15 (d) The registry shall indicate any accreditation,
16 certification, or licensure that each recovery residence has
17 received from an entity that has developed uniform national
18 standards. The registry shall also indicate each recovery
19 residence's location in order to assist providers and
20 individuals in finding alcohol, gambling, and drug free
21 housing options with like-minded residents who are committed
22 to alcohol, gambling, and drug free living.

23 (e) Registrants are encouraged to seek national
24 accreditation from any entity that has developed uniform State
25 or national standards for recovery residences.

26 (f) The Department shall include a disclaimer on the

1 registry that states that the recovery residences are not
2 regulated by the Department and their listing is provided as a
3 resource but not as an endorsement by the State.

4 (Source: P.A. 100-1062, eff. 1-1-19; 101-81, eff. 7-12-19.)

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