

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 Freedom of Information Act is amended by  
5 changing Section 7 as follows:

6 (5 ILCS 140/7)

7 (Text of Section before amendment by P.A. 104-300)

8 Sec. 7. Exemptions.

9 (1) When a request is made to inspect or copy a public  
10 record that contains information that is exempt from  
11 disclosure under this Section, but also contains information  
12 that is not exempt from disclosure, the public body may elect  
13 to redact the information that is exempt. The public body  
14 shall make the remaining information available for inspection  
15 and copying. Subject to this requirement, the following shall  
16 be exempt from inspection and copying:

17 (a) Information specifically prohibited from  
18 disclosure by federal or State law or rules and  
19 regulations implementing federal or State law.

20 (b) Private information, unless disclosure is required  
21 by another provision of this Act, a State or federal law,  
22 or a court order.

23 (b-5) Files, documents, and other data or databases

1 maintained by one or more law enforcement agencies and  
2 specifically designed to provide information to one or  
3 more law enforcement agencies regarding the physical or  
4 mental status of one or more individual subjects.

5 (c) Personal information contained within public  
6 records, the disclosure of which would constitute a  
7 clearly unwarranted invasion of personal privacy, unless  
8 the disclosure is consented to in writing by the  
9 individual subjects of the information. "Unwarranted  
10 invasion of personal privacy" means the disclosure of  
11 information that is highly personal or objectionable to a  
12 reasonable person and in which the subject's right to  
13 privacy outweighs any legitimate public interest in  
14 obtaining the information. The disclosure of information  
15 that bears on the public duties of public employees and  
16 officials shall not be considered an invasion of personal  
17 privacy.

18 (d) Records in the possession of any public body  
19 created in the course of administrative enforcement  
20 proceedings, and any law enforcement or correctional  
21 agency for law enforcement purposes, but only to the  
22 extent that disclosure would:

23 (i) interfere with pending or actually and  
24 reasonably contemplated law enforcement proceedings  
25 conducted by any law enforcement or correctional  
26 agency that is the recipient of the request;

1           (ii) interfere with active administrative  
2 enforcement proceedings conducted by the public body  
3 that is the recipient of the request;

4           (iii) create a substantial likelihood that a  
5 person will be deprived of a fair trial or an impartial  
6 hearing;

7           (iv) unavoidably disclose the identity of a  
8 confidential source, confidential information  
9 furnished only by the confidential source, or persons  
10 who file complaints with or provide information to  
11 administrative, investigative, law enforcement, or  
12 penal agencies; except that the identities of  
13 witnesses to traffic crashes, traffic crash reports,  
14 and rescue reports shall be provided by agencies of  
15 local government, except when disclosure would  
16 interfere with an active criminal investigation  
17 conducted by the agency that is the recipient of the  
18 request;

19           (v) disclose unique or specialized investigative  
20 techniques other than those generally used and known  
21 or disclose internal documents of correctional  
22 agencies related to detection, observation, or  
23 investigation of incidents of crime or misconduct, and  
24 disclosure would result in demonstrable harm to the  
25 agency or public body that is the recipient of the  
26 request;

1           (vi) endanger the life or physical safety of law  
2 enforcement personnel or any other person; or

3           (vii) obstruct an ongoing criminal investigation  
4 by the agency that is the recipient of the request.

5           (d-5) A law enforcement record created for law  
6 enforcement purposes and contained in a shared electronic  
7 record management system if the law enforcement agency or  
8 criminal justice agency that is the recipient of the  
9 request did not create the record, did not participate in  
10 or have a role in any of the events which are the subject  
11 of the record, and only has access to the record through  
12 the shared electronic record management system. As used in  
13 this subsection (d-5), "criminal justice agency" means the  
14 Illinois Criminal Justice Information Authority or the  
15 Illinois Sentencing Policy Advisory Council.

16           (d-6) Records contained in the Officer Professional  
17 Conduct Database under Section 9.2 of the Illinois Police  
18 Training Act, except to the extent authorized under that  
19 Section. This includes the documents supplied to the  
20 Illinois Law Enforcement Training Standards Board from the  
21 Illinois State Police and Illinois State Police Merit  
22 Board.

23           (d-7) Information gathered or records created from the  
24 use of automatic license plate readers in connection with  
25 Section 2-130 of the Illinois Vehicle Code.

26           (e) Records that relate to or affect the security of

1           correctional institutions and detention facilities.

2           (e-5) Records requested by persons committed to the  
3           Department of Corrections, Department of Human Services  
4           Division of Mental Health, or a county jail if those  
5           materials are available in the library of the correctional  
6           institution or facility or jail where the inmate is  
7           confined.

8           (e-6) Records requested by persons committed to the  
9           Department of Corrections, Department of Human Services  
10          Division of Mental Health, or a county jail if those  
11          materials include records from staff members' personnel  
12          files, staff rosters, or other staffing assignment  
13          information.

14          (e-7) Records requested by persons committed to the  
15          Department of Corrections or Department of Human Services  
16          Division of Mental Health if those materials are available  
17          through an administrative request to the Department of  
18          Corrections or Department of Human Services Division of  
19          Mental Health.

20          (e-8) Records requested by a person committed to the  
21          Department of Corrections, Department of Human Services  
22          Division of Mental Health, or a county jail, the  
23          disclosure of which would result in the risk of harm to any  
24          person or the risk of an escape from a jail or correctional  
25          institution or facility.

26          (e-9) Records requested by a person in a county jail

1 or committed to the Department of Corrections or  
2 Department of Human Services Division of Mental Health,  
3 containing personal information pertaining to the person's  
4 victim or the victim's family, including, but not limited  
5 to, a victim's home address, home telephone number, work  
6 or school address, work telephone number, social security  
7 number, or any other identifying information, except as  
8 may be relevant to a requester's current or potential case  
9 or claim.

10 (e-10) Law enforcement records of other persons  
11 requested by a person committed to the Department of  
12 Corrections, Department of Human Services Division of  
13 Mental Health, or a county jail, including, but not  
14 limited to, arrest and booking records, mug shots, and  
15 crime scene photographs, except as these records may be  
16 relevant to the requester's current or potential case or  
17 claim.

18 (f) Preliminary drafts, notes, recommendations,  
19 memoranda, and other records in which opinions are  
20 expressed, or policies or actions are formulated, except  
21 that a specific record or relevant portion of a record  
22 shall not be exempt when the record is publicly cited and  
23 identified by the head of the public body. The exemption  
24 provided in this paragraph (f) extends to all those  
25 records of officers and agencies of the General Assembly  
26 that pertain to the preparation of legislative documents.

1           (g) Trade secrets and commercial or financial  
2 information obtained from a person or business where the  
3 trade secrets or commercial or financial information are  
4 furnished under a claim that they are proprietary,  
5 privileged, or confidential, and that disclosure of the  
6 trade secrets or commercial or financial information would  
7 cause competitive harm to the person or business, and only  
8 insofar as the claim directly applies to the records  
9 requested.

10           The information included under this exemption includes  
11 all trade secrets and commercial or financial information  
12 obtained by a public body, including a public pension  
13 fund, from a private equity fund or a privately held  
14 company within the investment portfolio of a private  
15 equity fund as a result of either investing or evaluating  
16 a potential investment of public funds in a private equity  
17 fund. The exemption contained in this item does not apply  
18 to the aggregate financial performance information of a  
19 private equity fund, nor to the identity of the fund's  
20 managers or general partners. The exemption contained in  
21 this item does not apply to the identity of a privately  
22 held company within the investment portfolio of a private  
23 equity fund, unless the disclosure of the identity of a  
24 privately held company may cause competitive harm.

25           Nothing contained in this paragraph (g) shall be  
26 construed to prevent a person or business from consenting

1 to disclosure.

2 (h) Proposals and bids for any contract, grant, or  
3 agreement, including information which if it were  
4 disclosed would frustrate procurement or give an advantage  
5 to any person proposing to enter into a contractor  
6 agreement with the body, until an award or final selection  
7 is made. Information prepared by or for the body in  
8 preparation of a bid solicitation shall be exempt until an  
9 award or final selection is made.

10 (i) Valuable formulae, computer geographic systems,  
11 designs, drawings, and research data obtained or produced  
12 by any public body when disclosure could reasonably be  
13 expected to produce private gain or public loss. The  
14 exemption for "computer geographic systems" provided in  
15 this paragraph (i) does not extend to requests made by  
16 news media as defined in Section 2 of this Act when the  
17 requested information is not otherwise exempt and the only  
18 purpose of the request is to access and disseminate  
19 information regarding the health, safety, welfare, or  
20 legal rights of the general public.

21 (j) The following information pertaining to  
22 educational matters:

23 (i) test questions, scoring keys, and other  
24 examination data used to administer an academic  
25 examination;

26 (ii) information received by a primary or

1 secondary school, college, or university under its  
2 procedures for the evaluation of faculty members by  
3 their academic peers;

4 (iii) information concerning a school or  
5 university's adjudication of student disciplinary  
6 cases, but only to the extent that disclosure would  
7 unavoidably reveal the identity of the student; and

8 (iv) course materials or research materials used  
9 by faculty members.

10 (k) Architects' plans, engineers' technical  
11 submissions, and other construction related technical  
12 documents for projects not constructed or developed in  
13 whole or in part with public funds and the same for  
14 projects constructed or developed with public funds,  
15 including, but not limited to, power generating and  
16 distribution stations and other transmission and  
17 distribution facilities, water treatment facilities,  
18 airport facilities, sport stadiums, convention centers,  
19 and all government owned, operated, or occupied buildings,  
20 but only to the extent that disclosure would compromise  
21 security.

22 (l) Minutes of meetings of public bodies closed to the  
23 public as provided in the Open Meetings Act until the  
24 public body makes the minutes available to the public  
25 under Section 2.06 of the Open Meetings Act.

26 (m) Communications between a public body and an

1 attorney or auditor representing the public body that  
2 would not be subject to discovery in litigation, and  
3 materials prepared or compiled by or for a public body in  
4 anticipation of a criminal, civil, or administrative  
5 proceeding upon the request of an attorney advising the  
6 public body, and materials prepared or compiled with  
7 respect to internal audits of public bodies.

8 (n) Records relating to a public body's adjudication  
9 of employee grievances or disciplinary cases; however,  
10 this exemption shall not extend to the final outcome of  
11 cases in which discipline is imposed.

12 (o) Administrative or technical information associated  
13 with automated data processing operations, including, but  
14 not limited to, software, operating protocols, computer  
15 program abstracts, file layouts, source listings, object  
16 modules, load modules, user guides, documentation  
17 pertaining to all logical and physical design of  
18 computerized systems, employee manuals, and any other  
19 information that, if disclosed, would jeopardize the  
20 security of the system or its data or the security of  
21 materials exempt under this Section.

22 (p) Records relating to collective negotiating matters  
23 between public bodies and their employees or  
24 representatives, except that any final contract or  
25 agreement shall be subject to inspection and copying.

26 (q) Test questions, scoring keys, and other

1 examination data used to determine the qualifications of  
2 an applicant for a license or employment.

3 (r) The records, documents, and information relating  
4 to real estate purchase negotiations until those  
5 negotiations have been completed or otherwise terminated.  
6 With regard to a parcel involved in a pending or actually  
7 and reasonably contemplated eminent domain proceeding  
8 under the Eminent Domain Act, records, documents, and  
9 information relating to that parcel shall be exempt except  
10 as may be allowed under discovery rules adopted by the  
11 Illinois Supreme Court. The records, documents, and  
12 information relating to a real estate sale shall be exempt  
13 until a sale is consummated.

14 (s) Any and all proprietary information and records  
15 related to the operation of an intergovernmental risk  
16 management association or self-insurance pool or jointly  
17 self-administered health and accident cooperative or pool.  
18 Insurance or self-insurance (including any  
19 intergovernmental risk management association or  
20 self-insurance pool) claims, loss or risk management  
21 information, records, data, advice, or communications.

22 (t) Information contained in or related to  
23 examination, operating, or condition reports prepared by,  
24 on behalf of, or for the use of a public body responsible  
25 for the regulation or supervision of financial  
26 institutions, insurance companies, or pharmacy benefit

1 managers, unless disclosure is otherwise required by State  
2 law.

3 (u) Information that would disclose or might lead to  
4 the disclosure of secret or confidential information,  
5 codes, algorithms, programs, or private keys intended to  
6 be used to create electronic signatures under the Uniform  
7 Electronic Transactions Act.

8 (v) Vulnerability assessments, security measures, and  
9 response policies or plans that are designed to identify,  
10 prevent, or respond to potential attacks upon a  
11 community's population or systems, facilities, or  
12 installations, but only to the extent that disclosure  
13 could reasonably be expected to expose the vulnerability  
14 or jeopardize the effectiveness of the measures, policies,  
15 or plans, or the safety of the personnel who implement  
16 them or the public. Information exempt under this item may  
17 include such things as details pertaining to the  
18 mobilization or deployment of personnel or equipment, to  
19 the operation of communication systems or protocols, to  
20 cybersecurity vulnerabilities, or to tactical operations.

21 (w) (Blank).

22 (x) Maps and other records regarding the location or  
23 security of generation, transmission, distribution,  
24 storage, gathering, treatment, or switching facilities  
25 owned by a utility, by a power generator, or by the  
26 Illinois Power Agency.

1           (y) Information contained in or related to proposals,  
2           bids, or negotiations related to electric power  
3           procurement under Section 1-75 of the Illinois Power  
4           Agency Act and Section 16-111.5 of the Public Utilities  
5           Act that is determined to be confidential and proprietary  
6           by the Illinois Power Agency or by the Illinois Commerce  
7           Commission.

8           (z) Information about students exempted from  
9           disclosure under Section 10-20.38 or 34-18.29 of the  
10          School Code, and information about undergraduate students  
11          enrolled at an institution of higher education exempted  
12          from disclosure under Section 25 of the Illinois Credit  
13          Card Marketing Act of 2009.

14          (aa) Information the disclosure of which is exempted  
15          under the Viatical Settlements Act of 2009.

16          (bb) Records and information provided to a mortality  
17          review team and records maintained by a mortality review  
18          team appointed under the Department of Juvenile Justice  
19          Mortality Review Team Act.

20          (cc) Information regarding interments, entombments, or  
21          inurnments of human remains that are submitted to the  
22          Cemetery Oversight Database under the Cemetery Care Act or  
23          the Cemetery Oversight Act, whichever is applicable.

24          (dd) Correspondence and records (i) that may not be  
25          disclosed under Section 11-9 of the Illinois Public Aid  
26          Code or (ii) that pertain to appeals under Section 11-8 of

1 the Illinois Public Aid Code.

2 (ee) The names, addresses, or other personal  
3 information of persons who are minors and are also  
4 participants and registrants in programs of park  
5 districts, forest preserve districts, conservation  
6 districts, recreation agencies, and special recreation  
7 associations.

8 (ff) The names, addresses, or other personal  
9 information of participants and registrants in programs of  
10 park districts, forest preserve districts, conservation  
11 districts, recreation agencies, and special recreation  
12 associations where such programs are targeted primarily to  
13 minors.

14 (gg) Confidential information described in Section  
15 1-100 of the Illinois Independent Tax Tribunal Act of  
16 2012.

17 (hh) The report submitted to the State Board of  
18 Education by the School Security and Standards Task Force  
19 under item (8) of subsection (d) of Section 2-3.160 of the  
20 School Code and any information contained in that report.

21 (ii) Records requested by persons committed to or  
22 detained by the Department of Human Services under the  
23 Sexually Violent Persons Commitment Act or committed to  
24 the Department of Corrections under the Sexually Dangerous  
25 Persons Act if those materials: (i) are available in the  
26 library of the facility where the individual is confined;

1 (ii) include records from staff members' personnel files,  
2 staff rosters, or other staffing assignment information;  
3 or (iii) are available through an administrative request  
4 to the Department of Human Services or the Department of  
5 Corrections.

6 (jj) Confidential information described in Section  
7 5-535 of the Civil Administrative Code of Illinois.

8 (kk) The public body's credit card numbers, debit card  
9 numbers, bank account numbers, Federal Employer  
10 Identification Number, security code numbers, passwords,  
11 and similar account information, the disclosure of which  
12 could result in identity theft or impersonation or defrauding  
13 of a governmental entity or a person.

14 (ll) Records concerning the work of the threat  
15 assessment team of a school district, including, but not  
16 limited to, any threat assessment procedure under the  
17 School Safety Drill Act and any information contained in  
18 the procedure.

19 (mm) Information prohibited from being disclosed under  
20 subsections (a) and (b) of Section 15 of the Student  
21 Confidential Reporting Act.

22 (nn) Proprietary information submitted to the  
23 Environmental Protection Agency under the Drug Take-Back  
24 Act.

25 (oo) Records described in subsection (f) of Section  
26 3-5-1 of the Unified Code of Corrections.

1           (pp) Any and all information regarding burials,  
2 interments, or entombments of human remains as required to  
3 be reported to the Department of Natural Resources  
4 pursuant either to the Archaeological and Paleontological  
5 Resources Protection Act or the Human Remains Protection  
6 Act.

7           (qq) Reports described in subsection (e) of Section  
8 16-15 of the Abortion Care Clinical Training Program Act.

9           (rr) Information obtained by a certified local health  
10 department under the Access to Public Health Data Act.

11           (ss) For a request directed to a public body that is  
12 also a HIPAA-covered entity, all information that is  
13 protected health information, including demographic  
14 information, that may be contained within or extracted  
15 from any record held by the public body in compliance with  
16 State and federal medical privacy laws and regulations,  
17 including, but not limited to, the Health Insurance  
18 Portability and Accountability Act and its regulations, 45  
19 CFR Parts 160 and 164. As used in this paragraph,  
20 "HIPAA-covered entity" has the meaning given to the term  
21 "covered entity" in 45 CFR 160.103 and "protected health  
22 information" has the meaning given to that term in 45 CFR  
23 160.103.

24           (tt) Proposals or bids submitted by engineering  
25 consultants in response to requests for proposal or other  
26 competitive bidding requests by the Department of

1 Transportation or the Illinois Toll Highway Authority.

2 (uu) Documents that, pursuant to the State of  
3 Illinois' 1987 Agreement with the U.S. Nuclear Regulatory  
4 Commission and the corresponding requirement to maintain  
5 compatibility with the National Materials Program, have  
6 been determined to be security sensitive. These documents  
7 include information classified as safeguards,  
8 safeguards-modified, and sensitive unclassified  
9 nonsafeguards information, as identified in U.S. Nuclear  
10 Regulatory Commission regulatory information summaries,  
11 security advisories, and other applicable communications  
12 or regulations related to the control and distribution of  
13 security sensitive information.

14 (1.5) Any information exempt from disclosure under the  
15 Judicial Privacy Act shall be redacted from public records  
16 prior to disclosure under this Act.

17 (1.6) Any information exempt from disclosure under the  
18 Public Official Safety and Privacy Act shall be redacted from  
19 public records prior to disclosure under this Act.

20 (1.7) Any information exempt from disclosure under  
21 paragraph (3.5) of Section 9-15 of the Election Code shall be  
22 redacted from public records prior to disclosure under this  
23 Act.

24 (2) A public record that is not in the possession of a  
25 public body but is in the possession of a party with whom the  
26 agency has contracted to perform a governmental function on

1 behalf of the public body, and that directly relates to the  
2 governmental function and is not otherwise exempt under this  
3 Act, shall be considered a public record of the public body,  
4 for purposes of this Act.

5 (3) This Section does not authorize withholding of  
6 information or limit the availability of records to the  
7 public, except as stated in this Section or otherwise provided  
8 in this Act.

9 (Source: P.A. 103-154, eff. 6-30-23; 103-423, eff. 1-1-24;  
10 103-446, eff. 8-4-23; 103-462, eff. 8-4-23; 103-540, eff.  
11 1-1-24; 103-554, eff. 1-1-24; 103-605, eff. 7-1-24; 103-865,  
12 eff. 1-1-25; 104-438, eff. 1-1-26; 104-443, eff. 1-1-26;  
13 revised 1-7-26.)

14 (Text of Section after amendment by P.A. 104-300)

15 Sec. 7. Exemptions.

16 (1) When a request is made to inspect or copy a public  
17 record that contains information that is exempt from  
18 disclosure under this Section, but also contains information  
19 that is not exempt from disclosure, the public body may elect  
20 to redact the information that is exempt. The public body  
21 shall make the remaining information available for inspection  
22 and copying. Subject to this requirement, the following shall  
23 be exempt from inspection and copying:

24 (a) Records created or compiled by a State public  
25 defender agency or commission subject to the State Public

1 Defender Act that contain: individual client identity;  
2 individual case file information; individual investigation  
3 records and other records that are otherwise subject to  
4 attorney-client privilege; records that would not be  
5 discoverable in litigation; records under Section 2.15;  
6 training materials; records related to attorney  
7 consultation and representation strategy; or any of the  
8 above concerning clients of county public defenders or  
9 other defender agencies and firms. This exclusion does not  
10 apply to deidentified, aggregated, administrative records,  
11 such as general case processing and workload information.

12 (a-5) Information specifically prohibited from  
13 disclosure by federal or State law or rules and  
14 regulations implementing federal or State law.

15 (b) Private information, unless disclosure is required  
16 by another provision of this Act, a State or federal law,  
17 or a court order.

18 (b-5) Files, documents, and other data or databases  
19 maintained by one or more law enforcement agencies and  
20 specifically designed to provide information to one or  
21 more law enforcement agencies regarding the physical or  
22 mental status of one or more individual subjects.

23 (c) Personal information contained within public  
24 records, the disclosure of which would constitute a  
25 clearly unwarranted invasion of personal privacy, unless  
26 the disclosure is consented to in writing by the

1 individual subjects of the information. "Unwarranted  
2 invasion of personal privacy" means the disclosure of  
3 information that is highly personal or objectionable to a  
4 reasonable person and in which the subject's right to  
5 privacy outweighs any legitimate public interest in  
6 obtaining the information. The disclosure of information  
7 that bears on the public duties of public employees and  
8 officials shall not be considered an invasion of personal  
9 privacy.

10 (d) Records in the possession of any public body  
11 created in the course of administrative enforcement  
12 proceedings, and any law enforcement or correctional  
13 agency for law enforcement purposes, but only to the  
14 extent that disclosure would:

15 (i) interfere with pending or actually and  
16 reasonably contemplated law enforcement proceedings  
17 conducted by any law enforcement or correctional  
18 agency that is the recipient of the request;

19 (ii) interfere with active administrative  
20 enforcement proceedings conducted by the public body  
21 that is the recipient of the request;

22 (iii) create a substantial likelihood that a  
23 person will be deprived of a fair trial or an impartial  
24 hearing;

25 (iv) unavoidably disclose the identity of a  
26 confidential source, confidential information

1 furnished only by the confidential source, or persons  
2 who file complaints with or provide information to  
3 administrative, investigative, law enforcement, or  
4 penal agencies; except that the identities of  
5 witnesses to traffic crashes, traffic crash reports,  
6 and rescue reports shall be provided by agencies of  
7 local government, except when disclosure would  
8 interfere with an active criminal investigation  
9 conducted by the agency that is the recipient of the  
10 request;

11 (v) disclose unique or specialized investigative  
12 techniques other than those generally used and known  
13 or disclose internal documents of correctional  
14 agencies related to detection, observation, or  
15 investigation of incidents of crime or misconduct, and  
16 disclosure would result in demonstrable harm to the  
17 agency or public body that is the recipient of the  
18 request;

19 (vi) endanger the life or physical safety of law  
20 enforcement personnel or any other person; or

21 (vii) obstruct an ongoing criminal investigation  
22 by the agency that is the recipient of the request.

23 (d-5) A law enforcement record created for law  
24 enforcement purposes and contained in a shared electronic  
25 record management system if the law enforcement agency or  
26 criminal justice agency that is the recipient of the

1 request did not create the record, did not participate in  
2 or have a role in any of the events which are the subject  
3 of the record, and only has access to the record through  
4 the shared electronic record management system. As used in  
5 this subsection (d-5), "criminal justice agency" means the  
6 Illinois Criminal Justice Information Authority or the  
7 Illinois Sentencing Policy Advisory Council.

8 (d-6) Records contained in the Officer Professional  
9 Conduct Database under Section 9.2 of the Illinois Police  
10 Training Act, except to the extent authorized under that  
11 Section. This includes the documents supplied to the  
12 Illinois Law Enforcement Training Standards Board from the  
13 Illinois State Police and Illinois State Police Merit  
14 Board.

15 (d-7) Information gathered or records created from the  
16 use of automatic license plate readers in connection with  
17 Section 2-130 of the Illinois Vehicle Code.

18 (e) Records that relate to or affect the security of  
19 correctional institutions and detention facilities.

20 (e-5) Records requested by persons committed to the  
21 Department of Corrections, Department of Human Services  
22 ~~Division of Mental Health~~, or a county jail if those  
23 materials are available in the library of the correctional  
24 institution or facility or jail where the inmate is  
25 confined.

26 (e-6) Records requested by persons committed to the

1 Department of Corrections, Department of Human Services  
2 ~~Division of Mental Health~~, or a county jail if those  
3 materials include records from staff members' personnel  
4 files, staff rosters, or other staffing assignment  
5 information.

6 (e-7) Records requested by persons committed to the  
7 Department of Corrections or Department of Human Services  
8 ~~Division of Mental Health~~ if those materials are available  
9 through an administrative request to the Department of  
10 Corrections or Department of Human Services ~~Division of~~  
11 ~~Mental Health~~.

12 (e-8) Records requested by a person committed to the  
13 Department of Corrections, Department of Human Services  
14 ~~Division of Mental Health~~, or a county jail, the  
15 disclosure of which would result in the risk of harm to any  
16 person or the risk of an escape from a jail or correctional  
17 institution or facility.

18 (e-9) Records requested by a person in a county jail  
19 or committed to the Department of Corrections or  
20 Department of Human Services ~~Division of Mental Health~~,  
21 containing personal information pertaining to the person's  
22 victim or the victim's family, including, but not limited  
23 to, a victim's home address, home telephone number, work  
24 or school address, work telephone number, social security  
25 number, or any other identifying information, except as  
26 may be relevant to a requester's current or potential case

1 or claim.

2 (e-10) Law enforcement records of other persons  
3 requested by a person committed to the Department of  
4 Corrections, Department of Human Services ~~Division of~~  
5 ~~Mental Health~~, or a county jail, including, but not  
6 limited to, arrest and booking records, mug shots, and  
7 crime scene photographs, except as these records may be  
8 relevant to the requester's current or potential case or  
9 claim.

10 (f) Preliminary drafts, notes, recommendations,  
11 memoranda, and other records in which opinions are  
12 expressed, or policies or actions are formulated, except  
13 that a specific record or relevant portion of a record  
14 shall not be exempt when the record is publicly cited and  
15 identified by the head of the public body. The exemption  
16 provided in this paragraph (f) extends to all those  
17 records of officers and agencies of the General Assembly  
18 that pertain to the preparation of legislative documents.

19 (g) Trade secrets and commercial or financial  
20 information obtained from a person or business where the  
21 trade secrets or commercial or financial information are  
22 furnished under a claim that they are proprietary,  
23 privileged, or confidential, and that disclosure of the  
24 trade secrets or commercial or financial information would  
25 cause competitive harm to the person or business, and only  
26 insofar as the claim directly applies to the records

1 requested.

2 The information included under this exemption includes  
3 all trade secrets and commercial or financial information  
4 obtained by a public body, including a public pension  
5 fund, from a private equity fund or a privately held  
6 company within the investment portfolio of a private  
7 equity fund as a result of either investing or evaluating  
8 a potential investment of public funds in a private equity  
9 fund. The exemption contained in this item does not apply  
10 to the aggregate financial performance information of a  
11 private equity fund, nor to the identity of the fund's  
12 managers or general partners. The exemption contained in  
13 this item does not apply to the identity of a privately  
14 held company within the investment portfolio of a private  
15 equity fund, unless the disclosure of the identity of a  
16 privately held company may cause competitive harm.

17 Nothing contained in this paragraph (g) shall be  
18 construed to prevent a person or business from consenting  
19 to disclosure.

20 (h) Proposals and bids for any contract, grant, or  
21 agreement, including information which if it were  
22 disclosed would frustrate procurement or give an advantage  
23 to any person proposing to enter into a contractor  
24 agreement with the body, until an award or final selection  
25 is made. Information prepared by or for the body in  
26 preparation of a bid solicitation shall be exempt until an

1 award or final selection is made.

2 (i) Valuable formulae, computer geographic systems,  
3 designs, drawings, and research data obtained or produced  
4 by any public body when disclosure could reasonably be  
5 expected to produce private gain or public loss. The  
6 exemption for "computer geographic systems" provided in  
7 this paragraph (i) does not extend to requests made by  
8 news media as defined in Section 2 of this Act when the  
9 requested information is not otherwise exempt and the only  
10 purpose of the request is to access and disseminate  
11 information regarding the health, safety, welfare, or  
12 legal rights of the general public.

13 (j) The following information pertaining to  
14 educational matters:

15 (i) test questions, scoring keys, and other  
16 examination data used to administer an academic  
17 examination;

18 (ii) information received by a primary or  
19 secondary school, college, or university under its  
20 procedures for the evaluation of faculty members by  
21 their academic peers;

22 (iii) information concerning a school or  
23 university's adjudication of student disciplinary  
24 cases, but only to the extent that disclosure would  
25 unavoidably reveal the identity of the student; and

26 (iv) course materials or research materials used

1           by faculty members.

2           (k) Architects' plans, engineers' technical  
3           submissions, and other construction related technical  
4           documents for projects not constructed or developed in  
5           whole or in part with public funds and the same for  
6           projects constructed or developed with public funds,  
7           including, but not limited to, power generating and  
8           distribution stations and other transmission and  
9           distribution facilities, water treatment facilities,  
10          airport facilities, sport stadiums, convention centers,  
11          and all government owned, operated, or occupied buildings,  
12          but only to the extent that disclosure would compromise  
13          security.

14          (l) Minutes of meetings of public bodies closed to the  
15          public as provided in the Open Meetings Act until the  
16          public body makes the minutes available to the public  
17          under Section 2.06 of the Open Meetings Act.

18          (m) Communications between a public body and an  
19          attorney or auditor representing the public body that  
20          would not be subject to discovery in litigation, and  
21          materials prepared or compiled by or for a public body in  
22          anticipation of a criminal, civil, or administrative  
23          proceeding upon the request of an attorney advising the  
24          public body, and materials prepared or compiled with  
25          respect to internal audits of public bodies.

26          (n) Records relating to a public body's adjudication

1 of employee grievances or disciplinary cases; however,  
2 this exemption shall not extend to the final outcome of  
3 cases in which discipline is imposed.

4 (o) Administrative or technical information associated  
5 with automated data processing operations, including, but  
6 not limited to, software, operating protocols, computer  
7 program abstracts, file layouts, source listings, object  
8 modules, load modules, user guides, documentation  
9 pertaining to all logical and physical design of  
10 computerized systems, employee manuals, and any other  
11 information that, if disclosed, would jeopardize the  
12 security of the system or its data or the security of  
13 materials exempt under this Section.

14 (p) Records relating to collective negotiating matters  
15 between public bodies and their employees or  
16 representatives, except that any final contract or  
17 agreement shall be subject to inspection and copying.

18 (q) Test questions, scoring keys, and other  
19 examination data used to determine the qualifications of  
20 an applicant for a license or employment.

21 (r) The records, documents, and information relating  
22 to real estate purchase negotiations until those  
23 negotiations have been completed or otherwise terminated.  
24 With regard to a parcel involved in a pending or actually  
25 and reasonably contemplated eminent domain proceeding  
26 under the Eminent Domain Act, records, documents, and

1 information relating to that parcel shall be exempt except  
2 as may be allowed under discovery rules adopted by the  
3 Illinois Supreme Court. The records, documents, and  
4 information relating to a real estate sale shall be exempt  
5 until a sale is consummated.

6 (s) Any and all proprietary information and records  
7 related to the operation of an intergovernmental risk  
8 management association or self-insurance pool or jointly  
9 self-administered health and accident cooperative or pool.  
10 Insurance or self-insurance (including any  
11 intergovernmental risk management association or  
12 self-insurance pool) claims, loss or risk management  
13 information, records, data, advice, or communications.

14 (t) Information contained in or related to  
15 examination, operating, or condition reports prepared by,  
16 on behalf of, or for the use of a public body responsible  
17 for the regulation or supervision of financial  
18 institutions, insurance companies, or pharmacy benefit  
19 managers, unless disclosure is otherwise required by State  
20 law.

21 (u) Information that would disclose or might lead to  
22 the disclosure of secret or confidential information,  
23 codes, algorithms, programs, or private keys intended to  
24 be used to create electronic signatures under the Uniform  
25 Electronic Transactions Act.

26 (v) Vulnerability assessments, security measures, and

1 response policies or plans that are designed to identify,  
2 prevent, or respond to potential attacks upon a  
3 community's population or systems, facilities, or  
4 installations, but only to the extent that disclosure  
5 could reasonably be expected to expose the vulnerability  
6 or jeopardize the effectiveness of the measures, policies,  
7 or plans, or the safety of the personnel who implement  
8 them or the public. Information exempt under this item may  
9 include such things as details pertaining to the  
10 mobilization or deployment of personnel or equipment, to  
11 the operation of communication systems or protocols, to  
12 cybersecurity vulnerabilities, or to tactical operations.

13 (w) (Blank).

14 (x) Maps and other records regarding the location or  
15 security of generation, transmission, distribution,  
16 storage, gathering, treatment, or switching facilities  
17 owned by a utility, by a power generator, or by the  
18 Illinois Power Agency.

19 (y) Information contained in or related to proposals,  
20 bids, or negotiations related to electric power  
21 procurement under Section 1-75 of the Illinois Power  
22 Agency Act and Section 16-111.5 of the Public Utilities  
23 Act that is determined to be confidential and proprietary  
24 by the Illinois Power Agency or by the Illinois Commerce  
25 Commission.

26 (z) Information about students exempted from

1 disclosure under Section 10-20.38 or 34-18.29 of the  
2 School Code, and information about undergraduate students  
3 enrolled at an institution of higher education exempted  
4 from disclosure under Section 25 of the Illinois Credit  
5 Card Marketing Act of 2009.

6 (aa) Information the disclosure of which is exempted  
7 under the Viatical Settlements Act of 2009.

8 (bb) Records and information provided to a mortality  
9 review team and records maintained by a mortality review  
10 team appointed under the Department of Juvenile Justice  
11 Mortality Review Team Act.

12 (cc) Information regarding interments, entombments, or  
13 inurnments of human remains that are submitted to the  
14 Cemetery Oversight Database under the Cemetery Care Act or  
15 the Cemetery Oversight Act, whichever is applicable.

16 (dd) Correspondence and records (i) that may not be  
17 disclosed under Section 11-9 of the Illinois Public Aid  
18 Code or (ii) that pertain to appeals under Section 11-8 of  
19 the Illinois Public Aid Code.

20 (ee) The names, addresses, or other personal  
21 information of persons who are minors and are also  
22 participants and registrants in programs of park  
23 districts, forest preserve districts, conservation  
24 districts, recreation agencies, and special recreation  
25 associations.

26 (ff) The names, addresses, or other personal

1 information of participants and registrants in programs of  
2 park districts, forest preserve districts, conservation  
3 districts, recreation agencies, and special recreation  
4 associations where such programs are targeted primarily to  
5 minors.

6 (gg) Confidential information described in Section  
7 1-100 of the Illinois Independent Tax Tribunal Act of  
8 2012.

9 (hh) The report submitted to the State Board of  
10 Education by the School Security and Standards Task Force  
11 under item (8) of subsection (d) of Section 2-3.160 of the  
12 School Code and any information contained in that report.

13 (ii) Records requested by persons committed to or  
14 detained by the Department of Human Services under the  
15 Sexually Violent Persons Commitment Act or committed to  
16 the Department of Corrections under the Sexually Dangerous  
17 Persons Act if those materials: (i) are available in the  
18 library of the facility where the individual is confined;  
19 (ii) include records from staff members' personnel files,  
20 staff rosters, or other staffing assignment information;  
21 or (iii) are available through an administrative request  
22 to the Department of Human Services or the Department of  
23 Corrections.

24 (jj) Confidential information described in Section  
25 5-535 of the Civil Administrative Code of Illinois.

26 (kk) The public body's credit card numbers, debit card

1 numbers, bank account numbers, Federal Employer  
2 Identification Number, security code numbers, passwords,  
3 and similar account information, the disclosure of which  
4 could result in identity theft or impersonation or defrauding  
5 of a governmental entity or a person.

6 (ll) Records concerning the work of the threat  
7 assessment team of a school district, including, but not  
8 limited to, any threat assessment procedure under the  
9 School Safety Drill Act and any information contained in  
10 the procedure.

11 (mm) Information prohibited from being disclosed under  
12 subsections (a) and (b) of Section 15 of the Student  
13 Confidential Reporting Act.

14 (nn) Proprietary information submitted to the  
15 Environmental Protection Agency under the Drug Take-Back  
16 Act.

17 (oo) Records described in subsection (f) of Section  
18 3-5-1 of the Unified Code of Corrections.

19 (pp) Any and all information regarding burials,  
20 interments, or entombments of human remains as required to  
21 be reported to the Department of Natural Resources  
22 pursuant either to the Archaeological and Paleontological  
23 Resources Protection Act or the Human Remains Protection  
24 Act.

25 (qq) Reports described in subsection (e) of Section  
26 16-15 of the Abortion Care Clinical Training Program Act.

1           (rr) Information obtained by a certified local health  
2 department under the Access to Public Health Data Act.

3           (ss) For a request directed to a public body that is  
4 also a HIPAA-covered entity, all information that is  
5 protected health information, including demographic  
6 information, that may be contained within or extracted  
7 from any record held by the public body in compliance with  
8 State and federal medical privacy laws and regulations,  
9 including, but not limited to, the Health Insurance  
10 Portability and Accountability Act and its regulations, 45  
11 CFR Parts 160 and 164. As used in this paragraph,  
12 "HIPAA-covered entity" has the meaning given to the term  
13 "covered entity" in 45 CFR 160.103 and "protected health  
14 information" has the meaning given to that term in 45 CFR  
15 160.103.

16           (tt) Proposals or bids submitted by engineering  
17 consultants in response to requests for proposal or other  
18 competitive bidding requests by the Department of  
19 Transportation or the Illinois Toll Highway Authority.

20           (uu) Documents that, pursuant to the State of  
21 Illinois' 1987 Agreement with the U.S. Nuclear Regulatory  
22 Commission and the corresponding requirement to maintain  
23 compatibility with the National Materials Program, have  
24 been determined to be security sensitive. These documents  
25 include information classified as safeguards,  
26 safeguards-modified, and sensitive unclassified

1 nonsafeguards information, as identified in U.S. Nuclear  
2 Regulatory Commission regulatory information summaries,  
3 security advisories, and other applicable communications  
4 or regulations related to the control and distribution of  
5 security sensitive information.

6 (1.5) Any information exempt from disclosure under the  
7 Judicial Privacy Act shall be redacted from public records  
8 prior to disclosure under this Act.

9 (1.6) Any information exempt from disclosure under the  
10 Public Official Safety and Privacy Act shall be redacted from  
11 public records prior to disclosure under this Act.

12 (1.7) Any information exempt from disclosure under  
13 paragraph (3.5) of Section 9-15 of the Election Code shall be  
14 redacted from public records prior to disclosure under this  
15 Act.

16 (2) A public record that is not in the possession of a  
17 public body but is in the possession of a party with whom the  
18 agency has contracted to perform a governmental function on  
19 behalf of the public body, and that directly relates to the  
20 governmental function and is not otherwise exempt under this  
21 Act, shall be considered a public record of the public body,  
22 for purposes of this Act.

23 (3) This Section does not authorize withholding of  
24 information or limit the availability of records to the  
25 public, except as stated in this Section or otherwise provided  
26 in this Act.

1 (Source: P.A. 103-154, eff. 6-30-23; 103-423, eff. 1-1-24;  
2 103-446, eff. 8-4-23; 103-462, eff. 8-4-23; 103-540, eff.  
3 1-1-24; 103-554, eff. 1-1-24; 103-605, eff. 7-1-24; 103-865,  
4 eff. 1-1-25; 104-300, eff. 1-1-27; 104-438, eff. 1-1-26;  
5 104-443, eff. 1-1-26; revised 1-7-26.)

6 Section 10. The Youth Homelessness Prevention Subcommittee  
7 Act is amended by changing Sections 5 and 15 as follows:

8 (15 ILCS 60/5)

9 Sec. 5. Legislative findings. The General Assembly finds  
10 that 1 in 10 young people ages 18-25 experience a form of  
11 homelessness over a 12-month period. Also 1 in 30 youths ages  
12 13-17 experience a form of homelessness over a 12-month  
13 period. Homelessness disproportionately impacts  
14 African-American youth and mirrors the racial disparities in  
15 school suspensions, incarceration rates, and foster care  
16 placement. Youth who have interacted with State systems of  
17 care, such as the Department of Children and Family Services,  
18 the Department of Juvenile Justice, the Department of Human  
19 Services ~~Services' Division of Mental Health~~, and the  
20 Department of Corrections, and youth who have been  
21 hospitalized for mental health problems are disproportionately  
22 overrepresented in the population of people experiencing  
23 homelessness. The U.S. Department of Education classifies  
24 youth living "doubled up" as homeless. "Doubled up" is a term

1 that refers to a situation where individuals are unable to  
2 maintain their own housing situation and are forced to stay  
3 with a series of friends or extended family members. The  
4 individual has no right or authority over the housing. The  
5 "homes" of such individuals are often unstable, not permanent,  
6 and can be as dangerous as living on the streets. As a result,  
7 doubled up housing situations are potentially detrimental to  
8 the health and well-being of these homeless youth. A study  
9 conducted by the U.S. Bureau of Justice Statistics found that  
10 12% of prisoners were homeless at the time of their arrest.  
11 Similarly, a national survey of jail inmates concluded that  
12 more than 15% of the jail population had been homeless at some  
13 point in the preceding year, a rate 8 to 11 times the national  
14 average. Illinois needs a cohesive strategy across our child  
15 welfare, mental health, corrections, and human services  
16 agencies that is designed to reduce the rates of homelessness  
17 among youth and to lessen the likelihood of youth experiencing  
18 chronic homelessness into adulthood.

19 (Source: P.A. 101-98, eff. 1-1-20.)

20 (15 ILCS 60/15)

21 Sec. 15. Duties. The Youth Homelessness Prevention  
22 Subcommittee shall:

23 (1) Review the discharge planning, service plans, and  
24 discharge procedures for youth leaving the custody or  
25 guardianship of the Department of Children and Family

1 Services, the Department of Juvenile Justice, the  
2 Department of Human Services ~~Services' Division of Mental~~  
3 ~~Health~~, and the Department of Corrections to determine  
4 whether such discharge planning and procedures ensure  
5 housing stability for youth leaving State systems of care.

6 (2) Collect data on the housing stability of youth for  
7 one year after they are released from the custody or  
8 guardianship of the Department of Children and Family  
9 Services, the Department of Juvenile Justice, the  
10 Department of Human Services ~~Services' Division of Mental~~  
11 ~~Health~~, or the Department of Corrections.

12 (3) Based on data collected under paragraph (2)  
13 regarding youth experiencing homelessness after leaving  
14 State systems of care, create a plan to improve discharge  
15 policies and procedures to ensure housing stability for  
16 youth leaving State systems of care.

17 (4) Provide recommendations on community plans for  
18 sustainable housing; create education and employment plans  
19 for homeless youth; and create strategic collaborations  
20 between the Department of Children and Family Services,  
21 the Department of Juvenile Justice, the Department of  
22 Human Services ~~Services' Division of Mental Health~~, and  
23 the Department of Corrections with respect to youth  
24 leaving State systems of care.

25 (Source: P.A. 101-98, eff. 1-1-20.)

1           Section 15. The Substance Use Disorder Act is amended by  
2 changing Sections 1-10, 50-10, and 55-30 as follows:

3           (20 ILCS 301/1-10)

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

7           "Case management" means a coordinated approach to the  
8 delivery of health and medical treatment, substance use  
9 disorder treatment, mental health treatment, and social  
10 services, linking patients with appropriate services to  
11 address specific needs and achieve stated goals. In general,  
12 case management assists patients with other disorders and  
13 conditions that require multiple services over extended  
14 periods of time and who face difficulty in gaining access to  
15 those services.

16           "Crime of violence" means any of the following crimes:  
17 murder, voluntary manslaughter, criminal sexual assault,  
18 aggravated criminal sexual assault, predatory criminal sexual  
19 assault of a child, armed robbery, robbery, arson, kidnapping,  
20 aggravated battery, aggravated arson, or any other felony that  
21 involves the use or threat of physical force or violence  
22 against another individual.

23           "Department" means the Department of Human Services.

24           "DUI" means driving under the influence of alcohol or  
25 other drugs.

1 "Designated program" means a category of service  
2 authorized by an intervention license issued by the Department  
3 for delivery of all services as described in Article 40 in this  
4 Act.

5 "Early intervention" means services, authorized by a  
6 treatment license, that are sub-clinical and pre-diagnostic  
7 and that are designed to screen, identify, and address risk  
8 factors that may be related to problems associated with  
9 substance use disorders and to assist individuals in  
10 recognizing harmful consequences. Early intervention services  
11 facilitate emotional and social stability and involves  
12 referrals for treatment, as needed.

13 "Facility" means the building or premises are used for the  
14 provision of licensable services, including support services,  
15 as set forth by rule.

16 "Gambling disorder" means persistent and recurring  
17 maladaptive gambling behavior that disrupts personal, family,  
18 or vocational pursuits.

19 "Holds itself out" means any activity that would lead one  
20 to reasonably conclude that the individual or entity provides  
21 or intends to provide licensable substance-related disorder  
22 intervention or treatment services. Such activities include,  
23 but are not limited to, advertisements, notices, statements,  
24 or contractual arrangements with managed care organizations,  
25 private health insurance, or employee assistance programs to  
26 provide services that require a license as specified in

1 Article 15.

2 "Informed consent" means legally valid written consent,  
3 given by a client, patient, or legal guardian, that authorizes  
4 intervention or treatment services from a licensed  
5 organization and that documents agreement to participate in  
6 those services and knowledge of the consequences of withdrawal  
7 from such services. Informed consent also acknowledges the  
8 client's or patient's right to a conflict-free choice of  
9 services from any licensed organization and the potential  
10 risks and benefits of selected services.

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

14 "Medication assisted treatment" means the prescription of  
15 medications that are approved by the U.S. Food and Drug  
16 Administration and the Center for Substance Abuse Treatment to  
17 assist with treatment for a substance use disorder and to  
18 support recovery for individuals receiving services in a  
19 facility licensed by the Department. Medication assisted  
20 treatment includes opioid treatment services as authorized by  
21 a Department license.

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

26 "Person" means any individual, firm, group, association,

1 partnership, corporation, trust, government or governmental  
2 subdivision or agency.

3 "Prevention" means an interactive process of individuals,  
4 families, schools, religious organizations, communities and  
5 regional, state and national organizations whose goals are to  
6 reduce the prevalence of substance use disorders, prevent the  
7 use of illegal drugs and the abuse of legal drugs by persons of  
8 all ages, prevent the use of alcohol by minors, build the  
9 capacities of individuals and systems, and promote healthy  
10 environments, lifestyles, and behaviors.

11 "Recovery" means a process of change through which  
12 individuals improve their health and wellness, live a  
13 self-directed life, and reach their full potential.

14 "Recovery support" means services designed to support  
15 individual recovery from a substance use disorder that may be  
16 delivered pre-treatment, during treatment, or post treatment.  
17 These services may be delivered in a wide variety of settings  
18 for the purpose of supporting the individual in meeting his or  
19 her recovery support goals.

20 "Secretary" means the Secretary of the Department of Human  
21 Services or the Secretary's ~~his or her~~ designee.

22 "Substance use disorder" means a spectrum of persistent  
23 and recurring problematic behavior that encompasses 10  
24 separate classes of drugs: alcohol; caffeine; cannabis;  
25 hallucinogens; inhalants; opioids; sedatives, hypnotics and  
26 anxiolytics; stimulants; and tobacco; and other unknown

1 substances leading to clinically significant impairment or  
2 distress.

3 "Treatment" means the broad range of emergency,  
4 outpatient, and residential care (including assessment,  
5 diagnosis, case management, treatment, and recovery support  
6 planning) may be extended to individuals with substance use  
7 disorders or to the families of those persons.

8 "Withdrawal management" means services designed to manage  
9 intoxication or withdrawal episodes (previously referred to as  
10 detoxification), interrupt the momentum of habitual,  
11 compulsive substance use and begin the initial engagement in  
12 medically necessary substance use disorder treatment.  
13 Withdrawal management allows patients to safely withdraw from  
14 substances in a controlled medically-structured environment.  
15 (Source: P.A. 100-759, eff. 1-1-19.)

16 (20 ILCS 301/50-10)

17 Sec. 50-10. ~~Alcoholism and Substance Abuse~~ Use Disorder Abuse  
18 Fund. Monies received from the federal government, except  
19 monies received under the Block Grant for the prevention  
20 ~~Prevention~~ and treatment ~~Treatment~~ of substance use disorder  
21 ~~Alcoholism and Substance Abuse~~, and other gifts or grants made  
22 by any person or other organization or State entity to the fund  
23 shall be deposited into the Substance Use Disorder ~~Alcoholism~~  
24 ~~and Substance Abuse~~ Fund which is hereby created as a special  
25 fund in the State treasury. Monies in this fund shall be

1 appropriated to the Department and expended for the purposes  
2 and activities specified by the person, organization or  
3 federal agency making the gift or grant.

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

5 (20 ILCS 301/55-30)

6 Sec. 55-30. Rate increase.

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

17 (b) (Blank).

18 (c) Beginning on July 1, 2022, the Department ~~Division of~~  
19 ~~Substance Use Prevention and Recovery~~ shall increase  
20 reimbursement rates for all community-based substance use  
21 disorder treatment and intervention services by 47%,  
22 including, but not limited to, all of the following:

23 (1) Admission and Discharge Assessment.

24 (2) Level 1 (Individual).

25 (3) Level 1 (Group).

- 1 (4) Level 2 (Individual).
- 2 (5) Level 2 (Group).
- 3 (6) Case Management.
- 4 (7) Psychiatric Evaluation.
- 5 (8) Medication Assisted Recovery.
- 6 (9) Community Intervention.
- 7 (10) Early Intervention (Individual).
- 8 (11) Early Intervention (Group).

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

20 As used in this Section, "Consumer Price Index-U" means  
21 the index published by the Bureau of Labor Statistics of the  
22 United States Department of Labor that measures the average  
23 change in prices of goods and services purchased by all urban  
24 consumers, United States city average, all items, 1982-84 =  
25 100.

26 (d) Beginning on January 1, 2024, subject to federal

1 approval, the Department ~~Division of Substance Use Prevention~~  
2 ~~and Recovery~~ shall increase reimbursement rates for all ASAM  
3 level 3 residential/inpatient substance use disorder treatment  
4 and intervention services by 30%, including, but not limited  
5 to, the following services:

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

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

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

12 (4) ASAM level 3.7 Medically Monitored Intensive  
13 Inpatient Services for adults and Medically Monitored  
14 High-Intensity Inpatient Services for adolescents; and

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

17 (e) Beginning in State fiscal year 2025, and every State  
18 fiscal year thereafter, reimbursement rates for licensed or  
19 certified substance use disorder treatment providers of ASAM  
20 Level 3 residential/inpatient services for persons with  
21 substance use disorders shall be adjusted upward by an amount  
22 equal to the Consumer Price Index-U from the previous year,  
23 not to exceed 2% in any State fiscal year. If there is a  
24 decrease in the Consumer Price Index-U, rates shall remain  
25 unchanged for that State fiscal year. The Department shall  
26 adopt rules, including emergency rules, in accordance with the

1 Illinois Administrative Procedure Act, to implement the  
2 provisions of this Section.

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

5 Section 20. The Department of Human Services Act is  
6 amended by changing Sections 1-40 and 10-66 as follows:

7 (20 ILCS 1305/1-40)

8 Sec. 1-40. Substance use disorders; mental health;  
9 provider payments. For authorized Medicaid services to  
10 enrolled individuals, the Department's Division of Substance  
11 Use Prevention and Recovery and Division of Mental Health  
12 providers shall receive payment in accordance with the  
13 Illinois Public Aid Code for such authorized services, with  
14 payment occurring no later than in the next fiscal year.

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

16 (20 ILCS 1305/10-66)

17 Sec. 10-66. Rate reductions. Rates for medical services  
18 purchased by ~~the Divisions of Substance Use Prevention and~~  
19 ~~Recovery, Community Health and Prevention, Developmental~~  
20 ~~Disabilities, Mental Health, or Rehabilitation Services within~~  
21 the Department of Human Services shall not be reduced below  
22 the rates calculated on April 1, 2011 unless the Department of  
23 Human Services promulgates rules and rules are implemented

1 authorizing rate reductions.

2 (Source: P.A. 99-78, eff. 7-20-15; 100-759, eff. 1-1-19.)

3 Section 25. The Mental Health and Developmental  
4 Disabilities Administrative Act is amended by changing  
5 Sections 14, 18.4, and 75 as follows:

6 (20 ILCS 1705/14) (from Ch. 91 1/2, par. 100-14)

7 Sec. 14. Chester Mental Health Center. To maintain and  
8 operate a facility for the care, custody, and treatment of  
9 persons with mental illness or habilitation of persons with  
10 developmental disabilities hereinafter designated, to be known  
11 as the Chester Mental Health Center.

12 Within the Chester Mental Health Center there shall be  
13 confined the following classes of persons, whose history, in  
14 the opinion of the Department, discloses dangerous or violent  
15 tendencies and who, upon examination under the direction of  
16 the Department, have been found a fit subject for confinement  
17 in that facility:

18 (a) Any male person who is charged with the commission  
19 of a crime but has been acquitted by reason of insanity as  
20 provided in Section 5-2-4 of the Unified Code of  
21 Corrections.

22 (b) Any male person who is charged with the commission  
23 of a crime but has been found unfit under Article 104 of  
24 the Code of Criminal Procedure of 1963.

1           (c) Any male person with mental illness or  
2           developmental disabilities or person in need of mental  
3           treatment now confined under the supervision of the  
4           Department or hereafter admitted to any facility thereof  
5           or committed thereto by any court of competent  
6           jurisdiction.

7           If and when it shall appear to the facility director of the  
8           Chester Mental Health Center that it is necessary to confine  
9           persons in order to maintain security or provide for the  
10          protection and safety of recipients and staff, the Chester  
11          Mental Health Center may confine all persons on a unit to their  
12          rooms. This period of confinement shall not exceed 10 hours in  
13          a 24 hour period, including the recipient's scheduled hours of  
14          sleep, unless approved by the Secretary of the Department.  
15          During the period of confinement, the persons confined shall  
16          be observed at least every 15 minutes. A record shall be kept  
17          of the observations. This confinement shall not be considered  
18          seclusion as defined in the Mental Health and Developmental  
19          Disabilities Code.

20          The facility director of the Chester Mental Health Center  
21          may authorize the temporary use of handcuffs on a recipient  
22          for a period not to exceed 10 minutes when necessary in the  
23          course of transport of the recipient within the facility to  
24          maintain custody or security. Use of handcuffs is subject to  
25          the provisions of Section 2-108 of the Mental Health and  
26          Developmental Disabilities Code. The facility shall keep a

1 monthly record listing each instance in which handcuffs are  
2 used, circumstances indicating the need for use of handcuffs,  
3 and time of application of handcuffs and time of release  
4 therefrom. The facility director shall allow the Illinois  
5 Guardianship and Advocacy Commission, the agency designated by  
6 the Governor under Section 1 of the Protection and Advocacy  
7 for Persons with Developmental Disabilities Act, and the  
8 Department to examine and copy such record upon request.

9       The facility director of the Chester Mental Health Center  
10 may authorize the temporary use of transport devices on a  
11 civil recipient when necessary in the course of transport of  
12 the civil recipient outside the facility to maintain custody  
13 or security. The decision whether to use any transport devices  
14 shall be reviewed and approved on an individualized basis by a  
15 physician, an advanced practice registered nurse, or a  
16 physician assistant based upon a determination of the civil  
17 recipient's: (1) history of violence, (2) history of violence  
18 during transports, (3) history of escapes and escape attempts,  
19 (4) history of trauma, (5) history of incidents of restraint  
20 or seclusion and use of involuntary medication, (6) current  
21 functioning level and medical status, and (7) prior experience  
22 during similar transports, and the length, duration, and  
23 purpose of the transport. The least restrictive transport  
24 device consistent with the individual's need shall be used.  
25 Staff transporting the individual shall be trained in the use  
26 of the transport devices, recognizing and responding to a

1 person in distress, and shall observe and monitor the  
2 individual while being transported. The facility shall keep a  
3 monthly record listing all transports, including those  
4 transports for which use of transport devices was not sought,  
5 those for which use of transport devices was sought but  
6 denied, and each instance in which transport devices are used,  
7 circumstances indicating the need for use of transport  
8 devices, time of application of transport devices, time of  
9 release from those devices, and any adverse events. The  
10 facility director shall allow the Illinois Guardianship and  
11 Advocacy Commission, the agency designated by the Governor  
12 under Section 1 of the Protection and Advocacy for Persons  
13 with Developmental Disabilities Act, and the Department to  
14 examine and copy the record upon request. This use of  
15 transport devices shall not be considered restraint as defined  
16 in the Mental Health and Developmental Disabilities Code. For  
17 the purpose of this Section "transport device" means ankle  
18 cuffs, handcuffs, waist chains or wrist-waist devices designed  
19 to restrict an individual's range of motion while being  
20 transported. These devices must be approved by the Department  
21 ~~Division of Mental Health~~, used in accordance with the  
22 manufacturer's instructions, and used only by qualified staff  
23 members who have completed all training required to be  
24 eligible to transport patients and all other required training  
25 relating to the safe use and application of transport devices,  
26 including recognizing and responding to signs of distress in

1 an individual whose movement is being restricted by a  
2 transport device.

3 If and when it shall appear to the satisfaction of the  
4 Department that any person confined in the Chester Mental  
5 Health Center is not or has ceased to be such a source of  
6 danger to the public as to require his subjection to the  
7 regimen of the center, the Department is hereby authorized to  
8 transfer such person to any State facility for treatment of  
9 persons with mental illness or habilitation of persons with  
10 developmental disabilities, as the nature of the individual  
11 case may require.

12 Subject to the provisions of this Section, the Department,  
13 except where otherwise provided by law, shall, with respect to  
14 the management, conduct and control of the Chester Mental  
15 Health Center and the discipline, custody and treatment of the  
16 persons confined therein, have and exercise the same rights  
17 and powers as are vested by law in the Department with respect  
18 to any and all of the State facilities for treatment of persons  
19 with mental illness or habilitation of persons with  
20 developmental disabilities, and the recipients thereof, and  
21 shall be subject to the same duties as are imposed by law upon  
22 the Department with respect to such facilities and the  
23 recipients thereof.

24 The Department may elect to place persons who have been  
25 ordered by the court to be detained under the Sexually Violent  
26 Persons Commitment Act in a distinct portion of the Chester

1 Mental Health Center. The persons so placed shall be separated  
2 and shall not comingle with the recipients of the Chester  
3 Mental Health Center. The portion of Chester Mental Health  
4 Center that is used for the persons detained under the  
5 Sexually Violent Persons Commitment Act shall not be a part of  
6 the mental health facility for the enforcement and  
7 implementation of the Mental Health and Developmental  
8 Disabilities Code nor shall their care and treatment be  
9 subject to the provisions of the Mental Health and  
10 Developmental Disabilities Code. The changes added to this  
11 Section by this amendatory Act of the 98th General Assembly  
12 are inoperative on and after June 30, 2015.

13 (Source: P.A. 99-143, eff. 7-27-15; 99-581, eff. 1-1-17;  
14 100-513, eff. 1-1-18.)

15 (20 ILCS 1705/18.4)

16 Sec. 18.4. Community Mental Health Medicaid Trust Fund;  
17 reimbursement.

18 (a) The Community Mental Health Medicaid Trust Fund is  
19 hereby created in the State Treasury.

20 (b) Amounts paid to the State during each State fiscal  
21 year by the federal government under Title XIX or Title XXI of  
22 the Social Security Act for services delivered by community  
23 mental health providers, and any interest earned thereon,  
24 shall be deposited 100% into the Community Mental Health  
25 Medicaid Trust Fund. Not more than \$4,500,000 of the Community

1 Mental Health Medicaid Trust Fund may be used by the  
2 Department of Human Services' Division of Behavioral Health  
3 and Recovery ~~Mental Health~~ for oversight and administration of  
4 community mental health services, and of that amount no more  
5 than \$1,000,000 may be used for the support of community  
6 mental health service initiatives. The remainder shall be used  
7 for the purchase of community mental health services.

8 (b-5) Whenever a State mental health facility operated by  
9 the Department is closed and the real estate on which the  
10 facility is located is sold by the State, the net proceeds of  
11 the sale of the real estate shall be deposited into the  
12 Community Mental Health Medicaid Trust Fund and used for the  
13 purposes enumerated in subsections (c) and (c-1) of Section  
14 4.6 of the Community Services Act.

15 (c) The Department shall reimburse community mental health  
16 providers for services provided to eligible individuals.  
17 Moneys in the Trust Fund may be used for that purpose.

18 (c-5) The Community Mental Health Medicaid Trust Fund is  
19 not subject to administrative charge-backs.

20 (c-10) The Department of Human Services shall annually  
21 report to the Governor and the General Assembly, by September  
22 1, on both the total revenue deposited into the Trust Fund and  
23 the total expenditures made from the Trust Fund for the  
24 previous fiscal year. This report shall include detailed  
25 descriptions of both revenues and expenditures regarding the  
26 Trust Fund from the previous fiscal year. This report shall be

1 presented by the Secretary of Human Services to the  
2 appropriate Appropriations Committee in the House of  
3 Representatives, as determined by the Speaker of the House,  
4 and in the Senate, as determined by the President of the  
5 Senate. This report shall be made available to the public and  
6 shall be published on the Department of Human Services'  
7 website in an appropriate location, a minimum of one week  
8 prior to presentation of the report to the General Assembly.

9 (d) As used in this Section:

10 "Trust Fund" means the Community Mental Health Medicaid  
11 Trust Fund.

12 "Community mental health provider" means a community  
13 agency that is funded by the Department to provide a service.

14 "Service" means a mental health service provided pursuant  
15 to the provisions of administrative rules adopted by the  
16 Department and funded by or claimed through the Department of  
17 Human Services ~~Services' Division of Mental Health~~.

18 (Source: P.A. 103-616, eff. 7-1-24.)

19 (20 ILCS 1705/75)

20 Sec. 75. Rate increase. Within 30 days after July 6, 2017  
21 (the effective date of Public Act 100-23), the Department  
22 ~~Division of Mental Health~~ shall by rule develop the increased  
23 rate methodology and annualize the increased rate beginning  
24 with State fiscal year 2018 contracts to certified community  
25 mental health centers, based on the additional amounts

1 appropriated for the purpose of providing a rate increase to  
2 certified community mental health centers, with the  
3 annualization to be maintained in State fiscal year 2019. The  
4 Department shall adopt rules, including emergency rules under  
5 subsections (y) and (bb) of Section 5-45 of the Illinois  
6 Administrative Procedure Act, to implement the provisions of  
7 this Section.

8 (Source: P.A. 100-23, eff. 7-6-17; 100-587, eff. 6-4-18.)

9 Section 30. The Blind Vendors Act is amended by changing  
10 Sections 5 and 30 as follows:

11 (20 ILCS 2421/5)

12 Sec. 5. Definitions. As used in this Act:

13 "Blind licensee" means a blind person licensed by the  
14 Department to operate a vending facility on State, federal, or  
15 other property.

16 "Blind person" means a person whose central visual acuity  
17 does not exceed 20/200 in the better eye with correcting  
18 lenses or whose visual acuity, if better than 20/200, is  
19 accompanied by a limit to the field of vision in the better eye  
20 to such a degree that its widest diameter subtends an angle of  
21 no greater than 20 degrees. In determining whether an  
22 individual is blind, there shall be an examination by a  
23 physician skilled in diseases of the eye, or by an  
24 optometrist, whichever the individual shall select.

1 "Building" means only the portion of a structure owned or  
2 leased by the State or any State agency.

3 "Cafeteria" means a food dispensing facility capable of  
4 providing a broad variety of prepared foods and beverages  
5 (including hot meals) primarily through the use of a line  
6 where the customer serves himself or herself from displayed  
7 selections. A cafeteria may be fully automatic or some limited  
8 waiter or waitress service may be available and provided  
9 within a cafeteria and table or booth seating facilities are  
10 always provided.

11 "Committee" means the Illinois Committee of Blind Vendors,  
12 an independent representative body for blind vendors  
13 established by the federal Randolph-Sheppard Act.

14 "Department" means the Department of Human Services.

15 "Director" means the Bureau Director of the Bureau for the  
16 Blind in the Department of Human Services.

17 "Federal property" means any structure, land, or other  
18 real property owned, leased, or occupied by any department,  
19 agency or instrumentality of the United States (including the  
20 Department of Defense and the U.S. Postal Service), or any  
21 other instrumentality wholly owned by the United States, or by  
22 any department or agency of the District of Columbia or any  
23 territory or possession of the United States.

24 "License" means a written instrument issued by the  
25 Department to a blind person, authorizing such person to  
26 operate a vending facility on State, federal, or other

1 property.

2 "Net proceeds" means the amount remaining from the sale of  
3 articles or services of vending facilities, and any vending  
4 machine or other income accruing to blind vendors after  
5 deducting the cost of such sale and other expenses (excluding  
6 any set-aside charges required to be paid by the blind  
7 vendors).

8 "Normal working hours" means an 8-hour work period between  
9 the approximate hours of 8:00 a.m. to 6:00 p.m., Monday  
10 through Friday.

11 "Other property" means property that is not State or  
12 federal property and on which vending facilities are  
13 established or operated by the use of any funds derived in  
14 whole or in part, directly or indirectly, from the operation  
15 of vending facilities on any State or federal property.

16 "Priority" means the right of a blind person licensed by  
17 the Department of Human Services, Division of Rehabilitation  
18 Services, to operate a vending facility on any and all State  
19 property in the State of Illinois, in the same manner and to  
20 the same extent as the priority is provided to blind licensees  
21 on federal property under the Randolph-Sheppard Act, 20 U.S.C.  
22 107, and federal regulations, 34 C.F.R. 395.30.

23 "Secretary" means the Secretary of Human Services.

24 "Set-aside funds" means funds that accrue to the  
25 Department from an assessment against the net income of each  
26 vending facility in the State's vending facility program and

1 any income from vending machines on State or federal property  
2 that accrues to the Department.

3 "State agency" means any department, board, commission, or  
4 agency created by the Constitution or Public Act, whether in  
5 the executive, legislative, or judicial branch.

6 "State property" means all property owned, leased, or  
7 rented by any State agency. For purposes of this Act, "State  
8 property" does not include property owned or controlled by a  
9 unit of local government, a public school district, or a  
10 public university, college, or community college.

11 "Vending facility" means automatic vending machines, snack  
12 bars, cart service, counters, rest areas, and such other  
13 appropriate auxiliary equipment that may be operated by blind  
14 vendors and that is necessary for the sale of newspapers,  
15 periodicals, confections, tobacco products, foods, beverages,  
16 and notions dispensed automatically or manually and prepared  
17 on or off the premises in accordance with all applicable  
18 health laws, and including the vending and payment of any  
19 lottery tickets or shares authorized by State law and  
20 conducted by a State agency within the State. "Vending  
21 facility" does not include cafeterias, restaurants, the  
22 Department of Corrections' non-vending machine commissaries,  
23 the Department of Juvenile Justice's non-vending machine  
24 commissaries, or commissaries and employment programs of the  
25 Department of Human Services ~~Division of Mental Health or~~  
26 ~~Division of Developmental Disabilities~~ that are operated by

1 residents or State employees.

2 "Vending machine", for the purpose of assigning vending  
3 machine income under this Act, means a coin, currency, or  
4 debit card operated machine that dispenses articles or  
5 services, except that those machines operated by the United  
6 States Postal Service for the sale of postage stamps or other  
7 postal products and services, machines providing services of a  
8 recreational nature, and telephones shall not be considered to  
9 be vending machines.

10 "Vending machine income" means the commissions or fees  
11 paid to the State from vending machine operations on State  
12 property where the machines are operated, serviced, or  
13 maintained by, or with the approval of, a State agency by a  
14 commercial or not-for-profit vending concern that operates,  
15 services, and maintains vending machines.

16 "Vendor" means a blind licensee who is operating a vending  
17 facility on State, federal, or other property.

18 (Source: P.A. 96-644, eff. 1-1-10.)

19 (20 ILCS 2421/30)

20 Sec. 30. Vending machine income and compliance.

21 (a) Except as provided in subsections (b), (c), (d), (e),  
22 and (i) of this Section, after July 1, 2010, all vending  
23 machine income, as defined by this Act, from vending machines  
24 on State property shall accrue to (1) the blind vendor  
25 operating the vending facilities on the property or (2) in the

1 event there is no blind vendor operating a facility on the  
2 property, the Blind Vendors Trust Fund for use exclusively as  
3 set forth in subsection (a) of Section 25 of this Act.

4 (b) Notwithstanding the provisions of subsection (a) of  
5 this Section, all State university cafeterias and vending  
6 machines are exempt from this Act.

7 (c) Notwithstanding the provisions of subsection (a) of  
8 this Section, all vending facilities at the Governor Samuel H.  
9 Shapiro Developmental Center in Kankakee are exempt from this  
10 Act.

11 (d) Notwithstanding the provisions of subsection (a) of  
12 this Section, in the event there is no blind vendor operating a  
13 vending facility on the State property, all vending machine  
14 income, as defined in this Act, from vending machines on the  
15 State property of the Department of Corrections and the  
16 Department of Juvenile Justice shall accrue to the State  
17 agency and be allocated in accordance with the commissary  
18 provisions in the Unified Code of Corrections.

19 (e) Notwithstanding the provisions of subsection (a) of  
20 this Section, in the event a blind vendor is operating a  
21 vending facility on the State property of the Department of  
22 Corrections or the Department of Juvenile Justice, a  
23 commission shall be paid to the State agency equal to 10% of  
24 the net proceeds from vending machines servicing State  
25 employees and 25% of the net proceeds from vending machines  
26 servicing visitors on the State property.

1           (f) The Secretary, directly or by delegation of authority,  
2 shall ensure compliance with this Section and Section 15 of  
3 this Act with respect to buildings, installations, facilities,  
4 roadside rest stops, and any other State property, and shall  
5 be responsible for the collection of, and accounting for, all  
6 vending machine income on this property. The Secretary shall  
7 enforce these provisions through litigation, arbitration, or  
8 any other legal means available to the State, and each State  
9 agency in control of this property shall be subject to the  
10 enforcement. State agencies or departments failing to comply  
11 with an order of the Department may be held in contempt in any  
12 court of general jurisdiction.

13           (g) Any limitation on the placement or operation of a  
14 vending machine by a State agency based on a determination  
15 that such placement or operation would adversely affect the  
16 interests of the State must be explained in writing to the  
17 Secretary. The Secretary shall promptly determine whether the  
18 limitation is justified. If the Secretary determines that the  
19 limitation is not justified, the State agency seeking the  
20 limitation shall immediately remove the limitation.

21           (h) The amount of vending machine income accruing from  
22 vending machines on State property that may be used for the  
23 functions of the Committee shall be determined annually by a  
24 two-thirds vote of the Committee, except that no more than 25%  
25 of the annual vending machine income may be used by the  
26 Committee for this purpose, based upon the income accruing to

1 the Blind Vendors Trust Fund in the preceding year. The  
2 Committee may establish its budget and expend funds through  
3 contract or otherwise without the approval of the Department.

4 (i) Notwithstanding the provisions of subsection (a) of  
5 this Section, with respect to vending machines located on any  
6 facility or property controlled or operated by the Department  
7 of Human Services ~~Division of Mental Health or the Division of~~  
8 ~~Developmental Disabilities within the Department of Human~~  
9 ~~Services~~:

10 (1) Any written contract in place as of the effective  
11 date of this Act between the Division and the Business  
12 Enterprise Program for the Blind shall be maintained and  
13 fully adhered to including any moneys paid to the  
14 individual facilities.

15 (2) With respect to existing vending machines with no  
16 written contract or agreement in place as of the effective  
17 date of this Act between the Division and a private  
18 vendor, bottler, or vending machine supplier, the Business  
19 Enterprise Program for the Blind has the right to provide  
20 the vending services as provided in this Act, provided  
21 that the blind vendor must provide 10% of gross sales from  
22 those machines to the individual facilities.

23 (Source: P.A. 99-78, eff. 7-20-15.)

24 Section 35. The State Finance Act is amended by changing  
25 Section 5.13 as follows:

1 (30 ILCS 105/5.13) (from Ch. 127, par. 141.13)

2 Sec. 5.13. The ~~Alcoholism and Substance Abuse~~ Use Disorder Abuse  
3 Fund.

4 (Source: P.A. 83-969.)

5 Section 40. The Community Behavioral Health Center  
6 Infrastructure Act is amended by changing Section 5 as  
7 follows:

8 (30 ILCS 732/5)

9 Sec. 5. Definitions. In this Act:

10 "Behavioral health center site" means a physical site  
11 where a community behavioral health center shall provide  
12 behavioral healthcare services linked to a particular  
13 Department-contracted community behavioral healthcare  
14 provider, from which this provider delivers a  
15 Department-funded service and has the following  
16 characteristics:

17 (i) The site must be owned, leased, or otherwise  
18 controlled by a Department-funded provider.

19 (ii) A Department-funded provider may have multiple  
20 service sites.

21 (iii) A Department-funded provider may provide both  
22 Medicaid and non-Medicaid services for which they are  
23 certified or approved at a certified site.

1 "Board" means the Capital Development Board.

2 "Community behavioral healthcare provider" includes, but  
3 is not limited to, Department-contracted prevention,  
4 intervention, or treatment care providers of services and  
5 supports for persons with mental health services, alcohol and  
6 substance abuse services, rehabilitation services, and early  
7 intervention services provided by a vendor.

8 For the purposes of this definition, "vendor" includes,  
9 but is not limited to, community providers, including  
10 community-based organizations that are licensed or certified  
11 to provide prevention, intervention, or treatment services and  
12 support for persons with mental illness or substance abuse  
13 problems in this State, that comply with applicable federal,  
14 State, and local rules and statutes, including, but not  
15 limited to, the following:

16 (A) Federal requirements:

17 (1) Block Grants for Community Mental Health  
18 Services, Subpart I & III, Part B, Title XIX, P.H.S.  
19 Act/45 CFR Part 96.

20 (2) Medicaid (42 U.S.C. 1396 (1996)).

21 (3) 42 CFR 440 (Services: General Provision) and  
22 456 (Utilization Control) (1996).

23 (4) Health Insurance Portability and  
24 Accountability Act (HIPAA) as specified in 45 CFR  
25 160.310.

26 (5) The Substance Abuse Prevention Block Grant

1 Regulations (45 CFR Part 96).

2 (6) Program Fraud Civil Remedies Act of 1986 (45  
3 CFR Part 79).

4 (7) Federal regulations regarding Opioid  
5 Maintenance Therapy (21 CFR 29) (21 CFR 1301-1307  
6 (D.E.A.)).

7 (8) Federal regulations regarding Diagnostic,  
8 Screening, Prevention, and Rehabilitation Services  
9 (Medicaid) (42 CFR 440.130).

10 (9) Charitable Choice: Providers that qualify as  
11 religious organizations under 42 CFR 54.2(b), who  
12 comply with the Charitable Choice Regulations as set  
13 forth in 42 CFR 54.1 et seq. with regard to funds  
14 provided directly to pay for substance abuse  
15 prevention and treatment services.

16 (B) State requirements:

17 (1) 59 Ill. Adm. Code 50, Office of Inspector  
18 General Investigations of Alleged Abuse or Neglect in  
19 State-Operated Facilities and Community Agencies.

20 (2) (Blank).

21 (3) 59 Ill. Adm. Code 103, Grants.

22 (4) 59 Ill. Adm. Code 115, Standards and Licensure  
23 Requirements for Community-Integrated Living  
24 Arrangements.

25 (5) 59 Ill. Adm. Code 117, Family Assistance and  
26 Home-Based Support Programs for Persons with Mental

1           Disabilities.

2                   (6)    59    Ill.    Adm.    Code    125,    Recipient  
3           Discharge/Linkage/Aftercare.

4                   (7)    (Blank).   ~~59 Ill. Adm. Code 131, Children's~~  
5           ~~Mental Health Screening, Assessment and Supportive~~  
6           ~~Services Program.~~

7                   (8)    59    Ill.    Adm.    Code    132,    ~~Medicaid~~ Community  
8           Mental Health Services Program.

9                   (9)    (Blank).

10                   (10)  89 Ill. Adm. Code 140, Medical Payment.

11                   (11)  (Blank).   ~~89 Ill. Adm. Code 140.642, Screening~~  
12           ~~Assessment for Nursing Facility and Alternative~~  
13           ~~Residential Settings and Services.~~

14                   (12)  89 Ill. Adm. Code 507, Audit Requirements of  
15           Illinois Department of Human Services.

16                   (13)  89 Ill. Adm. Code 509, Fiscal/Administrative  
17           Recordkeeping and Requirements.

18                   (14)  89 Ill. Adm. Code 511, Grants and Grant Funds  
19           Recovery.

20                   (15)  (Blank).   ~~77 Ill. Adm. Code Parts 2030, 2060,~~  
21           ~~and 2090.~~

22                   (16) Title 77 Illinois Administrative Code:

23                           (a) Part 630: Maternal and Child Health  
24           Services Code.

25                           (b) Part 635: Family Planning Services Code.

26                           (c) Part 672: WIC Vendor Management Code.

1 (d) Part 2030: Award and Monitoring of Funds.

2 (d-1) Part 2060: Substance Use Disorder  
3 Treatment and Intervention Services.

4 (d-2) Part 2090: Subacute Alcoholism and  
5 Substance Abuse Treatment Services.

6 (e) Part 2200: School Based/Linked Health  
7 Centers.

8 (17) Title 89 Illinois Administrative Code:

9 (a) Section 130.200: Domestic Violence Shelter  
10 and Service Programs.

11 (b) Part 310: Delivery of Youth Services  
12 Funded by the Department of Human Services.

13 (c) Part 313: Community Services.

14 (d) Part 334: Administration and Funding of  
15 Community-Based Services to Youth.

16 (e) Part 500: Early Intervention Program.

17 (f) Part 501: Partner Abuse Intervention.

18 (18) State statutes:

19 (a) The Mental Health and Developmental  
20 Disabilities Code.

21 (b) The Community Services Act.

22 (c) The Mental Health and Developmental  
23 Disabilities Confidentiality Act.

24 (d) The Substance Use Disorder Act.

25 (e) The Early Intervention Services System  
26 Act.

- 1 (f) The Children and Family Services Act.
- 2 (g) The Illinois Commission on Volunteerism  
3 and Community Services Act.
- 4 (h) The Department of Human Services Act.
- 5 (i) The Domestic Violence Shelters Act.
- 6 (j) The Illinois Youthbuild Act.
- 7 (k) The Civil Administrative Code of Illinois.
- 8 (l) The Illinois Grant Funds Recovery Act.
- 9 (m) The Child Care Act of 1969.
- 10 (n) The Solicitation for Charity Act.
- 11 (o) Sections 9-1, 12-4.5 through 12-4.7, and  
12 12-13 of the Illinois Public Aid Code.
- 13 (p) The Abused and Neglected Child Reporting  
14 Act.
- 15 (q) The Charitable Trust Act.
- 16 (C) The Provider shall be in compliance with all  
17 applicable requirements for services and service reporting  
18 as specified by the Department. ~~in the following~~  
19 ~~Department manuals or handbooks:~~
- 20 ~~(1) DHS/DMH Provider Manual.~~
- 21 ~~(2) DHS Mental Health CSA Program Manual.~~
- 22 ~~(3) DHS/DMH PAS/MIH Manual.~~
- 23 ~~(4) Community Forensic Services Handbook.~~
- 24 ~~(5) Community Mental Health Service Definitions~~  
25 ~~and Reimbursement Guide.~~
- 26 ~~(6) DHS/DMH Collaborative Provider Manual.~~

1                   ~~(7) Handbook for Providers of Screening Assessment~~  
2                   ~~and Support Services, Chapter CMH-200 Policy and~~  
3                   ~~Procedures For Screening, Assessment and Support~~  
4                   ~~Services.~~

5                   ~~(8) DHS Division of Substance Use Prevention and~~  
6                   ~~Recovery:~~

7                   ~~(a) Contractual Policy Manual.~~

8                   ~~(b) Medicaid Handbook.~~

9                   ~~(c) DARTS Manual.~~

10                   ~~(9) Division of Substance Use Prevention and~~  
11                   ~~Recovery Best Practice Program Guidelines for Specific~~  
12                   ~~Populations.~~

13                   ~~(10) Division of Substance Use Prevention and~~  
14                   ~~Recovery Contract Program Manual.~~

15                   "Community behavioral healthcare services" means any of  
16                   the following:

17                   (i) Behavioral health services, including, but not  
18                   limited to, prevention, intervention, or treatment care  
19                   services and support for eligible persons provided by a  
20                   vendor of the Department.

21                   (ii) Referrals to providers of medical services and  
22                   other health-related services, including substance abuse  
23                   and mental health services.

24                   (iii) Patient case management services, including  
25                   counseling, referral, and follow-up services, and other  
26                   services designed to assist community behavioral health

1 center patients in establishing eligibility for and  
2 gaining access to federal, State, and local programs that  
3 provide or financially support the provision of medical,  
4 social, educational, or other related services.

5 (iv) Services that enable individuals to use the  
6 services of the behavioral health center including  
7 outreach and transportation services and, if a substantial  
8 number of the individuals in the population are of limited  
9 English-speaking ability, the services of appropriate  
10 personnel fluent in the language spoken by a predominant  
11 number of those individuals.

12 (v) Education of patients and the general population  
13 served by the community behavioral health center regarding  
14 the availability and proper use of behavioral health  
15 services.

16 (vi) Additional behavioral healthcare services  
17 consisting of services that are appropriate to meet the  
18 health needs of the population served by the behavioral  
19 health center involved and that may include housing  
20 assistance.

21 "Department" means the Department of Human Services.

22 "Uninsured population" means persons who do not own  
23 private healthcare insurance, are not part of a group  
24 insurance plan, and are not eligible for any State or federal  
25 government-sponsored healthcare program.

26 (Source: P.A. 103-154, eff. 6-30-23.)

1           Section 45. The Community Partnership for Deflection and  
2 Substance Use Disorder Treatment Act is amended by changing  
3 Section 25 as follows:

4           (50 ILCS 71/25) (was 5 ILCS 820/25)

5           Sec. 25. Reporting and evaluation.

6           (a) The Illinois Criminal Justice Information Authority,  
7 in conjunction with an association representing police chiefs  
8 and the Department of Human Services' Division of Behavioral  
9 Health ~~Substance Use Prevention~~ and Recovery, shall within 6  
10 months of the effective date of this Act:

11           (1) develop a set of minimum data to be collected from  
12 each deflection program and reported annually, beginning  
13 one year after the effective date of this Act, by the  
14 Illinois Criminal Justice Information Authority,  
15 including, but not limited to, demographic information on  
16 program participants, number of law enforcement encounters  
17 that result in a treatment referral, and time from law  
18 enforcement encounter to treatment engagement; and

19           (2) develop a performance measurement system,  
20 including key performance indicators for deflection  
21 programs including, but not limited to, rate of treatment  
22 engagement at 30 days from the point of initial contact.  
23 Each program that receives funding for services under  
24 Section 35 of this Act shall include the performance

1 measurement system in its local plan and report data  
2 quarterly to the Illinois Criminal Justice Information  
3 Authority for the purpose of evaluation of deflection  
4 programs in aggregate.

5 (b) The Illinois Criminal Justice Information Authority  
6 shall make statistical data collected under subsection (a) of  
7 this Section available to the Department of Human Services,  
8 Division of Behavioral Health ~~Substance Use Prevention~~ and  
9 Recovery for inclusion in planning efforts for services to  
10 persons with criminal justice or law enforcement involvement.  
11 (Source: P.A. 100-1025, eff. 1-1-19.)

12 Section 50. The Drug School Act is amended by changing  
13 Sections 10, 15, and 40 as follows:

14 (55 ILCS 130/10)

15 Sec. 10. Definition. As used in this Act, "drug school"  
16 means a drug intervention and education program established  
17 and administered by the State's Attorney's Office of a  
18 particular county as an alternative to traditional  
19 prosecution. A drug school shall include, but not be limited  
20 to, the following core components:

21 (1) No less than 10 and no more than 20 hours of drug  
22 education delivered by an organization licensed, certified  
23 or otherwise authorized by the Illinois Department of  
24 Human Services, ~~Division of Substance Use Prevention and~~

1       ~~Recovery~~ to provide treatment, intervention, education or  
2       other such services. This education is to be delivered at  
3       least once per week at a class of no less than one hour and  
4       no greater than 4 hours, and with a class size no larger  
5       than 40 individuals.

6               (2) Curriculum designed to present the harmful effects  
7       of drug use on the individual, family and community,  
8       including the relationship between drug use and criminal  
9       behavior, as well as instruction regarding the application  
10      procedure for the sealing and expungement of records of  
11      arrest and any other record of the proceedings of the case  
12      for which the individual was mandated to attend the drug  
13      school.

14              (3) Education regarding the practical consequences of  
15      conviction and continued justice involvement. Such  
16      consequences of drug use will include the negative  
17      physiological, psychological, societal, familial, and  
18      legal areas. Additionally, the practical limitations  
19      imposed by a drug conviction on one's vocational,  
20      educational, financial, and residential options will be  
21      addressed.

22              (4) A process for monitoring and reporting attendance  
23      such that the State's Attorney in the county where the  
24      drug school is being operated is informed of class  
25      attendance no more than 48 hours after each class.

26              (5) A process for capturing data on drug school

1 participants, including but not limited to total  
2 individuals served, demographics of those individuals,  
3 rates of attendance, and frequency of future justice  
4 involvement for drug school participants and other data as  
5 may be required by the Division of Behavioral Health  
6 ~~Substance Use Prevention~~ and Recovery.

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

8 (55 ILCS 130/15)

9 Sec. 15. Authorization.

10 (a) Each State's Attorney may establish a drug school  
11 operated under the terms of this Act. The purpose of the drug  
12 school shall be to provide an alternative to prosecution by  
13 identifying drug-involved individuals for the purpose of  
14 intervening with their drug use before their criminal  
15 involvement becomes severe. The State's Attorney shall  
16 identify criteria to be used in determining eligibility for  
17 the drug school. Only those participants who successfully  
18 complete the requirements of the drug school, as certified by  
19 the State's Attorney, are eligible to apply for the sealing  
20 and expungement of records of arrest and any other record of  
21 the proceedings of the case for which the individual was  
22 mandated to attend the drug school.

23 (b) A State's Attorney seeking to establish a drug school  
24 may apply to the Division of Behavioral Health ~~Substance Use~~  
25 ~~Prevention~~ and Recovery of the Illinois Department of Human

1 Services for funding to establish and operate a drug school  
2 within his or her respective county. Nothing in this  
3 subsection shall prevent State's Attorneys from establishing  
4 drug schools within their counties without funding from the  
5 Division of Behavioral Health ~~Substance Use Prevention~~ and  
6 Recovery.

7 (c) Nothing in this Act shall prevent 2 or more State's  
8 Attorneys from applying jointly for funding as provided in  
9 subsection (b) for the purpose of establishing a drug school  
10 that serves multiple counties.

11 (d) Drug schools established through funding from the  
12 Division of Behavioral Health ~~Substance Use Prevention~~ and  
13 Recovery shall operate according to the guidelines established  
14 thereby and the provisions of this Act.

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

16 (55 ILCS 130/40)

17 Sec. 40. Appropriations to the Division of Behavioral  
18 Health ~~Substance Use Prevention~~ and Recovery.

19 (a) Moneys shall be appropriated to the Department of  
20 Human Services' Division of Behavioral Health ~~Substance Use~~  
21 ~~Prevention~~ and Recovery to enable the Division (i) to contract  
22 with Cook County, and (ii) counties other than Cook County to  
23 reimburse for services delivered in those counties under the  
24 county Drug School program.

25 (b) The Division of Behavioral Health ~~Substance Use~~

1 ~~Prevention~~ and Recovery shall establish rules and procedures  
2 for reimbursements paid to the Cook County Treasurer which are  
3 not subject to county appropriation and are not intended to  
4 supplant monies currently expended by Cook County to operate  
5 its drug school program. Cook County is required to maintain  
6 its efforts with regard to its drug school program.

7 (c) Expenditure of moneys under this Section is subject to  
8 audit by the Auditor General.

9 (d) In addition to reporting required by the Division of  
10 Behavioral Health ~~Substance Use Prevention~~ and Recovery,  
11 State's Attorneys receiving monies under this Section shall  
12 each report separately to the General Assembly by January 1,  
13 2008 and each and every following January 1 for as long as the  
14 services are in existence, detailing the need for continued  
15 services and contain any suggestions for changes to this Act.

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

17 Section 60. The Behavioral Health Workforce Education  
18 Center of Illinois Act is amended by changing Section 65-25 as  
19 follows:

20 (110 ILCS 185/65-25)

21 Sec. 65-25. Selection process.

22 (a) No later than 90 days after the effective date of this  
23 Act, the Board of Higher Education shall select a public  
24 institution of higher education, with input and assistance

1 from the ~~Division of Mental Health of the~~ Department of Human  
2 Services, to administer the Behavioral Health Workforce  
3 Education Center of Illinois.

4 (b) The selection process shall articulate the principles  
5 of the Behavioral Health Workforce Education Center of  
6 Illinois, not inconsistent with this Act.

7 (c) The Board of Higher Education, with input and  
8 assistance from the ~~Division of Mental Health of the~~  
9 Department of Human Services, shall make its selection of a  
10 public institution of higher education based on its ability  
11 and willingness to execute the following tasks:

12 (1) Convening academic institutions providing  
13 behavioral health education to:

14 (A) develop curricula to train future behavioral  
15 health professionals in evidence-based practices that  
16 meet the most urgent needs of Illinois' residents;

17 (B) build capacity to provide clinical training  
18 and supervision; and

19 (C) facilitate telehealth services to every region  
20 of the State.

21 (2) Functioning as a clearinghouse for research,  
22 education, and training efforts to identify and  
23 disseminate evidence-based practices across the State.

24 (3) Leveraging financial support from grants and  
25 social impact loan funds.

26 (4) Providing infrastructure to organize regional

1 behavioral health education and outreach. As budgets  
2 allow, this shall include conference and training space,  
3 research and faculty staff time, telehealth, and distance  
4 learning equipment.

5 (5) Working with regional hubs that assess and serve  
6 the workforce needs of specific, well-defined regions and  
7 specialize in specific research and training areas, such  
8 as telehealth or mental health-criminal justice  
9 partnerships, for which the regional hub can serve as a  
10 statewide leader.

11 (d) The Board of Higher Education may adopt such rules as  
12 may be necessary to implement and administer this Section.

13 (Source: P.A. 102-4, eff. 4-27-21.)

14 Section 65. The Specialized Mental Health Rehabilitation  
15 Act of 2013 is amended by changing Sections 2-103, 4-103,  
16 4-105, and 4-106 as follows:

17 (210 ILCS 49/2-103)

18 Sec. 2-103. Staff training. Training for all new  
19 employees specific to the various levels of care offered by a  
20 facility shall be provided to employees during their  
21 orientation period and annually thereafter. Training shall be  
22 independent of the Department and overseen by the Illinois  
23 Department of Human Services ~~Division of Mental Health~~ to  
24 determine the content of all facility employee training and to

1 provide training for all trainers of facility employees.  
2 Training of employees shall be consistent with nationally  
3 recognized national accreditation standards as defined later  
4 in this Act. Training of existing staff of a recovery and  
5 rehabilitation support center shall be conducted in accordance  
6 with, and on the schedule provided in, the staff training plan  
7 approved by the Illinois Department of Human Services ~~Division~~  
8 ~~of Mental Health~~. Training of existing staff for any other  
9 level of care licensed under this Act, including triage,  
10 crisis stabilization, and transitional living shall be  
11 completed at a facility prior to the implementation of that  
12 level of care. Training shall be required for all existing  
13 staff at a facility prior to the implementation of any new  
14 services authorized under this Act.

15 (Source: P.A. 100-365, eff. 8-25-17.)

16 (210 ILCS 49/4-103)

17 Sec. 4-103. Provisional licensure emergency rules. The  
18 Department, in consultation with the ~~Division of Mental Health~~  
19 ~~of the~~ Department of Human Services and the Department of  
20 Healthcare and Family Services, is granted the authority under  
21 this Act to establish provisional licensure and licensing  
22 procedures by emergency rule. The Department shall file  
23 emergency rules concerning provisional licensure under this  
24 Act within 120 days after the effective date of this Act. Rules  
25 governing the provisional license and licensing process shall

1 contain rules for the different levels of care offered by the  
2 facilities authorized under this Act and shall address each  
3 type of care hereafter enumerated:

4 (1) triage centers;

5 (2) crisis stabilization;

6 (3) recovery and rehabilitation supports;

7 (4) transitional living units; or

8 (5) other intensive treatment and stabilization  
9 programs designed and developed in collaboration with the  
10 Department.

11 (Source: P.A. 98-104, eff. 7-22-13; 99-712, eff. 8-5-16.)

12 (210 ILCS 49/4-105)

13 Sec. 4-105. Provisional licensure duration. A provisional  
14 license shall be valid upon fulfilling the requirements  
15 established by the Department by emergency rule. The license  
16 shall remain valid as long as a facility remains in compliance  
17 with the licensure provisions established in rule. Provisional  
18 licenses issued upon initial licensure as a specialized mental  
19 health rehabilitation facility shall expire at the end of a  
20 3-year period, which commences on the date the provisional  
21 license is issued. Issuance of a provisional license for any  
22 reason other than initial licensure (including, but not  
23 limited to, change of ownership, location, number of beds, or  
24 services) shall not extend the maximum 3-year period, at the  
25 end of which a facility must be licensed pursuant to Section

1 4-201. An extension for 120 days may be granted if requested  
2 and approved by the Department. Notwithstanding any other  
3 provision of this Act or the Specialized Mental Health  
4 Rehabilitation Facilities Code, 77 Ill. Adm. Code 380, to the  
5 contrary, if a facility has received notice from the  
6 Department that its application for provisional licensure to  
7 provide recovery and rehabilitation services has been accepted  
8 as complete and the facility has attested in writing to the  
9 Department that it will comply with the staff training plan  
10 approved by the Illinois Department of Human Services ~~Division~~  
11 ~~of Mental Health~~, then a provisional license for recovery and  
12 rehabilitation services shall be issued to the facility within  
13 60 days after the Department determines that the facility is  
14 in compliance with the requirements of the Life Safety Code in  
15 accordance with Section 4-104.5 of this Act.

16 (Source: P.A. 103-1, eff. 4-27-23; 103-154, eff. 6-30-23.)

17 (210 ILCS 49/4-106)

18 Sec. 4-106. Provisional licensure outcomes. The  
19 Department of Healthcare and Family Services, in conjunction  
20 with the ~~Division of Mental Health of the~~ Department of Human  
21 Services and the Department of Public Health, shall establish  
22 a methodology by which financial and clinical data are  
23 reported and monitored from each program that is implemented  
24 in a facility after the effective date of this Act. The  
25 Department of Healthcare and Family Services shall work in

1 concert with a managed care entity, a care coordination  
2 entity, or an accountable care entity to gather the data  
3 necessary to report and monitor the progress of the services  
4 offered under this Act.

5 (Source: P.A. 98-104, eff. 7-22-13.)

6 Section 70. The Illinois Insurance Code is amended by  
7 changing Sections 356z.22, 356z.31, and 356z.36 as follows:

8 (215 ILCS 5/356z.22)

9 Sec. 356z.22. Coverage for telehealth services.

10 (a) For purposes of this Section:

11 "Asynchronous store and forward system" has the meaning  
12 given to that term in Section 5 of the Telehealth Act.

13 "Distant site" has the meaning given to that term in  
14 Section 5 of the Telehealth Act.

15 "E-visits" has the meaning given to that term in Section 5  
16 of the Telehealth Act.

17 "Facility" means any hospital facility licensed under the  
18 Hospital Licensing Act or the University of Illinois Hospital  
19 Act, a federally qualified health center, a community mental  
20 health center, a behavioral health clinic, a substance use  
21 disorder treatment program licensed by the Division of  
22 Behavioral Health ~~Substance Use Prevention~~ and Recovery of the  
23 Department of Human Services, or other building, place, or  
24 institution that is owned or operated by a person that is

1 licensed or otherwise authorized to deliver health care  
2 services.

3 "Health care professional" has the meaning given to that  
4 term in Section 5 of the Telehealth Act.

5 "Interactive telecommunications system" has the meaning  
6 given to that term in Section 5 of the Telehealth Act. As used  
7 in this Section, "interactive telecommunications system" does  
8 not include virtual check-ins.

9 "Originating site" has the meaning given to that term in  
10 Section 5 of the Telehealth Act.

11 "Telehealth services" has the meaning given to that term  
12 in Section 5 of the Telehealth Act. As used in this Section,  
13 "telehealth services" do not include asynchronous store and  
14 forward systems, remote patient monitoring technologies,  
15 e-visits, or virtual check-ins.

16 "Virtual check-in" has the meaning given to that term in  
17 Section 5 of the Telehealth Act.

18 (b) An individual or group policy of accident or health  
19 insurance that is amended, delivered, issued, or renewed on or  
20 after the effective date of this amendatory Act of the 102nd  
21 General Assembly shall cover telehealth services, e-visits,  
22 and virtual check-ins rendered by a health care professional  
23 when clinically appropriate and medically necessary to  
24 insureds, enrollees, and members in the same manner as any  
25 other benefits covered under the policy. An individual or  
26 group policy of accident or health insurance may provide

1 reimbursement to a facility that serves as the originating  
2 site at the time a telehealth service is rendered.

3 (c) To ensure telehealth service, e-visit, and virtual  
4 check-in access is equitable for all patients in receipt of  
5 health care services under this Section and health care  
6 professionals and facilities are able to deliver medically  
7 necessary services that can be appropriately delivered via  
8 telehealth within the scope of their licensure or  
9 certification, coverage required under this Section shall  
10 comply with all of the following:

11 (1) An individual or group policy of accident or  
12 health insurance shall not:

13 (A) require that in-person contact occur between a  
14 health care professional and a patient before the  
15 provision of a telehealth service;

16 (B) require patients, health care professionals,  
17 or facilities to prove or document a hardship or  
18 access barrier to an in-person consultation for  
19 coverage and reimbursement of telehealth services,  
20 e-visits, or virtual check-ins;

21 (C) require the use of telehealth services,  
22 e-visits, or virtual check-ins when the health care  
23 professional has determined that it is not  
24 appropriate;

25 (D) require the use of telehealth services when a  
26 patient chooses an in-person consultation;

1           (E) require a health care professional to be  
2 physically present in the same room as the patient at  
3 the originating site, unless deemed medically  
4 necessary by the health care professional providing  
5 the telehealth service;

6           (F) create geographic or facility restrictions or  
7 requirements for telehealth services, e-visits, or  
8 virtual check-ins;

9           (G) require health care professionals or  
10 facilities to offer or provide telehealth services,  
11 e-visits, or virtual check-ins;

12           (H) require patients to use telehealth services,  
13 e-visits, or virtual check-ins, or require patients to  
14 use a separate panel of health care professionals or  
15 facilities to receive telehealth service, e-visit, or  
16 virtual check-in coverage and reimbursement; or

17           (I) impose upon telehealth services, e-visits, or  
18 virtual check-ins utilization review requirements that  
19 are unnecessary, duplicative, or unwarranted or impose  
20 any treatment limitations, prior authorization,  
21 documentation, or recordkeeping requirements that are  
22 more stringent than the requirements applicable to the  
23 same health care service when rendered in-person,  
24 except procedure code modifiers may be required to  
25 document telehealth.

26           (2) Deductibles, copayments, coinsurance, or any other

1 cost-sharing applicable to services provided through  
2 telehealth shall not exceed the deductibles, copayments,  
3 coinsurance, or any other cost-sharing required by the  
4 individual or group policy of accident or health insurance  
5 for the same services provided through in-person  
6 consultation.

7 (3) An individual or group policy of accident or  
8 health insurance shall notify health care professionals  
9 and facilities of any instructions necessary to facilitate  
10 billing for telehealth services, e-visits, and virtual  
11 check-ins.

12 (d) For purposes of reimbursement, an individual or group  
13 policy of accident or health insurance that is amended,  
14 delivered, issued, or renewed on or after the effective date  
15 of this amendatory Act of the 102nd General Assembly shall  
16 reimburse an in-network health care professional or facility,  
17 including a health care professional or facility in a tiered  
18 network, for telehealth services provided through an  
19 interactive telecommunications system on the same basis, in  
20 the same manner, and at the same reimbursement rate that would  
21 apply to the services if the services had been delivered via an  
22 in-person encounter by an in-network or tiered network health  
23 care professional or facility. This subsection applies only to  
24 those services provided by telehealth that may otherwise be  
25 billed as an in-person service. This subsection is inoperative  
26 on and after January 1, 2028, except that this subsection is

1 operative after that date with respect to mental health and  
2 substance use disorder telehealth services.

3 (e) The Department and the Department of Public Health  
4 shall commission a report to the General Assembly administered  
5 by an established medical college in this State wherein  
6 supervised clinical training takes place at an affiliated  
7 institution that uses telehealth services, subject to  
8 appropriation. The report shall study the telehealth coverage  
9 and reimbursement policies established in subsections (b) and  
10 (d) of this Section, to determine if the policies improve  
11 access to care, reduce health disparities, promote health  
12 equity, have an impact on utilization and cost-avoidance,  
13 including direct or indirect cost savings to the patient, and  
14 to provide any recommendations for telehealth access expansion  
15 in the future. An individual or group policy of accident or  
16 health insurance shall provide data necessary to carry out the  
17 requirements of this subsection upon request of the  
18 Department. The Department and the Department of Public Health  
19 shall submit the report by December 31, 2026. The established  
20 medical college may utilize subject matter expertise to  
21 complete any necessary actuarial analysis.

22 (f) Nothing in this Section is intended to limit the  
23 ability of an individual or group policy of accident or health  
24 insurance and a health care professional or facility to  
25 voluntarily negotiate alternate reimbursement rates for  
26 telehealth services. Such voluntary negotiations shall take

1 into consideration the ongoing investment necessary to ensure  
2 these telehealth platforms may be continuously maintained,  
3 seamlessly updated, and integrated with a patient's electronic  
4 medical records.

5 (g) An individual or group policy of accident or health  
6 insurance that is amended, delivered, issued, or renewed on or  
7 after the effective date of this amendatory Act of the 102nd  
8 General Assembly shall provide coverage for telehealth  
9 services for licensed dietitian nutritionists and certified  
10 diabetes educators who counsel diabetes patients in the  
11 diabetes patients' homes to remove the hurdle of  
12 transportation for diabetes patients to receive treatment, in  
13 accordance with the Dietitian Nutritionist Practice Act.

14 (h) Any policy, contract, or certificate of health  
15 insurance coverage that does not distinguish between  
16 in-network and out-of-network health care professionals and  
17 facilities shall be subject to this Section as though all  
18 health care professionals and facilities were in-network.

19 (i) Health care professionals and facilities shall  
20 determine the appropriateness of specific sites, technology  
21 platforms, and technology vendors for a telehealth service, as  
22 long as delivered services adhere to all federal and State  
23 privacy, security, and confidentiality laws, rules, or  
24 regulations, including, but not limited to, the Health  
25 Insurance Portability and Accountability Act of 1996 and the  
26 Mental Health and Developmental Disabilities Confidentiality

1 Act.

2 (j) Nothing in this Section shall be deemed as precluding  
3 a health insurer from providing benefits for other telehealth  
4 services, including, but not limited to, services not required  
5 for coverage provided through an asynchronous store and  
6 forward system, remote patient monitoring services, other  
7 monitoring services, or oral communications otherwise covered  
8 under the policy.

9 (k) There shall be no restrictions on originating site  
10 requirements for telehealth coverage or reimbursement to the  
11 distant site under this Section other than requiring the  
12 telehealth services to be medically necessary and clinically  
13 appropriate.

14 (l) The Department may adopt rules, including emergency  
15 rules subject to the provisions of Section 5-45 of the  
16 Illinois Administrative Procedure Act, to implement the  
17 provisions of this Section.

18 (Source: P.A. 102-104, eff. 7-22-21.)

19 (215 ILCS 5/356z.31)

20 Sec. 356z.31. Recovery housing for persons with substance  
21 use disorders.

22 (a) Definitions. As used in this Section:

23 "Substance use disorder" and "case management" have the  
24 meanings ascribed to those terms in Section 1-10 of the  
25 Substance Use Disorder Act.

1 "Hospital" means a facility licensed by the Department of  
2 Public Health under the Hospital Licensing Act.

3 "Federally qualified health center" means a facility as  
4 defined in Section 1905(1)(2)(B) of the federal Social  
5 Security Act.

6 "Recovery housing" means a residential extended care  
7 treatment facility or a recovery home as defined and licensed  
8 in 77 Illinois Administrative Code, Part 2060, by the Illinois  
9 Department of Human Services, Division of Behavioral Health  
10 ~~Substance Use Prevention~~ and Recovery.

11 (b) A group or individual policy of accident and health  
12 insurance or managed care plan amended, delivered, issued, or  
13 renewed on or after January 1, 2019 (the effective date of  
14 Public Act 100-1065) may provide coverage for residential  
15 extended care services and supports for persons recovery  
16 housing for persons with substance use disorders who are at  
17 risk of a relapse following discharge from a health care  
18 clinic, federally qualified health center, hospital withdrawal  
19 management program or any other licensed withdrawal management  
20 program, or hospital emergency department so long as all of  
21 the following conditions are met:

22 (1) A health care clinic, federally qualified health  
23 center, hospital withdrawal management program or any  
24 other licensed withdrawal management program, or hospital  
25 emergency department has conducted an individualized  
26 assessment, using criteria established by the American

1 Society of Addiction Medicine, of the person's condition  
2 prior to discharge and has identified the person as being  
3 at risk of a relapse and in need of supportive services,  
4 including employment and training and case management, to  
5 maintain long-term recovery. A determination of whether a  
6 person is in need of supportive services shall also be  
7 based on whether the person has a history of poverty, job  
8 insecurity, and lack of a safe and sober living  
9 environment.

10 (2) The recovery housing is administered by a  
11 community-based agency that is licensed by or under  
12 contract with the Department of Human Services, Division  
13 of Behavioral Health ~~Substance Use Prevention~~ and  
14 Recovery.

15 (3) The recovery housing is administered by a  
16 community-based agency as described in paragraph (2) upon  
17 the referral of a health care clinic, federally qualified  
18 health center, hospital withdrawal management program or  
19 any other licensed withdrawal management program, or  
20 hospital emergency department.

21 (c) Based on the individualized needs assessment, any  
22 coverage provided in accordance with this Section may include,  
23 but not be limited to, the following:

24 (1) Substance use disorder treatment services that are  
25 in accordance with licensure standards promulgated by the  
26 Department of Human Services, Division of Behavioral

1           Health Substance Use Prevention and Recovery.

2           (2) Transitional housing services, including food or  
3 meal plans.

4           (3) Individualized case management and referral  
5 services, including case management and social services  
6 for the families of persons who are seeking treatment for  
7 a substance use disorder.

8           (4) Job training or placement services.

9           (d) The insurer may rate each community-based agency that  
10 is licensed by or under contract with the Department of Human  
11 Services, Division of Behavioral Health Substance Use  
12 ~~Prevention~~ and Recovery to provide recovery housing based on  
13 an evaluation of each agency's ability to:

14           (1) reduce health care costs;

15           (2) reduce recidivism rates for persons suffering from  
16 a substance use disorder;

17           (3) improve outcomes;

18           (4) track persons with substance use disorders; and

19           (5) improve the quality of life of persons with  
20 substance use disorders through the utilization of  
21 sustainable recovery, education, employment, and housing  
22 services.

23           The insurer may publish the results of the ratings on its  
24 official website and shall, on an annual basis, update the  
25 posted results.

26           (e) The Department of Insurance may adopt any rules

1 necessary to implement the provisions of this Section in  
2 accordance with the Illinois Administrative Procedure Act and  
3 all rules and procedures of the Joint Committee on  
4 Administrative Rules; any purported rule not so adopted, for  
5 whatever reason, is unauthorized.

6 (Source: P.A. 100-1065, eff. 1-1-19; 101-81, eff. 7-12-19.)

7 (215 ILCS 5/356z.36)

8 Sec. 356z.36. Coverage of treatment models for early  
9 treatment of serious mental illnesses.

10 (a) For purposes of early treatment of a serious mental  
11 illness in a child or young adult under age 26, a group or  
12 individual policy of accident and health insurance, or managed  
13 care plan, that is amended, delivered, issued, or renewed  
14 after December 31, 2020 shall provide coverage of the  
15 following bundled, evidence-based treatment:

16 (1) Coordinated specialty care for first episode  
17 psychosis treatment, covering the elements of the  
18 treatment model included in the most recent national  
19 research trials conducted by the National Institute of  
20 Mental Health in the Recovery After an Initial  
21 Schizophrenia Episode (RAISE) trials for psychosis  
22 resulting from a serious mental illness, but excluding the  
23 components of the treatment model related to education and  
24 employment support.

25 (2) Assertive community treatment (ACT) and community

1 support team (CST) treatment. The elements of ACT and CST  
2 to be covered shall include those covered under Article V  
3 of the Illinois Public Aid Code, through 89 Ill. Adm. Code  
4 140.453(d) (4).

5 (b) Adherence to the clinical models. For purposes of  
6 ensuring adherence to the coordinated specialty care for first  
7 episode psychosis treatment model, only providers contracted  
8 with the Department of Human Services ~~Services' Division of~~  
9 ~~Mental Health~~ to be FIRST.IL providers to deliver coordinated  
10 specialty care for first episode psychosis treatment shall be  
11 permitted to provide such treatment in accordance with this  
12 Section and such providers must adhere to the fidelity of the  
13 treatment model. For purposes of ensuring fidelity to ACT and  
14 CST, only providers certified to provide ACT and CST by the  
15 Department of Human Services ~~Services' Division of Mental~~  
16 ~~Health~~ and approved to provide ACT and CST by the Department of  
17 Healthcare and Family Services, or its designee, in accordance  
18 with 89 Ill. Adm. Code 140, shall be permitted to provide such  
19 services under this Section and such providers shall be  
20 required to adhere to the fidelity of the models.

21 (c) Development of medical necessity criteria for  
22 coverage. Within 6 months after January 1, 2020 (the effective  
23 date of Public Act 101-461), the Department of Insurance shall  
24 lead and convene a workgroup that includes the Department of  
25 Human Services ~~Services' Division of Mental Health~~, the  
26 Department of Healthcare and Family Services, providers of the

1 treatment models listed in this Section, and insurers  
2 operating in Illinois to develop medical necessity criteria  
3 for such treatment models for purposes of coverage under this  
4 Section. The workgroup shall use the medical necessity  
5 criteria the State and other states use as guidance for  
6 establishing medical necessity for insurance coverage. The  
7 Department of Insurance shall adopt a rule that defines  
8 medical necessity for each of the 3 treatment models listed in  
9 this Section by no later than June 30, 2020 based on the  
10 workgroup's recommendations.

11 (d) For purposes of credentialing the mental health  
12 professionals and other medical professionals that are part of  
13 a coordinated specialty care for first episode psychosis  
14 treatment team, an ACT team, or a CST team, the credentialing  
15 of the psychiatrist or the licensed clinical leader of the  
16 treatment team shall qualify all members of the treatment team  
17 to be credentialed with the insurer.

18 (e) Payment for the services performed under the treatment  
19 models listed in this Section shall be based on a bundled  
20 treatment model or payment, rather than payment for each  
21 separate service delivered by a treatment team member. By no  
22 later than 6 months after January 1, 2020 (the effective date  
23 of Public Act 101-461), the Department of Insurance shall  
24 convene a workgroup of Illinois insurance companies and  
25 Illinois mental health treatment providers that deliver the  
26 bundled treatment approaches listed in this Section to

1 determine a coding solution that allows for these bundled  
2 treatment models to be coded and paid for as a bundle of  
3 services, similar to intensive outpatient treatment where  
4 multiple services are covered under one billing code or a  
5 bundled set of billing codes. The coding solution shall ensure  
6 that services delivered using coordinated specialty care for  
7 first episode psychosis treatment, ACT, or CST are provided  
8 and billed as a bundled service, rather than for each  
9 individual service provided by a treatment team member, which  
10 would deconstruct the evidence-based practice. The coding  
11 solution shall be reached prior to coverage, which shall begin  
12 for plans amended, delivered, issued, or renewed after  
13 December 31, 2020, to ensure coverage of the treatment team  
14 approaches as intended by this Section.

15 (f) If, at any time, the Secretary of the United States  
16 Department of Health and Human Services, or its successor  
17 agency, adopts rules or regulations to be published in the  
18 Federal Register or publishes a comment in the Federal  
19 Register or issues an opinion, guidance, or other action that  
20 would require the State, under any provision of the Patient  
21 Protection and Affordable Care Act (P.L. 111-148), including,  
22 but not limited to, 42 U.S.C. 18031(d)(3)(b), or any successor  
23 provision, to defray the cost of any coverage for serious  
24 mental illnesses or serious emotional disturbances outlined in  
25 this Section, then the requirement that a group or individual  
26 policy of accident and health insurance or managed care plan

1 cover the bundled treatment approaches listed in this Section  
2 is inoperative other than any such coverage authorized under  
3 Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and  
4 the State shall not assume any obligation for the cost of the  
5 coverage.

6 (g) After 5 years following full implementation of this  
7 Section, if requested by an insurer, the Department of  
8 Insurance shall contract with an independent third party with  
9 expertise in analyzing health insurance premiums and costs to  
10 perform an independent analysis of the impact coverage of the  
11 team-based treatment models listed in this Section has had on  
12 insurance premiums in Illinois. If premiums increased by more  
13 than 1% annually solely due to coverage of these treatment  
14 models, coverage of these models shall no longer be required.

15 (h) The Department of Insurance shall adopt any rules  
16 necessary to implement the provisions of this Section by no  
17 later than June 30, 2020.

18 (Source: P.A. 101-461, eff. 1-1-20; 102-558, eff. 8-20-21.)

19 Section 75. The Pharmacy Practice Act is amended by  
20 changing Section 39.5 as follows:

21 (225 ILCS 85/39.5)

22 (Section scheduled to be repealed on January 1, 2028)

23 Sec. 39.5. Emergency kits.

24 (a) As used in this Section:

1 "Emergency kit" means a kit containing drugs that may be  
2 required to meet the immediate therapeutic needs of a patient  
3 and that are not available from any other source in sufficient  
4 time to prevent the risk of harm to a patient by delay  
5 resulting from obtaining the drugs from another source. An  
6 automated dispensing and storage system may be used as an  
7 emergency kit.

8 "Licensed facility" means an entity licensed under the  
9 Nursing Home Care Act, the Hospital Licensing Act, or the  
10 University of Illinois Hospital Act or a facility licensed  
11 under the Illinois Department of Human Services, ~~Division of~~  
12 ~~Substance Use Prevention and Recovery,~~ for the prevention,  
13 intervention, treatment, and recovery support of substance use  
14 disorders or certified by the Illinois Department of Human  
15 Services, ~~Division of Mental Health~~ for the treatment of  
16 mental health.

17 "Offsite institutional pharmacy" means: (1) a pharmacy  
18 that is not located in facilities it serves and whose primary  
19 purpose is to provide services to patients or residents of  
20 facilities licensed under the Nursing Home Care Act, the  
21 Hospital Licensing Act, or the University of Illinois Hospital  
22 Act; and (2) a pharmacy that is not located in the facilities  
23 it serves and the facilities it serves are licensed under the  
24 Illinois Department of Human Services, ~~Division of Substance~~  
25 ~~Use Prevention and Recovery,~~ for the prevention, intervention,  
26 treatment, and recovery support of substance use disorders or

1 certified under the Illinois Department of Human Services for  
2 the treatment of mental illnesses ~~health~~.

3 (b) An offsite institutional pharmacy may supply emergency  
4 kits to a licensed facility.

5 (Source: P.A. 101-649, eff. 7-7-20.)

6 Section 80. The Telehealth Act is amended by changing  
7 Section 5 as follows:

8 (225 ILCS 150/5)

9 Sec. 5. Definitions. As used in this Act:

10 "Asynchronous store and forward system" means the  
11 transmission of a patient's medical information through an  
12 electronic communications system at an originating site to a  
13 health care professional or facility at a distant site that  
14 does not require real-time or synchronous interaction between  
15 the health care professional and the patient.

16 "Distant site" means the location at which the health care  
17 professional rendering the telehealth service is located.

18 "Established patient" means a patient with a relationship  
19 with a health care professional in which there has been an  
20 exchange of an individual's protected health information for  
21 the purpose of providing patient care, treatment, or services.

22 "E-visit" means a patient-initiated non-face-to-face  
23 communication through an online patient portal between an  
24 established patient and a health care professional.

1 "Facility" includes a facility that is owned or operated  
2 by a hospital under the Hospital Licensing Act or University  
3 of Illinois Hospital Act, a facility under the Nursing Home  
4 Care Act, a rural health clinic, a federally qualified health  
5 center, a local health department, a community mental health  
6 center, a behavioral health clinic as defined in 89 Ill. Adm.  
7 Code 140.453, an encounter rate clinic, a skilled nursing  
8 facility, a substance use treatment program licensed by the  
9 ~~Division of Substance Use Prevention and Recovery of the~~  
10 Department of Human Services, a school-based health center as  
11 defined in 77 Ill. Adm. Code 641.10, a physician's office, a  
12 podiatrist's office, a supportive living program provider, a  
13 hospice provider, home health agency, or home nursing agency  
14 under the Home Health, Home Services, and Home Nursing Agency  
15 Licensing Act, a facility under the ID/DD Community Care Act,  
16 community-integrated living arrangements as defined in the  
17 Community-Integrated Living Arrangements Licensure and  
18 Certification Act, and a provider who receives reimbursement  
19 for a patient's room and board.

20 "Health care professional" includes, but is not limited  
21 to, physicians, physician assistants, optometrists, advanced  
22 practice registered nurses, clinical psychologists licensed in  
23 Illinois, prescribing psychologists licensed in Illinois,  
24 dentists, occupational therapists, pharmacists, physical  
25 therapists, clinical social workers, speech-language  
26 pathologists, audiologists, hearing instrument dispensers,

1 licensed certified substance use disorder treatment providers  
2 and clinicians, and mental health professionals and clinicians  
3 authorized by Illinois law to provide mental health services,  
4 and qualified providers listed under paragraph (8) of  
5 subsection (e) of Section 3 of the Early Intervention Services  
6 System Act, dietitian nutritionists licensed in Illinois, and  
7 health care professionals associated with a facility.

8 "Interactive telecommunications system" means an audio and  
9 video system, an audio-only telephone system (landline or  
10 cellular), or any other telecommunications system permitting  
11 2-way, synchronous interactive communication between a patient  
12 at an originating site and a health care professional or  
13 facility at a distant site. "Interactive telecommunications  
14 system" does not include a facsimile machine, electronic mail  
15 messaging, or text messaging.

16 "Originating site" means the location at which the patient  
17 is located at the time telehealth services are provided to the  
18 patient via telehealth.

19 "Remote patient monitoring" means the use of connected  
20 digital technologies or mobile medical devices to collect  
21 medical and other health data from a patient at one location  
22 and electronically transmit that data to a health care  
23 professional or facility at a different location for  
24 collection and interpretation.

25 "Telehealth services" means the evaluation, diagnosis, or  
26 interpretation of electronically transmitted patient-specific

1 data between a remote location and a licensed health care  
2 professional that generates interaction or treatment  
3 recommendations. "Telehealth services" includes telemedicine  
4 and the delivery of health care services, including mental  
5 health treatment and substance use disorder treatment and  
6 services to a patient, regardless of patient location,  
7 provided by way of an interactive telecommunications system,  
8 asynchronous store and forward system, remote patient  
9 monitoring technologies, e-visits, or virtual check-ins.

10 "Virtual check-in" means a brief patient-initiated  
11 communication using a technology-based service, excluding  
12 facsimile, between an established patient and a health care  
13 professional. "Virtual check-in" does not include  
14 communications from a related office visit provided within the  
15 previous 7 days, nor communications that lead to an office  
16 visit or procedure within the next 24 hours or soonest  
17 available appointment.

18 (Source: P.A. 101-81, eff. 7-12-19; 101-84, eff. 7-19-19;  
19 102-104, eff. 7-22-21.)

20 Section 85. The Illinois Public Aid Code is amended by  
21 changing Sections 5-5.05f, 5-5.12, 5-5.12f, 5-5.23, 5-5.25,  
22 5-44, 5-45, 5-47, and 5-50 as follows:

23 (305 ILCS 5/5-5.05f)

24 Sec. 5-5.05f. Medicaid coverage for peer recovery support

1 services. On or before January 1, 2023, the Department shall  
2 seek approval from the federal Centers for Medicare and  
3 Medicaid Services to cover peer recovery support services  
4 under the medical assistance program when rendered by  
5 certified peer support specialists for the purposes of  
6 supporting the recovery of individuals receiving substance use  
7 disorder treatment. As used in this Section, "certified peer  
8 support specialist" means an individual who:

9 (1) is a self-identified current or former recipient  
10 of substance use disorder services who has the ability to  
11 support other individuals diagnosed with a substance use  
12 disorder;

13 (2) is affiliated with a substance use prevention and  
14 recovery provider agency that is licensed by the  
15 Department of Human Services ~~Services' Division of~~  
16 ~~Substance Use Prevention and Recovery~~; and

17 (A) is certified in accordance with applicable  
18 State law to provide peer recovery support services in  
19 substance use disorder settings; or

20 (B) is certified as qualified to furnish peer  
21 support services under a certification process  
22 consistent with the National Practice Guidelines for  
23 Peer Supporters and inclusive of the core competencies  
24 identified by the Substance Abuse and Mental Health  
25 Services Administration in the Core Competencies for  
26 Peer Workers in Behavioral Health Services.

1 (Source: P.A. 102-1037, eff. 6-2-22.)

2 (305 ILCS 5/5-5.12) (from Ch. 23, par. 5-5.12)

3 Sec. 5-5.12. Pharmacy payments.

4 (a) Every request submitted by a pharmacy for  
5 reimbursement under this Article for prescription drugs  
6 provided to a recipient of aid under this Article shall  
7 include the name of the prescriber or an acceptable  
8 identification number as established by the Department.

9 (b) Pharmacies providing prescription drugs under this  
10 Article shall be reimbursed at a rate which shall include a  
11 professional dispensing fee as determined by the Illinois  
12 Department, plus the current acquisition cost of the  
13 prescription drug dispensed. The Illinois Department shall  
14 update its information on the acquisition costs of all  
15 prescription drugs no less frequently than every 30 days.  
16 However, the Illinois Department may set the rate of  
17 reimbursement for the acquisition cost, by rule, at a  
18 percentage of the current average wholesale acquisition cost.

19 (c) (Blank).

20 (d) The Department shall review utilization of narcotic  
21 medications in the medical assistance program and impose  
22 utilization controls that protect against abuse.

23 (e) When making determinations as to which drugs shall be  
24 on a prior approval list, the Department shall include as part  
25 of the analysis for this determination, the degree to which a

1 drug may affect individuals in different ways based on factors  
2 including the gender of the person taking the medication.

3 (f) The Department shall cooperate with the Department of  
4 Public Health and the Department of Human Services ~~Division of~~  
5 ~~Mental Health~~ in identifying psychotropic medications that,  
6 when given in a particular form, manner, duration, or  
7 frequency (including "as needed") in a dosage, or in  
8 conjunction with other psychotropic medications to a nursing  
9 home resident or to a resident of a facility licensed under the  
10 ID/DD Community Care Act or the MC/DD Act, may constitute a  
11 chemical restraint or an "unnecessary drug" as defined by the  
12 Nursing Home Care Act or Titles XVIII and XIX of the Social  
13 Security Act and the implementing rules and regulations. The  
14 Department shall require prior approval for any such  
15 medication prescribed for a nursing home resident or to a  
16 resident of a facility licensed under the ID/DD Community Care  
17 Act or the MC/DD Act, that appears to be a chemical restraint  
18 or an unnecessary drug. The Department shall consult with the  
19 Department of Human Services ~~Division of Mental Health~~ in  
20 developing a protocol and criteria for deciding whether to  
21 grant such prior approval.

22 (g) The Department may by rule provide for reimbursement  
23 of the dispensing of a 90-day supply of a generic or brand  
24 name, non-narcotic maintenance medication in circumstances  
25 where it is cost effective.

26 (g-5) On and after July 1, 2012, the Department may

1 require the dispensing of drugs to nursing home residents be  
2 in a 7-day supply or other amount less than a 31-day supply.  
3 The Department shall pay only one dispensing fee per 31-day  
4 supply.

5 (h) Effective July 1, 2011, the Department shall  
6 discontinue coverage of select over-the-counter drugs,  
7 including analgesics and cough and cold and allergy  
8 medications.

9 (h-5) On and after July 1, 2012, the Department shall  
10 impose utilization controls, including, but not limited to,  
11 prior approval on specialty drugs, oncolytic drugs, drugs for  
12 the treatment of HIV or AIDS, immunosuppressant drugs, and  
13 biological products in order to maximize savings on these  
14 drugs. The Department may adjust payment methodologies for  
15 non-pharmacy billed drugs in order to incentivize the  
16 selection of lower-cost drugs. For drugs for the treatment of  
17 AIDS, the Department shall take into consideration the  
18 potential for non-adherence by certain populations, and shall  
19 develop protocols with organizations or providers primarily  
20 serving those with HIV/AIDS, as long as such measures intend  
21 to maintain cost neutrality with other utilization management  
22 controls such as prior approval. For hemophilia, the  
23 Department shall develop a program of utilization review and  
24 control which may include, in the discretion of the  
25 Department, prior approvals. The Department may impose special  
26 standards on providers that dispense blood factors which shall

1 include, in the discretion of the Department, staff training  
2 and education; patient outreach and education; case  
3 management; in-home patient assessments; assay management;  
4 maintenance of stock; emergency dispensing timeframes; data  
5 collection and reporting; dispensing of supplies related to  
6 blood factor infusions; cold chain management and packaging  
7 practices; care coordination; product recalls; and emergency  
8 clinical consultation. The Department may require patients to  
9 receive a comprehensive examination annually at an appropriate  
10 provider in order to be eligible to continue to receive blood  
11 factor.

12 (i) On and after July 1, 2012, the Department shall reduce  
13 any rate of reimbursement for services or other payments or  
14 alter any methodologies authorized by this Code to reduce any  
15 rate of reimbursement for services or other payments in  
16 accordance with Section 5-5e.

17 (j) On and after July 1, 2012, the Department shall impose  
18 limitations on prescription drugs such that the Department  
19 shall not provide reimbursement for more than 4 prescriptions,  
20 including 3 brand name prescriptions, for distinct drugs in a  
21 30-day period, unless prior approval is received for all  
22 prescriptions in excess of the 4-prescription limit. Drugs in  
23 the following therapeutic classes shall not be subject to  
24 prior approval as a result of the 4-prescription limit:  
25 immunosuppressant drugs, oncolytic drugs, anti-retroviral  
26 drugs, and, on or after July 1, 2014, antipsychotic drugs. On

1 or after July 1, 2014, the Department may exempt children with  
2 complex medical needs enrolled in a care coordination entity  
3 contracted with the Department to solely coordinate care for  
4 such children, if the Department determines that the entity  
5 has a comprehensive drug reconciliation program.

6 (k) No medication therapy management program implemented  
7 by the Department shall be contrary to the provisions of the  
8 Pharmacy Practice Act.

9 (l) Any provider enrolled with the Department that bills  
10 the Department for outpatient drugs and is eligible to enroll  
11 in the federal Drug Pricing Program under Section 340B of the  
12 federal Public Health Service Act shall enroll in that  
13 program. No entity participating in the federal Drug Pricing  
14 Program under Section 340B of the federal Public Health  
15 Service Act may exclude fee-for-service Medicaid from their  
16 participation in that program, however, entities defined in  
17 Section 1905(1)(2)(B) of the Social Security Act are excluded  
18 from this requirement. This subsection does not apply to  
19 outpatient drugs billed to Medicaid managed care  
20 organizations.

21 (Source: P.A. 102-558, eff. 8-20-21; 102-778, eff. 7-1-22.)

22 (305 ILCS 5/5-5.12f)

23 Sec. 5-5.12f. Prescription drugs for mental illness; no  
24 utilization or prior approval mandates.

25 (a) Notwithstanding any other provision of this Code to

1 the contrary, except as otherwise provided in subsection (b),  
2 for the purpose of removing barriers to the timely treatment  
3 of serious mental illnesses, prior authorization mandates and  
4 utilization management controls shall not be imposed under the  
5 fee-for-service and managed care medical assistance programs  
6 on any FDA-approved prescription drug that is recognized by a  
7 generally accepted standard medical reference as effective in  
8 the treatment of conditions specified in the most recent  
9 Diagnostic and Statistical Manual of Mental Disorders  
10 published by the American Psychiatric Association if a  
11 preferred or non-preferred drug is prescribed to an adult  
12 patient to treat serious mental illness and one of the  
13 following applies:

14 (1) the patient has changed providers, including, but  
15 not limited to, a change from an inpatient to an  
16 outpatient provider, and is stable on the drug that has  
17 been previously prescribed, and received prior  
18 authorization, if required;

19 (2) the patient has changed Medical assistance program  
20 or managed care plan coverage and is stable on the drug  
21 that has been previously prescribed and received prior  
22 authorization under the previous source of coverage; or

23 (3) subject to federal law on maximum dosage limits  
24 and safety edits adopted by the Department's Drug and  
25 Therapeutics Board, including those safety edits and  
26 limits needed to comply with federal requirements

1 contained in 42 CFR 456.703, the patient has previously  
2 been prescribed and obtained prior authorization for the  
3 drug and the prescription modifies the dosage, dosage  
4 frequency, or both, of the drug as part of the same  
5 treatment for which the drug was previously prescribed.

6 (b) The following safety edits shall be permitted for  
7 prescription drugs covered under this Section:

8 (1) clinically appropriate drug utilization review  
9 (DUR) edits, including, but not limited to, drug-to-drug,  
10 drug-age, and drug-dose;

11 (2) generic drug substitution if a generic drug is  
12 available for the prescribed medication in the same dosage  
13 and formulation; and

14 (3) any utilization management control that is  
15 necessary for the Department to comply with any current  
16 consent decrees or federal waivers.

17 (c) As used in this Section, "serious mental illness"  
18 means any one or more of the following diagnoses and  
19 International Classification of Diseases, Tenth Revision,  
20 Clinical Modification (ICD-10-CM) codes listed by the  
21 Department of Human Services' Division of Behavioral Health  
22 and Recovery ~~Services' Division of Mental Health~~, as amended,  
23 on its official website:

24 (1) Delusional Disorder (F22)

25 (2) Brief Psychotic Disorder (F23)

26 (3) Schizophreniform Disorder (F20.81)

- 1 (4) Schizophrenia (F20.9)
- 2 (5) Schizoaffective Disorder (F25.x)
- 3 (6) Catatonia Associated with Another Mental Disorder
- 4 (Catatonia Specifier) (F06.1)
- 5 (7) Other Specified Schizophrenia Spectrum and Other
- 6 Psychotic Disorder (F28)
- 7 (8) Unspecified Schizophrenia Spectrum and Other
- 8 Psychotic Disorder (F29)
- 9 (9) Bipolar I Disorder (F31.xx)
- 10 (10) Bipolar II Disorder (F31.81)
- 11 (11) Cyclothymic Disorder (F34.0)
- 12 (12) Unspecified Bipolar and Related Disorder (F31.9)
- 13 (13) Disruptive Mood Dysregulation Disorder (F34.8)
- 14 (14) Major Depressive Disorder Single episode (F32.xx)
- 15 (15) Major Depressive Disorder, Recurrent episode
- 16 (F33.xx)
- 17 (16) Obsessive-Compulsive Disorder (F42)
- 18 (17) Posttraumatic Stress Disorder (F43.10)
- 19 (18) Anorexia Nervosa (F50.0x)
- 20 (19) Bulimia Nervosa (F50.2)
- 21 (20) Postpartum Depression (F53.0)
- 22 (21) Puerperal Psychosis (F53.1)
- 23 (22) Factitious Disorder Imposed on Another (F68.A)

24 (d) Notwithstanding any other provision of law, nothing in  
25 this Section shall not be construed to conflict with Section  
26 1927(a)(1) and (b)(1)(A) of the federal Social Security Act

1 and any implementing regulations and agreements.

2 (e) The Department shall publish a report semi-annually on  
3 its website on compliance with the conditions of this Section  
4 by the fee-for-service program and managed care organizations  
5 beginning with dates of service on and after July 1, 2025.  
6 These reports shall be due 12 months after the end of the  
7 period to be reported. These reports shall include:

8 (1) The number of clinically denied prescriptions  
9 summarized by each of the allowed categories specified in  
10 subsection (b). This paragraph shall include the number of  
11 prior authorization denials.

12 (2) The number of clinically denied prescriptions as  
13 summarized by each of the nonallowed categories specified  
14 in subsection (a), categorized by denial reason.

15 (3) The number of prior authorizations of  
16 prescriptions contrary to the prohibition described in  
17 subsection (a).

18 (4) The number of complaints filed concerning denials  
19 for prescriptions, which meet the conditions specified in  
20 subsection (a).

21 (5) The number of approved and paid prescriptions  
22 described in subsection (a) and the potential net cost to  
23 the State.

24 (6) The number of persons enrolled in the medical  
25 assistance program using emergency room services based on  
26 categories specified in subsection (c) as the primary

1 diagnosis for the emergency room visit.

2 (7) The number of persons admitted into a hospital and  
3 the number of hospital readmissions, based on categories  
4 specified in subsection (c) as the primary diagnosis for  
5 the hospital admission or readmission.

6 As used in this Section, "net cost" means the difference  
7 in total ingredient cost due to changes in product mix plus  
8 total loss in aggregate rebate revenue based on product mix  
9 realized in Fiscal Year 2025. Nothing in this Section shall  
10 require the Department to disclose information that is exempt  
11 from disclosure under paragraph (g) of subsection (1) of  
12 Section 7 of the Freedom of Information Act.

13 For purposes of this Section, a hospital readmission  
14 occurs when a patient is discharged from a hospital and then  
15 admitted into the same or another hospital within 30 days of  
16 discharge for the same primary diagnosis.

17 (Source: P.A. 103-593, eff. 6-7-24; 104-9, eff. 6-16-25.)

18 (305 ILCS 5/5-5.23)

19 Sec. 5-5.23. Children's mental health services.

20 (a) The Department of Healthcare and Family Services, by  
21 rule, shall require the screening and assessment of a child  
22 prior to any Medicaid-funded admission to an inpatient  
23 hospital for psychiatric services to be funded by Medicaid.  
24 The screening and assessment shall include a determination of  
25 the appropriateness and availability of out-patient support

1 services for necessary treatment. The Department, by rule,  
2 shall establish methods and standards of payment for the  
3 screening, assessment, and necessary alternative support  
4 services.

5 (b) The Department of Healthcare and Family Services, to  
6 the extent allowable under federal law, shall secure federal  
7 financial participation for Individual Care Grant expenditures  
8 made by the Department of Healthcare and Family Services for  
9 the Medicaid optional service authorized under Section 1905(h)  
10 of the federal Social Security Act, pursuant to the provisions  
11 of Section 7.1 of the Mental Health and Developmental  
12 Disabilities Administrative Act. The Department of Healthcare  
13 and Family Services may exercise the authority under this  
14 Section as is necessary to administer Individual Care Grants  
15 as authorized under Section 7.1 of the Mental Health and  
16 Developmental Disabilities Administrative Act.

17 (c) The Department of Healthcare and Family Services shall  
18 work collaboratively with the Department of Children and  
19 Family Services and the ~~Division of Mental Health of the~~  
20 Department of Human Services to implement subsections (a) and  
21 (b).

22 (d) On and after July 1, 2012, the Department shall reduce  
23 any rate of reimbursement for services or other payments or  
24 alter any methodologies authorized by this Code to reduce any  
25 rate of reimbursement for services or other payments in  
26 accordance with Section 5-5e.

1           (e) All rights, powers, duties, and responsibilities  
2 currently exercised by the Department of Human Services  
3 related to the Individual Care Grant program are transferred  
4 to the Department of Healthcare and Family Services with the  
5 transfer and transition of the Individual Care Grant program  
6 to the Department of Healthcare and Family Services to be  
7 completed and implemented within 6 months after the effective  
8 date of this amendatory Act of the 99th General Assembly. For  
9 the purposes of the Successor Agency Act, the Department of  
10 Healthcare and Family Services is declared to be the successor  
11 agency of the Department of Human Services, but only with  
12 respect to the functions of the Department of Human Services  
13 that are transferred to the Department of Healthcare and  
14 Family Services under this amendatory Act of the 99th General  
15 Assembly.

16           (1) Each act done by the Department of Healthcare and  
17 Family Services in exercise of the transferred powers,  
18 duties, rights, and responsibilities shall have the same  
19 legal effect as if done by the Department of Human  
20 Services or its offices.

21           (2) Any rules of the Department of Human Services that  
22 relate to the functions and programs transferred by this  
23 amendatory Act of the 99th General Assembly that are in  
24 full force on the effective date of this amendatory Act of  
25 the 99th General Assembly shall become the rules of the  
26 Department of Healthcare and Family Services. All rules

1 transferred under this amendatory Act of the 99th General  
2 Assembly are hereby amended such that the term  
3 "Department" shall be defined as the Department of  
4 Healthcare and Family Services and all references to the  
5 "Secretary" shall be changed to the "Director of  
6 Healthcare and Family Services or his or her designee". As  
7 soon as practicable hereafter, the Department of  
8 Healthcare and Family Services shall revise and clarify  
9 the rules to reflect the transfer of rights, powers,  
10 duties, and responsibilities affected by this amendatory  
11 Act of the 99th General Assembly, using the procedures for  
12 recodification of rules available under the Illinois  
13 Administrative Procedure Act, except that existing title,  
14 part, and section numbering for the affected rules may be  
15 retained. The Department of Healthcare and Family  
16 Services, consistent with its authority to do so as  
17 granted by this amendatory Act of the 99th General  
18 Assembly, shall propose and adopt any other rules under  
19 the Illinois Administrative Procedure Act as necessary to  
20 administer the Individual Care Grant program. These rules  
21 may include, but are not limited to, the application  
22 process and eligibility requirements for recipients.

23 (3) All unexpended appropriations and balances and  
24 other funds available for use in connection with any  
25 functions of the Individual Care Grant program shall be  
26 transferred for the use of the Department of Healthcare

1 and Family Services to operate the Individual Care Grant  
2 program. Unexpended balances shall be expended only for  
3 the purpose for which the appropriation was originally  
4 made. The Department of Healthcare and Family Services  
5 shall exercise all rights, powers, duties, and  
6 responsibilities for operation of the Individual Care  
7 Grant program.

8 (4) Existing personnel and positions of the Department  
9 of Human Services pertaining to the administration of the  
10 Individual Care Grant program shall be transferred to the  
11 Department of Healthcare and Family Services with the  
12 transfer and transition of the Individual Care Grant  
13 program to the Department of Healthcare and Family  
14 Services. The status and rights of Department of Human  
15 Services employees engaged in the performance of the  
16 functions of the Individual Care Grant program shall not  
17 be affected by this amendatory Act of the 99th General  
18 Assembly. The rights of the employees, the State of  
19 Illinois, and its agencies under the Personnel Code and  
20 applicable collective bargaining agreements or under any  
21 pension, retirement, or annuity plan shall not be affected  
22 by this amendatory Act of the 99th General Assembly. All  
23 transferred employees who are members of collective  
24 bargaining units shall retain their seniority, continuous  
25 service, salary, and accrued benefits.

26 (5) All books, records, papers, documents, property

1 (real and personal), contracts, and pending business  
2 pertaining to the powers, duties, rights, and  
3 responsibilities related to the functions of the  
4 Individual Care Grant program, including, but not limited  
5 to, material in electronic or magnetic format and  
6 necessary computer hardware and software, shall be  
7 delivered to the Department of Healthcare and Family  
8 Services; provided, however, that the delivery of this  
9 information shall not violate any applicable  
10 confidentiality constraints.

11 (6) Whenever reports or notices are now required to be  
12 made or given or papers or documents furnished or served  
13 by any person to or upon the Department of Human Services  
14 in connection with any of the functions transferred by  
15 this amendatory Act of the 99th General Assembly, the same  
16 shall be made, given, furnished, or served in the same  
17 manner to or upon the Department of Healthcare and Family  
18 Services.

19 (7) This amendatory Act of the 99th General Assembly  
20 shall not affect any act done, ratified, or canceled or  
21 any right occurring or established or any action or  
22 proceeding had or commenced in an administrative, civil,  
23 or criminal cause regarding the Department of Human  
24 Services before the effective date of this amendatory Act  
25 of the 99th General Assembly; and those actions or  
26 proceedings may be defended, prosecuted, and continued by

1 the Department of Human Services.

2 (f) (Blank).

3 (g) Family Support Program. The Department of Healthcare  
4 and Family Services shall restructure the Family Support  
5 Program, formerly known as the Individual Care Grant program,  
6 to enable early treatment of youth, emerging adults, and  
7 transition-age adults with a serious mental illness or serious  
8 emotional disturbance.

9 (1) As used in this subsection and in subsections (h)  
10 through (s):

11 (A) "Youth" means a person under the age of 18.

12 (B) "Emerging adult" means a person who is 18  
13 through 20 years of age.

14 (C) "Transition-age adult" means a person who is  
15 21 through 25 years of age.

16 (2) The Department shall amend 89 Ill. Adm. Code 139  
17 in accordance with this Section and consistent with the  
18 timelines outlined in this Section.

19 (3) Implementation of any amended requirements shall  
20 be completed within 8 months of the adoption of any  
21 amendment to 89 Ill. Adm. Code 139 that is consistent with  
22 the provisions of this Section.

23 (4) To align the Family Support Program with the  
24 Medicaid system of care, the services available to a  
25 youth, emerging adult, or transition-age adult through the  
26 Family Support Program shall include all Medicaid

1 community-based mental health treatment services and all  
2 Family Support Program services included under 89 Ill.  
3 Adm. Code 139. No person receiving services through the  
4 Family Support Program or the Specialized Family Support  
5 Program shall become a Medicaid enrollee unless Medicaid  
6 eligibility criteria are met and the person is enrolled in  
7 Medicaid. No part of this Section creates an entitlement  
8 to services through the Family Support Program, the  
9 Specialized Family Support Program, or the Medicaid  
10 program.

11 (5) The Family Support Program shall align with the  
12 following system of care principles:

13 (A) Treatment and support services shall be based  
14 on the results of an integrated behavioral health  
15 assessment and treatment plan using an instrument  
16 approved by the Department of Healthcare and Family  
17 Services.

18 (B) Strong interagency collaboration between all  
19 State agencies the parent or legal guardian is  
20 involved with for services, including the Department  
21 of Healthcare and Family Services, the Department of  
22 Human Services, the Department of Children and Family  
23 Services, the Department of Juvenile Justice, and the  
24 Illinois State Board of Education.

25 (C) Individualized, strengths-based practices and  
26 trauma-informed treatment approaches.

1           (D) For a youth, full participation of the parent  
2           or legal guardian at all levels of treatment through a  
3           process that is family-centered and youth-focused. The  
4           process shall include consideration of the services  
5           and supports the parent, legal guardian, or caregiver  
6           requires for family stabilization, and shall connect  
7           such person or persons to services based on available  
8           insurance coverage.

9           (h) Eligibility for the Family Support Program.  
10          Eligibility criteria established under 89 Ill. Adm. Code 139  
11          for the Family Support Program shall include the following:

12           (1) Individuals applying to the program must be under  
13           the age of 26.

14           (2) Requirements for parental or legal guardian  
15           involvement are applicable to youth and to emerging adults  
16           or transition-age adults who have a guardian appointed  
17           under Article XIa of the Probate Act.

18           (3) Youth, emerging adults, and transition-age adults  
19           are eligible for services under the Family Support Program  
20           upon their third inpatient admission to a hospital or  
21           similar treatment facility for the primary purpose of  
22           psychiatric treatment within the most recent 12 months and  
23           are hospitalized for the purpose of psychiatric treatment.

24           (4) School participation for emerging adults applying  
25           for services under the Family Support Program may be  
26           waived by request of the individual at the sole discretion

1 of the Department of Healthcare and Family Services.

2 (5) School participation is not applicable to  
3 transition-age adults.

4 (i) Notification of Family Support Program and Specialized  
5 Family Support Program services.

6 (1) Within 12 months after the effective date of this  
7 amendatory Act of the 101st General Assembly, the  
8 Department of Healthcare and Family Services, with  
9 meaningful stakeholder input through a working group of  
10 psychiatric hospitals, Family Support Program providers,  
11 family support organizations, the Community and  
12 Residential Services Authority, a statewide association  
13 representing a majority of hospitals, a statewide  
14 association representing physicians, and foster care  
15 alumni advocates, shall establish a clear process by which  
16 a youth's or emerging adult's parents, guardian, or  
17 caregiver, or the emerging adult or transition-age adult,  
18 is identified, notified, and educated about the Family  
19 Support Program and the Specialized Family Support Program  
20 upon a first psychiatric inpatient hospital admission, and  
21 any following psychiatric inpatient admissions.  
22 Notification and education may take place through a Family  
23 Support Program coordinator, a mobile crisis response  
24 provider, a Comprehensive Community Based Youth Services  
25 provider, the Community and Residential Services  
26 Authority, or any other designated provider or coordinator

1 identified by the Department of Healthcare and Family  
2 Services. In developing this process, the Department of  
3 Healthcare and Family Services and the working group shall  
4 take into account the unique needs of emerging adults and  
5 transition-age adults without parental involvement who are  
6 eligible for services under the Family Support Program.  
7 The Department of Healthcare and Family Services and the  
8 working group shall ensure the appropriate provider or  
9 coordinator is required to assist individuals and their  
10 parents, guardians, or caregivers, as applicable, in the  
11 completion of the application or referral process for the  
12 Family Support Program or the Specialized Family Support  
13 Program.

14 (2) (Blank)

15 (3) Psychiatric lockout as last resort.

16 (A) Prior to referring any youth to the Department  
17 of Children and Family Services for the filing of a  
18 petition in accordance with subparagraph (c) of  
19 paragraph (1) of Section 2-4 of the Juvenile Court Act  
20 of 1987 alleging that the youth is dependent because  
21 the youth was left in a psychiatric hospital beyond  
22 medical necessity, the hospital shall attempt to  
23 contact the youth and the youth's parents, guardian,  
24 or caregiver about the BEACON portal and shall assist  
25 with entering the youth's information into the BEACON  
26 portal to begin the process of connecting the youth

1 and family to available resources.

2 (B) No state agency or hospital shall coach a  
3 parent or guardian of a youth in a psychiatric  
4 hospital inpatient unit to lock out or otherwise  
5 relinquish custody of a youth to the Department of  
6 Children and Family Services for the sole purpose of  
7 obtaining necessary mental health treatment for the  
8 youth. In the absence of abuse or neglect, a  
9 psychiatric lockout or custody relinquishment to the  
10 Department of Children and Family Services shall only  
11 be considered as the option of last resort. Nothing in  
12 this Section shall prohibit discussion of medical  
13 treatment options or a referral to legal counsel.

14 (4) Development of new Family Support Program  
15 services.

16 (A) Development of specialized therapeutic  
17 residential treatment for youth and emerging adults  
18 with high-acuity mental health conditions. Through a  
19 working group led by the Department of Healthcare and  
20 Family Services that includes the Department of  
21 Children and Family Services and residential treatment  
22 providers for youth and emerging adults, the  
23 Department of Healthcare and Family Services, within  
24 12 months after the effective date of this amendatory  
25 Act of the 101st General Assembly, shall develop a  
26 plan for the development of specialized therapeutic

1 residential treatment beds similar to a qualified  
2 residential treatment program, as defined in the  
3 federal Family First Prevention Services Act, for  
4 youth in the Family Support Program with high-acuity  
5 mental health needs. The Department of Healthcare and  
6 Family Services and the Department of Children and  
7 Family Services shall work together to maximize  
8 federal funding through Medicaid and Title IV-E of the  
9 Social Security Act in the development and  
10 implementation of this plan.

11 (B) Using the Department of Children and Family  
12 Services' beyond medical necessity data over the last  
13 5 years and any other relevant, available data, the  
14 Department of Healthcare and Family Services shall  
15 assess the estimated number of these specialized  
16 high-acuity residential treatment beds that are needed  
17 in each region of the State based on the number of  
18 youth remaining in psychiatric hospitals beyond  
19 medical necessity and the number of youth placed  
20 out-of-state who need this level of care. The  
21 Department of Healthcare and Family Services shall  
22 report the results of this assessment to the General  
23 Assembly by no later than December 31, 2020.

24 (C) Development of an age-appropriate therapeutic  
25 residential treatment model for emerging adults and  
26 transition-age adults. Within 30 months after the

1 effective date of this amendatory Act of the 101st  
2 General Assembly, the Department of Healthcare and  
3 Family Services, in partnership with the Department of  
4 Human Services ~~Services~~ ~~Division of Mental Health~~ and  
5 with significant and meaningful stakeholder input  
6 through a working group of providers and other  
7 stakeholders, shall develop a supportive housing model  
8 for emerging adults and transition-age adults  
9 receiving services through the Family Support Program  
10 who need residential treatment and support to enable  
11 recovery. Such a model shall be age-appropriate and  
12 shall allow the residential component of the model to  
13 be in a community-based setting combined with  
14 intensive community-based mental health services.

15 (j) Workgroup to develop a plan for improving access to  
16 substance use treatment. The Department of Healthcare and  
17 Family Services and the Department of Human Services ~~Services~~  
18 ~~Division of Substance Use Prevention and Recovery~~ shall  
19 co-lead a working group that includes Family Support Program  
20 providers, family support organizations, and other  
21 stakeholders over a 12-month period beginning in the first  
22 quarter of calendar year 2020 to develop a plan for increasing  
23 access to substance use treatment services for youth, emerging  
24 adults, and transition-age adults who are eligible for Family  
25 Support Program services.

26 (k) Appropriation. Implementation of this Section shall be

1 limited by the State's annual appropriation to the Family  
2 Support Program. Spending within the Family Support Program  
3 appropriation shall be further limited for the new Family  
4 Support Program services to be developed accordingly:

5 (1) Targeted use of specialized therapeutic  
6 residential treatment for youth and emerging adults with  
7 high-acuity mental health conditions through appropriation  
8 limitation. No more than 12% of all annual Family Support  
9 Program funds shall be spent on this level of care in any  
10 given state fiscal year.

11 (2) Targeted use of residential treatment model  
12 established for emerging adults and transition-age adults  
13 through appropriation limitation. No more than one-quarter  
14 of all annual Family Support Program funds shall be spent  
15 on this level of care in any given state fiscal year.

16 (1) Exhausting third party insurance coverage first.

17 (A) A parent, legal guardian, emerging adult, or  
18 transition-age adult with private insurance coverage shall  
19 work with the Department of Healthcare and Family  
20 Services, or its designee, to identify insurance coverage  
21 for any and all benefits covered by their plan. If  
22 insurance cost-sharing by any method for treatment is  
23 cost-prohibitive for the parent, legal guardian, emerging  
24 adult, or transition-age adult, Family Support Program  
25 funds may be applied as a payer of last resort toward  
26 insurance cost-sharing for purposes of using private

1 insurance coverage to the fullest extent for the  
2 recommended treatment. If the Department, or its agent,  
3 has a concern relating to the parent's, legal guardian's,  
4 emerging adult's, or transition-age adult's insurer's  
5 compliance with Illinois or federal insurance requirements  
6 relating to the coverage of mental health or substance use  
7 disorders, it shall refer all relevant information to the  
8 applicable regulatory authority.

9 (B) The Department of Healthcare and Family Services  
10 shall use Medicaid funds first for an individual who has  
11 Medicaid coverage if the treatment or service recommended  
12 using an integrated behavioral health assessment and  
13 treatment plan (using the instrument approved by the  
14 Department of Healthcare and Family Services) is covered  
15 by Medicaid.

16 (C) If private or public insurance coverage does not  
17 cover the needed treatment or service, Family Support  
18 Program funds shall be used to cover the services offered  
19 through the Family Support Program.

20 (m) Service authorization. A youth, emerging adult, or  
21 transition-age adult enrolled in the Family Support Program or  
22 the Specialized Family Support Program shall be eligible to  
23 receive a mental health treatment service covered by the  
24 applicable program if the medical necessity criteria  
25 established by the Department of Healthcare and Family  
26 Services are met.

1           (n) Streamlined application. The Department of Healthcare  
2 and Family Services shall revise the Family Support Program  
3 applications and the application process to reflect the  
4 changes made to this Section by this amendatory Act of the  
5 101st General Assembly within 8 months after the adoption of  
6 any amendments to 89 Ill. Adm. Code 139.

7           (o) Study of reimbursement policies during planned and  
8 unplanned absences of youth and emerging adults in Family  
9 Support Program residential treatment settings. The Department  
10 of Healthcare and Family Services shall undertake a study of  
11 those standards of the Department of Children and Family  
12 Services and other states for reimbursement of residential  
13 treatment during planned and unplanned absences to determine  
14 if reimbursing residential providers for such unplanned  
15 absences positively impacts the availability of residential  
16 treatment for youth and emerging adults. The Department of  
17 Healthcare and Family Services shall begin the study on July  
18 1, 2019 and shall report its findings and the results of the  
19 study to the General Assembly, along with any recommendations  
20 for or against adopting a similar policy, by December 31,  
21 2020.

22           (p) Public awareness and educational campaign for all  
23 relevant providers. The Department of Healthcare and Family  
24 Services shall engage in a public awareness campaign to  
25 educate hospitals with psychiatric units, crisis response  
26 providers such as Screening, Assessment and Support Services

1 providers and Comprehensive Community Based Youth Services  
2 agencies, schools, and other community institutions and  
3 providers across Illinois on the changes made by this  
4 amendatory Act of the 101st General Assembly to the Family  
5 Support Program. The Department of Healthcare and Family  
6 Services shall produce written materials geared for the  
7 appropriate target audience, develop webinars, and conduct  
8 outreach visits over a 12-month period beginning after  
9 implementation of the changes made to this Section by this  
10 amendatory Act of the 101st General Assembly.

11 (q) Maximizing federal matching funds for the Family  
12 Support Program and the Specialized Family Support Program.  
13 The Department of Healthcare and Family Services, as the sole  
14 Medicaid State agency, shall seek approval from the federal  
15 Centers for Medicare and Medicaid Services within 12 months  
16 after the effective date of this amendatory Act of the 101st  
17 General Assembly to draw additional federal Medicaid matching  
18 funds for individuals served under the Family Support Program  
19 or the Specialized Family Support Program who are not covered  
20 by the Department's medical assistance programs. The  
21 Department of Children and Family Services, as the State  
22 agency responsible for administering federal funds pursuant to  
23 Title IV-E of the Social Security Act, shall submit a State  
24 Plan to the federal government within 12 months after the  
25 effective date of this amendatory Act of the 101st General  
26 Assembly to maximize the use of federal Title IV-E prevention

1 funds through the federal Family First Prevention Services  
2 Act, to provide mental health and substance use disorder  
3 treatment services and supports, including, but not limited  
4 to, the provision of short-term crisis and transition beds  
5 post-hospitalization for youth who are at imminent risk of  
6 entering Illinois' youth welfare system solely due to the  
7 inability to access mental health or substance use treatment  
8 services.

9 (r) Outcomes and data reported annually to the General  
10 Assembly. Beginning in 2021, the Department of Healthcare and  
11 Family Services shall submit an annual report to the General  
12 Assembly that includes the following information with respect  
13 to the time period covered by the report:

14 (1) The number and ages of youth, emerging adults, and  
15 transition-age adults who requested services under the  
16 Family Support Program and the Specialized Family Support  
17 Program and the services received.

18 (2) The number and ages of youth, emerging adults, and  
19 transition-age adults who requested services under the  
20 Specialized Family Support Program who were eligible for  
21 services based on the number of hospitalizations.

22 (3) The number and ages of youth, emerging adults, and  
23 transition-age adults who applied for Family Support  
24 Program or Specialized Family Support Program services but  
25 did not receive any services.

26 (s) Rulemaking authority. Unless a timeline is otherwise

1 specified in a subsection, if amendments to 89 Ill. Adm. Code  
2 139 are needed for implementation of this Section, such  
3 amendments shall be filed by the Department of Healthcare and  
4 Family Services within one year after the effective date of  
5 this amendatory Act of the 101st General Assembly.

6 (Source: P.A. 104-32, eff. 1-1-26.)

7 (305 ILCS 5/5-5.25)

8 Sec. 5-5.25. Access to behavioral health, medical, and  
9 epilepsy treatment services.

10 (a) The General Assembly finds that providing access to  
11 behavioral health, medical, and epilepsy treatment services in  
12 a timely manner will improve the quality of life for persons  
13 suffering from illness and will contain health care costs by  
14 avoiding the need for more costly inpatient hospitalization.

15 (b) The Department of Healthcare and Family Services shall  
16 reimburse psychiatrists, federally qualified health centers as  
17 defined in Section 1905(1)(2)(B) of the federal Social  
18 Security Act, clinical psychologists, clinical social workers,  
19 advanced practice registered nurses certified in psychiatric  
20 and mental health nursing, and mental health professionals and  
21 clinicians authorized by Illinois law to provide behavioral  
22 health services to recipients via telehealth. The Department  
23 shall reimburse epilepsy specialists, as defined by the  
24 Department by rule, who are authorized by Illinois law to  
25 provide epilepsy treatment services to persons with epilepsy

1 or related disorders via telehealth. The Department, by rule,  
2 shall establish: (i) criteria for such services to be  
3 reimbursed, including appropriate facilities and equipment to  
4 be used at both sites and requirements for a physician or other  
5 licensed health care professional to be present at the site  
6 where the patient is located; however, the Department shall  
7 not require that a physician or other licensed health care  
8 professional be physically present in the same room as the  
9 patient for the entire time during which the patient is  
10 receiving telehealth services; (ii) a method to reimburse  
11 providers for mental health services provided by telehealth;  
12 and (iii) a method to reimburse providers for epilepsy  
13 treatment services provided by telehealth.

14 (c) The Department shall reimburse any Medicaid certified  
15 eligible facility or provider organization that acts as the  
16 location of the patient at the time a telehealth service is  
17 rendered, including substance abuse centers licensed by the  
18 Department of Human Services ~~Services' Division of Alcoholism~~  
19 ~~and Substance Abuse~~.

20 (d) On and after July 1, 2012, the Department shall reduce  
21 any rate of reimbursement for services or other payments or  
22 alter any methodologies authorized by this Code to reduce any  
23 rate of reimbursement for services or other payments in  
24 accordance with Section 5-5e.

25 (Source: P.A. 101-81, eff. 7-12-19; 102-207, eff. 7-30-21.)

1 (305 ILCS 5/5-44)

2 Sec. 5-44. Screening, Brief Intervention, and Referral to  
3 Treatment. As used in this Section, "SBIRT" means a  
4 comprehensive, integrated, public health approach to the  
5 delivery of early intervention and treatment services for  
6 persons who are at risk of developing substance use disorders  
7 or have substance use disorders including, but not limited to,  
8 an addiction to alcohol, opioids, tobacco, or cannabis. SBIRT  
9 services include all of the following:

10 (1) Screening to quickly assess the severity of  
11 substance use and to identify the appropriate level of  
12 treatment.

13 (2) Brief intervention focused on increasing insight  
14 and awareness regarding substance use and motivation  
15 toward behavioral change.

16 (3) Referral to treatment provided to those identified  
17 as needing more extensive treatment with access to  
18 specialty care.

19 SBIRT services may include, but are not limited to, the  
20 following settings and programs: primary care centers,  
21 hospital emergency rooms, hospital in-patient units, trauma  
22 centers, community behavioral health programs, and other  
23 community settings that provide opportunities for early  
24 intervention with at-risk substance users before more severe  
25 consequences occur.

26 The Department of Healthcare and Family Services shall

1 develop and seek federal approval of a SBIRT benefit for which  
2 qualified providers shall be reimbursed under the medical  
3 assistance program.

4 In conjunction with the Department of Human Services  
5 ~~Services' Division of Substance Use Prevention and Recovery,~~  
6 the Department of Healthcare and Family Services may develop a  
7 methodology and reimbursement rate for SBIRT services provided  
8 by qualified providers in approved settings.

9 For opioid specific SBIRT services provided in a hospital  
10 emergency department, the Department of Healthcare and Family  
11 Services shall develop a bundled reimbursement methodology and  
12 rate for a package of opioid treatment services, which include  
13 initiation of medication for the treatment of opioid use  
14 disorder in the emergency department setting, including  
15 assessment, referral to ongoing care, and arranging access to  
16 supportive services when necessary. This package of opioid  
17 related services shall be billed on a separate claim and shall  
18 be reimbursed outside of the Enhanced Ambulatory Patient  
19 Grouping system.

20 (Source: P.A. 102-598, eff. 1-1-22; 102-813, eff. 5-13-22.)

21 (305 ILCS 5/5-45)

22 Sec. 5-45. Reimbursement rates; substance use disorder  
23 treatment providers and facilities. Beginning on July 1, 2022,  
24 the Department of Human Services ~~Services' Division of~~  
25 ~~Substance Use Prevention and Recovery~~ in conjunction with the

1 Department of Healthcare and Family Services, shall provide  
2 for an increase in reimbursement rates by way of an increase to  
3 existing rates of 47% for all community-based substance use  
4 disorder treatment services, including, but not limited to,  
5 all of the following:

6 (1) Admission and Discharge Assessment.

7 (2) Level 1 (Individual).

8 (3) Level 1 (Group).

9 (4) Level 2 (Individual).

10 (5) Level 2 (Group).

11 (6) Psychiatric/Diagnostic.

12 (7) Medication Monitoring (Individual).

13 (8) Methadone as an Adjunct to Treatment.

14 No existing or future reimbursement rates or add-ons shall  
15 be reduced or changed to address the rate increase proposed  
16 under this Section. The Department of Healthcare and Family  
17 Services shall immediately, no later than 3 months following  
18 April 19, 2022 (the effective date of Public Act 102-699),  
19 submit any necessary application to the federal Centers for  
20 Medicare and Medicaid Services for a waiver or State Plan  
21 amendment to implement the requirements of this Section.  
22 Beginning in State fiscal year 2023, and every State fiscal  
23 year thereafter, reimbursement rates for those community-based  
24 substance use disorder treatment services shall be adjusted  
25 upward by an amount equal to the Consumer Price Index-U from  
26 the previous year, not to exceed 2% in any State fiscal year.

1 If there is a decrease in the Consumer Price Index-U, rates  
2 shall remain unchanged for that State fiscal year. The  
3 Department of Human Services shall adopt rules, including  
4 emergency rules under Section 5-45.1 of the Illinois  
5 Administrative Procedure Act, to implement the provisions of  
6 this Section.

7 As used in this Section, "consumer price index-u" means  
8 the index published by the Bureau of Labor Statistics of the  
9 United States Department of Labor that measures the average  
10 change in prices of goods and services purchased by all urban  
11 consumers, United States city average, all items, 1982-84 =  
12 100.

13 (Source: P.A. 102-699, eff. 4-19-22; 103-154, eff. 6-30-23.)

14 (305 ILCS 5/5-47)

15 Sec. 5-47. Medicaid reimbursement rates; substance use  
16 disorder treatment providers and facilities.

17 (a) Beginning on January 1, 2024, subject to federal  
18 approval, the Department of Healthcare and Family Services, in  
19 conjunction with the Department of Human Services ~~Services~~  
20 ~~Division of Substance Use Prevention and Recovery~~, shall  
21 provide a 30% increase in reimbursement rates for all  
22 Medicaid-covered ASAM Level 3 residential/inpatient substance  
23 use disorder treatment services.

24 No existing or future reimbursement rates or add-ons shall  
25 be reduced or changed to address this proposed rate increase.

1 No later than 3 months after June 16, 2023 (the effective date  
2 of Public Act 103-102), the Department of Healthcare and  
3 Family Services shall submit any necessary application to the  
4 federal Centers for Medicare and Medicaid Services to  
5 implement the requirements of this Section.

6 (a-5) Beginning in State fiscal year 2025, and every State  
7 fiscal year thereafter, reimbursement rates for licensed or  
8 certified substance use disorder treatment providers of ASAM  
9 Level 3 residential/inpatient services for persons with  
10 substance use disorders shall be adjusted upward by an amount  
11 equal to the Consumer Price Index-U from the previous year,  
12 not to exceed 2% in any State fiscal year. If there is a  
13 decrease in the Consumer Price Index-U, rates shall remain  
14 unchanged for that State fiscal year. The Department shall  
15 adopt rules, including emergency rules, in accordance with the  
16 Illinois Administrative Procedure Act, to implement the  
17 provisions of this Section.

18 As used in this Section, "Consumer Price Index-U" means  
19 the index published by the Bureau of Labor Statistics of the  
20 United States Department of Labor that measures the average  
21 change in prices of goods and services purchased by all urban  
22 consumers, United States city average, all items, 1982-84 =  
23 100.

24 (b) Parity in community-based behavioral health rates;  
25 implementation plan for cost reporting. For the purpose of  
26 understanding behavioral health services cost structures and

1 their impact on the Medical Assistance Program, the Department  
2 of Healthcare and Family Services shall engage stakeholders to  
3 develop a plan for the regular collection of cost reporting  
4 for all entity-based substance use disorder providers. Data  
5 shall be used to inform on the effectiveness and efficiency of  
6 Illinois Medicaid rates. The Department and stakeholders shall  
7 develop a plan by April 1, 2024. The Department shall engage  
8 stakeholders on implementation of the plan. The plan, at  
9 minimum, shall consider all of the following:

10 (1) Alignment with certified community behavioral  
11 health clinic requirements, standards, policies, and  
12 procedures.

13 (2) Inclusion of prospective costs to measure what is  
14 needed to increase services and capacity.

15 (3) Consideration of differences in collection and  
16 policies based on the size of providers.

17 (4) Consideration of additional administrative time  
18 and costs.

19 (5) Goals, purposes, and usage of data collected from  
20 cost reports.

21 (6) Inclusion of qualitative data in addition to  
22 quantitative data.

23 (7) Technical assistance for providers for completing  
24 cost reports including initial training by the Department  
25 for providers.

26 (8) Implementation of a timeline which allows an

1 initial grace period for providers to adjust internal  
2 procedures and data collection.

3 Details from collected cost reports shall be made publicly  
4 available on the Department's website and costs shall be used  
5 to ensure the effectiveness and efficiency of Illinois  
6 Medicaid rates.

7 (c) Reporting; access to substance use disorder treatment  
8 services and recovery supports. By no later than April 1,  
9 2024, the Department of Healthcare and Family Services, with  
10 input from the Department of Human Services ~~Services' Division~~  
11 ~~of Substance Use Prevention and Recovery~~, shall submit a  
12 report to the General Assembly regarding access to treatment  
13 services and recovery supports for persons diagnosed with a  
14 substance use disorder. The report shall include, but is not  
15 limited to, the following information:

16 (1) The number of providers enrolled in the Illinois  
17 Medical Assistance Program certified to provide substance  
18 use disorder treatment services, aggregated by ASAM level  
19 of care, and recovery supports.

20 (2) The number of Medicaid customers in Illinois with  
21 a diagnosed substance use disorder receiving substance use  
22 disorder treatment, aggregated by provider type and ASAM  
23 level of care.

24 (3) A comparison of Illinois' substance use disorder  
25 licensure and certification requirements with those of  
26 comparable state Medicaid programs.

1           (4) Recommendations for and an analysis of the impact  
2           of aligning reimbursement rates for outpatient substance  
3           use disorder treatment services with reimbursement rates  
4           for community-based mental health treatment services.

5           (5) Recommendations for expanding substance use  
6           disorder treatment to other qualified provider entities  
7           and licensed professionals of the healing arts. The  
8           recommendations shall include an analysis of the  
9           opportunities to maximize the flexibilities permitted by  
10          the federal Centers for Medicare and Medicaid Services for  
11          expanding access to the number and types of qualified  
12          substance use disorder providers.

13          (Source: P.A. 103-102, eff. 6-16-23; 103-588, eff. 6-5-24;  
14          103-605, eff. 7-1-24.)

15          (305 ILCS 5/5-50)

16          Sec. 5-50. Coverage for mental health and substance use  
17          disorder telehealth services.

18          (a) As used in this Section:

19          "Behavioral health care professional" has the meaning  
20          given to "health care professional" in Section 5 of the  
21          Telehealth Act, but only with respect to professionals  
22          ~~licensed or certified by the Division of Mental Health or~~  
23          ~~Division of Substance Use Prevention and Recovery of the~~  
24          ~~Department of Human Services~~ engaged in the delivery of mental  
25          health or substance use disorder treatment or services at a

1 provider licensed or certified by the Department of Human  
2 Services.

3 "Behavioral health facility" means a community mental  
4 health center, a behavioral health clinic, a substance use  
5 disorder treatment program, or a facility or provider licensed  
6 or certified by the ~~Division of Mental Health or Division of~~  
7 ~~Substance Use Prevention and Recovery of the~~ Department of  
8 Human Services.

9 "Behavioral telehealth services" has the meaning given to  
10 the term "telehealth services" in Section 5 of the Telehealth  
11 Act, but limited solely to mental health and substance use  
12 disorder treatment or services to a patient, regardless of  
13 patient location.

14 "Distant site" has the meaning given to that term in  
15 Section 5 of the Telehealth Act.

16 "Originating site" has the meaning given to that term in  
17 Section 5 of the Telehealth Act.

18 (b) The Department and any managed care plans under  
19 contract with the Department for the medical assistance  
20 program shall provide for coverage of mental health and  
21 substance use disorder treatment or services delivered as  
22 behavioral telehealth services as specified in this Section.  
23 The Department and any managed care plans under contract with  
24 the Department for the medical assistance program may also  
25 provide reimbursement to a behavioral health facility that  
26 serves as the originating site at the time a behavioral

1 telehealth service is rendered.

2 (c) To ensure behavioral telehealth services are equitably  
3 provided, coverage required under this Section shall comply  
4 with all of the following:

5 (1) The Department and any managed care plans under  
6 contract with the Department for the medical assistance  
7 program shall not:

8 (A) require that in-person contact occur between a  
9 behavioral health care professional and a patient  
10 before the provision of a behavioral telehealth  
11 service;

12 (B) require patients, behavioral health care  
13 professionals, or behavioral health facilities to  
14 prove or document a hardship or access barrier to an  
15 in-person consultation for coverage and reimbursement  
16 of behavioral telehealth services;

17 (C) require the use of behavioral telehealth  
18 services when the behavioral health care professional  
19 has determined that it is not appropriate;

20 (D) require the use of behavioral telehealth  
21 services when a patient chooses an in-person  
22 consultation;

23 (E) require a behavioral health care professional  
24 to be physically present in the same room as the  
25 patient at the originating site, unless deemed  
26 medically necessary by the behavioral health care

1 professional providing the behavioral telehealth  
2 service;

3 (F) create geographic or facility restrictions or  
4 requirements for behavioral telehealth services;

5 (G) require behavioral health care professionals  
6 or behavioral health facilities to offer or provide  
7 behavioral telehealth services;

8 (H) require patients to use behavioral telehealth  
9 services or require patients to use a separate panel  
10 of behavioral health care professionals or behavioral  
11 health facilities to receive behavioral telehealth  
12 services; or

13 (I) impose upon behavioral telehealth services  
14 utilization review requirements that are unnecessary,  
15 duplicative, or unwarranted or impose any treatment  
16 limitations, prior authorization, documentation, or  
17 recordkeeping requirements that are more stringent  
18 than the requirements applicable to the same  
19 behavioral health care service when rendered  
20 in-person, except that procedure code modifiers may be  
21 required to document behavioral telehealth.

22 (2) Any cost sharing applicable to services provided  
23 through behavioral telehealth shall not exceed the cost  
24 sharing required by the medical assistance program for the  
25 same services provided through in-person consultation.

26 (3) The Department and any managed care plans under

1 contract with the Department for the medical assistance  
2 program shall notify behavioral health care professionals  
3 and behavioral health facilities of any instructions  
4 necessary to facilitate billing for behavioral telehealth  
5 services.

6 (d) For purposes of reimbursement, the Department and any  
7 managed care plans under contract with the Department for the  
8 medical assistance program shall reimburse a behavioral health  
9 care professional or behavioral health facility for behavioral  
10 telehealth services on the same basis, in the same manner, and  
11 at the same reimbursement rate that would apply to the  
12 services if the services had been delivered via an in-person  
13 encounter by a behavioral health care professional or  
14 behavioral health facility. This subsection applies only to  
15 those services provided by behavioral telehealth that may  
16 otherwise be billed as an in-person service.

17 (e) Behavioral health care professionals and behavioral  
18 health facilities shall determine the appropriateness of  
19 specific sites, technology platforms, and technology vendors  
20 for a behavioral telehealth service, as long as delivered  
21 services adhere to all federal and State privacy, security,  
22 and confidentiality laws, rules, or regulations, including,  
23 but not limited to, the Health Insurance Portability and  
24 Accountability Act of 1996, 42 CFR Part 2, and the Mental  
25 Health and Developmental Disabilities Confidentiality Act.

26 (f) Nothing in this Section shall be deemed as precluding

1 the Department and any managed care plans under contract with  
2 the Department for the medical assistance program from  
3 providing benefits for other telehealth services.

4 (g) There shall be no restrictions on originating site  
5 requirements for behavioral telehealth coverage or  
6 reimbursement to the distant site under this Section other  
7 than requiring the behavioral telehealth services to be  
8 medically necessary and clinically appropriate.

9 (h) Nothing in this Section shall be deemed as precluding  
10 the Department and any managed care plans under contract with  
11 the Department for the medical assistance program from  
12 establishing limits on the use of telehealth for a particular  
13 behavioral health service when the limits are consistent with  
14 generally accepted standards of mental, emotional, nervous, or  
15 substance use disorder or condition care.

16 (i) The Department may adopt rules to implement the  
17 provisions of this Section.

18 (Source: P.A. 103-243, eff. 1-1-24; 103-605, eff. 7-1-24.)

19 Section 90. The Early Mental Health and Addictions  
20 Treatment Act is amended by changing Sections 5 and 10 as  
21 follows:

22 (305 ILCS 65/5)

23 Sec. 5. Medicaid Pilot Program; early treatment for youth  
24 and young adults.

1 (a) The General Assembly finds as follows:

2 (1) Most mental health conditions begin in adolescence  
3 and young adulthood, yet it can take an average of 10 years  
4 before the right diagnosis and treatment are received.

5 (2) Over 850,000 Illinois youth under age 25 will  
6 experience a mental health condition.

7 (3) Early treatment of significant mental health  
8 conditions can enable wellness and recovery and prevent a  
9 life of disability or early death from suicide.

10 (4) Early treatment leads to higher rates of school  
11 completion and employment.

12 (5) Illinois' mental health system is aimed at adults  
13 with advanced mental illnesses who have become disabled,  
14 rather than focusing on youth in the early stages of a  
15 mental health condition to prevent progression.

16 (6) Many states are implementing programs and services  
17 for the early treatment of significant mental health  
18 conditions in youth.

19 (7) The cost of early community-based treatment is a  
20 fraction of the cost of a life of multiple  
21 hospitalizations, disability, criminal justice  
22 involvement, and homelessness, the common trajectory for  
23 someone with a serious mental health condition.

24 (8) Early treatment for adolescents and young adults  
25 with mental health conditions will save lives and State  
26 dollars.

1 (b) As the sole Medicaid State agency, the Department of  
2 Healthcare and Family Services, in partnership with the  
3 Department of Human Services ~~Services' Division of Mental~~  
4 ~~Health~~ and with meaningful input from stakeholders, shall  
5 develop a pilot program under which a qualifying adolescent or  
6 young adult, as defined in subsection (d), may receive  
7 community-based mental health treatment from a youth-focused  
8 community support team for early treatment, as provided in  
9 subsection (e), that is specifically tailored to the needs of  
10 youth and young adults in the early stages of a serious  
11 emotional disturbance or serious mental illness for purposes  
12 of stabilizing the youth's condition and symptoms and  
13 preventing the worsening of the illness and debilitating or  
14 disabling symptoms. The pilot program shall be implemented  
15 across a broad spectrum of geographic regions across the  
16 State.

17 (c) Federal waiver or State Plan amendment; implementation  
18 timeline.

19 (1) Federal approval. The Department of Healthcare and  
20 Family Services shall submit any necessary application to  
21 the federal Centers for Medicare and Medicaid Services for  
22 a waiver or State Plan amendment to implement the pilot  
23 program described in this Section no later than September  
24 30, 2019. If the Department determines the pilot program  
25 can be implemented without federal approval, the  
26 Department shall implement the program no later than

1 December 31, 2019. The Department shall not draft any  
2 rules in contravention of this timetable for pilot program  
3 development and implementation. This pilot program shall  
4 be implemented only to the extent that federal financial  
5 participation is available.

6 (2) Implementation. After federal approval is secured,  
7 if federal approval is required, the Department of  
8 Healthcare and Family Services shall implement the pilot  
9 program within 6 months after the date of federal  
10 approval.

11 (d) Qualifying adolescent or young adult. As used in this  
12 Section, "qualifying adolescent or young adult" means a person  
13 age 16 through 26 who is enrolled in the Medical Assistance  
14 Program under Article V of the Illinois Public Aid Code and has  
15 a diagnosis of a serious emotional disturbance as interpreted  
16 by the federal Substance Abuse and Mental Health Services  
17 Administration or a serious mental illness listed in the most  
18 recent edition of the Diagnostic and Statistical Manual of  
19 Mental Disorders. Because the purpose of the pilot program is  
20 treatment in the early stages of a significant mental health  
21 condition or emotional disturbance for purposes of preventing  
22 progression of the illness, debilitating symptoms and  
23 disability, a qualifying adolescent or young adult shall not  
24 be required to demonstrate disability due to the mental health  
25 condition, show a reduction in functioning as a result of the  
26 condition, or have a reality impairment (psychosis) to be

1 eligible for services through the pilot program. A qualifying  
2 adolescent or young adult who is determined to be eligible for  
3 pilot program services before the age of 21 shall continue to  
4 be eligible for such services without interruption through age  
5 26 as long as he or she remains enrolled in the Medical  
6 Assistance Program.

7 (e) Community-based treatment model. The pilot program  
8 shall create youth-focused community support teams for early  
9 treatment. The community-based treatment model shall be a  
10 multidisciplinary, team-based model specifically tailored for  
11 adolescents and young adults and their needs for wellness,  
12 symptom management, and recovery. The model shall take into  
13 consideration area workforce, community uniqueness, and  
14 cultural diversity. All services shall be evidence-based or  
15 evidence-informed as applicable, and the services shall be  
16 flexibly provided in-office, in-home, and in-community with an  
17 emphasis on in-home and in-community services. The model shall  
18 allow for and include each of the following:

19 (1) Community-based, outreach treatment, and  
20 wrap-around services that begin in the early stages of a  
21 serious mental illness or serious emotional disturbance  
22 (functional impairment shall not be required for service  
23 eligibility under the pilot program).

24 (2) Youth specific engagement strategies to encourage  
25 participation and retention in services.

26 (3) Same-age or similar-age peer services to foster

1           resiliency.

2           (4) Family psycho-education and family involvement.

3           (5) Expertise or knowledge in school and university  
4           systems, special education and work, volunteer and social  
5           life for youth.

6           (6) Evidence-informed and young person-specific  
7           psychotherapies.

8           (7) Care coordination for primary care.

9           (8) Medication management.

10          (9) Case management for problem solving to address  
11          practicable problems, including criminal justice  
12          involvement and housing challenges; and assisting the  
13          young person or family in organizing all treatment and  
14          goals.

15          (10) Supported education and employment to keep the  
16          young person engaged in school and work to attain  
17          self-sufficiency.

18          (11) Trauma-informed expertise for youth.

19          (12) Substance use treatment expertise.

20          (f) Pay-for-performance payment model. The Department of  
21          Healthcare and Family Services, with meaningful input from  
22          stakeholders, shall develop a pay-for-performance payment  
23          model aimed at achieving high-quality mental health and  
24          overall health and quality of life outcomes for the youth,  
25          rather than a fee-for-service payment model. The payment model  
26          shall allow for service flexibility to achieve such outcomes,

1 shall cover actual provider costs of delivering the pilot  
2 program services to enable sustainability, and shall include  
3 all provider costs associated with the data collection for  
4 purposes of the analytics and outcomes reporting required  
5 under subsection (h). The Department shall ensure that the  
6 payment model works as intended by this Section within managed  
7 care.

8 (g) Rulemaking. The Department of Healthcare and Family  
9 Services, in partnership with the Department of Human Services  
10 ~~Services' Division of Mental Health~~ and with meaningful input  
11 from stakeholders, shall develop rules for purposes of  
12 implementation of the pilot program contemplated in this  
13 Section within 6 months of federal approval of the pilot  
14 program. If the Department determines federal approval is not  
15 required for implementation, the Department shall develop  
16 rules with meaningful stakeholder input no later than December  
17 31, 2019.

18 (h) Pilot program analytics and outcomes reports. The  
19 Department of Healthcare and Family Services shall engage a  
20 third party partner with expertise in program evaluation,  
21 analysis, and research at the end of 5 years of implementation  
22 to review the outcomes of the pilot program in stabilizing  
23 youth with significant mental health conditions early on in  
24 their condition to prevent debilitating symptoms and  
25 disability and enable youth to reach their full potential. For  
26 purposes of evaluating the outcomes of the pilot program, the

1 Department shall require providers of the pilot program  
2 services to track the following annual data:

3 (1) days of inpatient hospital stays of service  
4 recipients;

5 (2) periods of homelessness of service recipients and  
6 periods of housing stability;

7 (3) periods of criminal justice involvement of service  
8 recipients;

9 (4) avoidance of disability and the need for  
10 Supplemental Security Income;

11 (5) rates of high school, college, or vocational  
12 school engagement and graduation for service recipients;

13 (6) rates of employment annually of service  
14 recipients;

15 (7) average length of stay in pilot program services;

16 (8) symptom management over time; and

17 (9) youth satisfaction with their quality of life,  
18 pre-pilot and post-pilot program services.

19 (i) The Department of Healthcare and Family Services shall  
20 deliver a final report to the General Assembly on the outcomes  
21 of the pilot program within one year after 4 years of full  
22 implementation, and after 7 years of full implementation,  
23 compared to typical treatment available to other youth with  
24 significant mental health conditions, as well as the cost  
25 savings associated with the pilot program taking into account  
26 all public systems used when an individual with a significant

1 mental health condition does not have access to the right  
2 treatment and supports in the early stages of his or her  
3 illness.

4 The reports to the General Assembly shall be filed with  
5 the Clerk of the House of Representatives and the Secretary of  
6 the Senate in electronic form only, in the manner that the  
7 Clerk and the Secretary shall direct.

8 Post-pilot program discharge outcomes shall be collected  
9 for all service recipients who exit the pilot program for up to  
10 3 years after exit. This includes youth who exit the program  
11 with planned or unplanned discharges. The post-exit data  
12 collected shall include the annual data listed in paragraphs  
13 (1) through (9) of subsection (h). Data collection shall be  
14 done in a manner that does not violate individual privacy  
15 laws. Outcomes for enrollees in the pilot and post-exit  
16 outcomes shall be included in the final report to the General  
17 Assembly under this subsection (i) within one year of 4 full  
18 years of implementation, and in an additional report within  
19 one year of 7 full years of implementation in order to provide  
20 more information about post-exit outcomes on a greater number  
21 of youth who enroll in pilot program services in the final  
22 years of the pilot program.

23 (Source: P.A. 100-1016, eff. 8-21-18.)

24 (305 ILCS 65/10)

25 Sec. 10. Medicaid pilot program for opioid and other drug

1 addictions.

2 (a) Legislative findings. The General Assembly finds as  
3 follows:

4 (1) Illinois continues to face a serious and ongoing  
5 opioid epidemic.

6 (2) Opioid-related overdose deaths rose 76% between  
7 2013 and 2016.

8 (3) Opioid and other drug addictions are life-long  
9 diseases that require a disease management approach and  
10 not just episodic treatment.

11 (4) There is an urgent need to create a treatment  
12 approach that proactively engages and encourages  
13 individuals with opioid and other drug addictions into  
14 treatment to help prevent chronic use and a worsening  
15 addiction and to significantly curb the rate of overdose  
16 deaths.

17 (b) With the goal of early initial engagement of  
18 individuals who have an opioid or other drug addiction in  
19 addiction treatment and for keeping individuals engaged in  
20 treatment following detoxification, a residential treatment  
21 stay, or hospitalization to prevent chronic recurrent drug  
22 use, the Department of Healthcare and Family Services, in  
23 partnership with the Department of Human Services ~~Services~~  
24 ~~Division of Substance Use Prevention and Recovery~~ and with  
25 meaningful input from stakeholders, shall develop an Assertive  
26 Engagement and Community-Based Clinical Treatment Pilot

1 Program for early treatment of an opioid or other drug  
2 addiction. The pilot program shall be implemented across a  
3 broad spectrum of geographic regions across the State.

4 (c) Assertive engagement and community-based clinical  
5 treatment services. All services included in the pilot program  
6 established under this Section shall be evidence-based or  
7 evidence-informed as applicable and the services shall be  
8 flexibly provided in-office, in-home, and in-community with an  
9 emphasis on in-home and in-community services. The model shall  
10 take into consideration area workforce, community uniqueness,  
11 and cultural diversity. The model shall, at a minimum, allow  
12 for and include each of the following:

13 (1) Assertive community outreach, engagement, and  
14 continuing care strategies to encourage participation and  
15 retention in addiction treatment services for both initial  
16 engagement into addiction treatment services, and for  
17 post-hospitalization, post-detoxification, and  
18 post-residential treatment.

19 (2) Case management for purposes of linking  
20 individuals to treatment, ongoing monitoring, problem  
21 solving, and assisting individuals in organizing their  
22 treatment and goals. Case management shall be covered for  
23 individuals not yet engaged in treatment for purposes of  
24 reaching such individuals early on in their addiction and  
25 for individuals in treatment.

26 (3) Clinical treatment that is delivered in an

1 individual's natural environment, including in-home or  
2 in-community treatment, to better equip the individual  
3 with coping mechanisms that may trigger re-use.

4 (4) Coverage of provider transportation costs in  
5 delivering in-home and in-community services in both rural  
6 and urban settings. For rural communities, the model shall  
7 take into account the wider geographic areas providers are  
8 required to travel for in-home and in-community pilot  
9 services for purposes of reimbursement.

10 (5) Recovery support services.

11 (6) For individuals who receive services through the  
12 pilot program but disengage for a short duration (a period  
13 of no longer than 9 months), allow seamless treatment  
14 re-engagement in the pilot program.

15 (7) Supported education and employment.

16 (8) Working with the individual's family, school, and  
17 other community support systems.

18 (9) Service flexibility to enable recovery and  
19 positive health outcomes.

20 (d) Federal waiver or State Plan amendment; implementation  
21 timeline. The Department shall follow the timeline for  
22 application for federal approval and implementation outlined  
23 in subsection (c) of Section 5. The pilot program contemplated  
24 in this Section shall be implemented only to the extent that  
25 federal financial participation is available.

26 (e) Pay-for-performance payment model. The Department of

1 Healthcare and Family Services, in partnership with the  
2 Department of Human Services ~~Services' Division of Substance~~  
3 ~~Use Prevention and Recovery~~ and with meaningful input from  
4 stakeholders, shall develop a pay-for-performance payment  
5 model aimed at achieving high-quality treatment and overall  
6 health and quality of life outcomes, rather than a  
7 fee-for-service payment model. The payment model shall allow  
8 for service flexibility to achieve such outcomes, shall cover  
9 actual provider costs of delivering the pilot program services  
10 to enable sustainability, and shall include all provider costs  
11 associated with the data collection for purposes of the  
12 analytics and outcomes reporting required in subsection (g).  
13 The Department shall ensure that the payment model works as  
14 intended by this Section within managed care.

15 (f) Rulemaking. The Department of Healthcare and Family  
16 Services, in partnership with the Department of Human Services  
17 ~~Services' Division of Substance Use Prevention and Recovery~~  
18 and with meaningful input from stakeholders, shall develop  
19 rules for purposes of implementation of the pilot program  
20 within 6 months after federal approval of the pilot program.  
21 If the Department determines federal approval is not required  
22 for implementation, the Department shall develop rules with  
23 meaningful stakeholder input no later than December 31, 2019.

24 (g) Pilot program analytics and outcomes reports. The  
25 Department of Healthcare and Family Services shall engage a  
26 third party partner with expertise in program evaluation,

1 analysis, and research at the end of 5 years of implementation  
2 to review the outcomes of the pilot program in treating  
3 addiction and preventing periods of symptom exacerbation and  
4 recurrence. For purposes of evaluating the outcomes of the  
5 pilot program, the Department shall require providers of the  
6 pilot program services to track all of the following annual  
7 data:

8 (1) Length of engagement and retention in pilot  
9 program services.

10 (2) Recurrence of drug use.

11 (3) Symptom management (the ability or inability to  
12 control drug use).

13 (4) Days of hospitalizations related to substance use  
14 or residential treatment stays.

15 (5) Periods of homelessness and periods of housing  
16 stability.

17 (6) Periods of criminal justice involvement.

18 (7) Educational and employment attainment during  
19 following pilot program services.

20 (8) Enrollee satisfaction with his or her quality of  
21 life and level of social connectedness, pre-pilot and  
22 post-pilot services.

23 (h) The Department of Healthcare and Family Services shall  
24 deliver a final report to the General Assembly on the outcomes  
25 of the pilot program within one year after 4 years of full  
26 implementation, and after 7 years of full implementation,

1 compared to typical treatment available to other youth with  
2 significant mental health conditions, as well as the cost  
3 savings associated with the pilot program taking into account  
4 all public systems used when an individual with a significant  
5 mental health condition does not have access to the right  
6 treatment and supports in the early stages of his or her  
7 illness.

8 The reports to the General Assembly shall be filed with  
9 the Clerk of the House of Representatives and the Secretary of  
10 the Senate in electronic form only, in the manner that the  
11 Clerk and the Secretary shall direct.

12 Post-pilot program discharge outcomes shall be collected  
13 for all service recipients who exit the pilot program for up to  
14 3 years after exit. This includes youth who exit the program  
15 with planned or unplanned discharges. The post-exit data  
16 collected shall include the annual data listed in paragraphs  
17 (1) through (8) of subsection (g). Data collection shall be  
18 done in a manner that does not violate individual privacy  
19 laws. Outcomes for enrollees in the pilot and post-exit  
20 outcomes shall be included in the final report to the General  
21 Assembly under this subsection (h) within one year of 4 full  
22 years of implementation, and in an additional report within  
23 one year of 7 full years of implementation in order to provide  
24 more information about post-exit outcomes on a greater number  
25 of youth who enroll in pilot program services in the final  
26 years of the pilot program.

1 (Source: P.A. 100-1016, eff. 8-21-18; 101-81, eff. 7-12-19.)

2 Section 95. The Adult Protective Services Act is amended  
3 by changing Sections 5.1 and 15 as follows:

4 (320 ILCS 20/5.1)

5 Sec. 5.1. Procedure for self-neglect.

6 (a) A provider agency, upon receiving a report of  
7 self-neglect, shall conduct no less than 2 unannounced  
8 face-to-face visits at the residence of the eligible adult to  
9 administer, upon consent, the eligibility screening. The  
10 eligibility screening is intended to quickly determine if the  
11 eligible adult is posing a substantial threat to themselves or  
12 others. A full assessment phase shall not be completed for  
13 self-neglect cases, and with individual consent, verified  
14 self-neglect cases shall immediately enter the casework phase  
15 to begin service referrals to mitigate risk unless  
16 self-neglect occurs concurrently with another reported abuse  
17 type (abuse, neglect, or exploitation), a full assessment  
18 shall occur.

19 (b) The eligibility screening shall include, but is not  
20 limited to:

21 (1) an interview with the eligible adult;

22 (2) with eligible adult consent, interviews or  
23 consultations regarding the allegations with immediate  
24 family members, and other individuals who may have

1 knowledge of the eligible adult's circumstances; and

2 (3) an inquiry of active service providers engaged  
3 with the eligible adult who are providing services that  
4 are mitigating the risk identified on the intake. These  
5 services providers may be, but are not limited to:

6 (i) Managed care organizations.

7 (ii) Case coordination units.

8 (iii) The Department of Human Services' Division  
9 of Rehabilitation Services.

10 (iv) The Department of Human Services' Division of  
11 Developmental Disabilities.

12 (v) The Department of Human Services' Division of  
13 Behavioral ~~Mental~~ Health and Recovery.

14 (c) During the visit, a provider agency shall obtain the  
15 consent of the eligible adult before initiating the  
16 eligibility screening. If the eligible adult cannot consent  
17 and no surrogate decision maker is established, and where the  
18 provider agency is acting in the best interest of an eligible  
19 adult who is unable to seek assistance for themselves, the  
20 provider agency shall conduct the eligibility screening as  
21 described in subsection (b).

22 (d) When the eligibility screening indicates that the  
23 individual is experiencing self-neglect, the provider agency  
24 shall within 10 business days and with client consent, develop  
25 an initial case plan.

26 (e) In developing a case plan, the provider agency shall

1 consult with any other appropriate provider of services to  
2 ensure no duplications of services. Such providers shall be  
3 immune from civil or criminal liability on account of such  
4 acts except for intentional, willful, or wanton misconduct.

5 (f) The case plan shall be client directed and include  
6 recommended services which are appropriate to the needs and  
7 wishes of the individual, and which involve the least  
8 restriction of the individual's activities commensurate with  
9 the individual's needs.

10 (g) Only those services to which consent is provided in  
11 accordance with Section 9 of this Act shall be provided,  
12 contingent upon the availability of such services.

13 (Source: P.A. 103-626, eff. 1-1-25.)

14 (320 ILCS 20/15)

15 Sec. 15. Fatality review teams.

16 (a) State policy.

17 (1) Both the State and the community maintain a  
18 commitment to preventing the abuse, abandonment, neglect,  
19 and financial exploitation of at-risk adults. This  
20 includes a charge to bring perpetrators of crimes against  
21 at-risk adults to justice and prevent untimely deaths in  
22 the community.

23 (2) When an at-risk adult dies, the response to the  
24 death by the community, law enforcement, and the State  
25 must include an accurate and complete determination of the

1 cause of death, and the development and implementation of  
2 measures to prevent future deaths from similar causes.

3 (3) Multidisciplinary and multi-agency reviews of  
4 deaths can assist the State and counties in developing a  
5 greater understanding of the incidence and causes of  
6 premature deaths and the methods for preventing those  
7 deaths, improving methods for investigating deaths, and  
8 identifying gaps in services to at-risk adults.

9 (4) Access to information regarding the deceased  
10 person and his or her family by multidisciplinary and  
11 multi-agency fatality review teams is necessary in order  
12 to fulfill their purposes and duties.

13 (a-5) Definitions. As used in this Section:

14 "Advisory Council" means the Illinois Fatality Review  
15 Team Advisory Council.

16 "Review Team" means a regional interagency fatality  
17 review team.

18 (b) The Director, in consultation with the Advisory  
19 Council, law enforcement, and other professionals who work in  
20 the fields of investigating, treating, or preventing abuse,  
21 abandonment, or neglect of at-risk adults, shall appoint  
22 members to a minimum of one review team in each of the  
23 Department's planning and service areas. If a review team in  
24 an established planning and service area may be better served  
25 combining with adjacent planning and service areas for greater  
26 access to cases or expansion of expertise, then the Department

1 maintains the right to combine review teams. Each member of a  
2 review team shall be appointed for a 2-year term and shall be  
3 eligible for reappointment upon the expiration of the term. A  
4 review team's purpose in conducting review of at-risk adult  
5 deaths is: (i) to assist local agencies in identifying and  
6 reviewing suspicious deaths of adult victims of alleged,  
7 suspected, or substantiated abuse, abandonment, or neglect in  
8 domestic living situations; (ii) to facilitate communications  
9 between officials responsible for autopsies and inquests and  
10 persons involved in reporting or investigating alleged or  
11 suspected cases of abuse, abandonment, neglect, or financial  
12 exploitation of at-risk adults and persons involved in  
13 providing services to at-risk adults; (iii) to evaluate means  
14 by which the death might have been prevented; and (iv) to  
15 report its findings to the appropriate agencies and the  
16 Advisory Council and make recommendations that may help to  
17 reduce the number of at-risk adult deaths caused by abuse,  
18 abandonment, and neglect and that may help to improve the  
19 investigations of deaths of at-risk adults and increase  
20 prosecutions, if appropriate.

21 (b-5) Each such team shall be composed of representatives  
22 of entities and individuals including, but not limited to:

23 (1) the Department on Aging or the delegated regional  
24 administrative agency as appointed by the Department;

25 (2) coroners or medical examiners (or both);

26 (3) State's Attorneys;

1 (4) local police departments;

2 (5) forensic units;

3 (6) local health departments;

4 (7) a social service or health care agency that  
5 provides services to persons with mental illness, in a  
6 program whose accreditation to provide such services is  
7 recognized by the ~~Division of Mental Health within the~~  
8 Department of Human Services;

9 (8) a social service or health care agency that  
10 provides services to persons with developmental  
11 disabilities, in a program whose accreditation to provide  
12 such services is recognized by the Division of  
13 Developmental Disabilities within the Department of Human  
14 Services;

15 (9) a local hospital, trauma center, or provider of  
16 emergency medicine;

17 (10) providers of services for eligible adults in  
18 domestic living situations; and

19 (11) a physician, psychiatrist, or other health care  
20 provider knowledgeable about abuse, abandonment, and  
21 neglect of at-risk adults.

22 (c) A review team shall review cases of deaths of at-risk  
23 adults occurring in its planning and service area (i)  
24 involving blunt force trauma or an undetermined manner or  
25 suspicious cause of death; (ii) if requested by the deceased's  
26 attending physician or an emergency room physician; (iii) upon

1 referral by a health care provider; (iv) upon referral by a  
2 coroner or medical examiner; (v) constituting an open or  
3 closed case from an adult protective services agency, law  
4 enforcement agency, State's Attorney's office, or the  
5 Department of Human Services' Office of the Inspector General  
6 that involves alleged or suspected abuse, abandonment,  
7 neglect, or financial exploitation; or (vi) upon referral by a  
8 law enforcement agency or State's Attorney's office. If such a  
9 death occurs in a planning and service area where a review team  
10 has not yet been established, the Director shall request that  
11 the Advisory Council or another review team review that death.  
12 A team may also review deaths of at-risk adults if the alleged  
13 abuse, abandonment, or neglect occurred while the person was  
14 residing in a domestic living situation.

15 A review team shall meet not less than 2 times a year to  
16 discuss cases for its possible review. Each review team, with  
17 the advice and consent of the Department, shall establish  
18 criteria to be used in discussing cases of alleged, suspected,  
19 or substantiated abuse, abandonment, or neglect for review and  
20 shall conduct its activities in accordance with any applicable  
21 policies and procedures established by the Department.

22 (c-5) The Illinois Fatality Review Team Advisory Council,  
23 consisting of one member from each review team in Illinois,  
24 shall be the coordinating and oversight body for review teams  
25 and activities in Illinois. The Director may appoint to the  
26 Advisory Council any ex-officio members deemed necessary.

1 Persons with expertise needed by the Advisory Council may be  
2 invited to meetings. The Advisory Council must select from its  
3 members a chairperson and a vice-chairperson, each to serve a  
4 2-year term. The chairperson or vice-chairperson may be  
5 selected to serve additional, subsequent terms. The Advisory  
6 Council must meet at least 2 times during each calendar year.

7 The Department may provide or arrange for the staff  
8 support necessary for the Advisory Council to carry out its  
9 duties. The Director, in cooperation and consultation with the  
10 Advisory Council, shall appoint, reappoint, and remove review  
11 team members.

12 The Advisory Council has, but is not limited to, the  
13 following duties:

14 (1) To serve as the voice of review teams in Illinois.

15 (2) To oversee the review teams in order to ensure  
16 that the review teams' work is coordinated and in  
17 compliance with State statutes and the operating protocol.

18 (3) To ensure that the data, results, findings, and  
19 recommendations of the review teams are adequately used in  
20 a timely manner to make any necessary changes to the  
21 policies, procedures, and State statutes in order to  
22 protect at-risk adults.

23 (4) To collaborate with the Department in order to  
24 develop any legislation needed to prevent unnecessary  
25 deaths of at-risk adults.

26 (5) To ensure that the review teams' review processes

1 are standardized in order to convey data, findings, and  
2 recommendations in a usable format.

3 (6) To serve as a link with review teams throughout  
4 the country and to participate in national review team  
5 activities.

6 (7) To provide the review teams with the most current  
7 information and practices concerning at-risk adult death  
8 review and related topics.

9 (8) To perform any other functions necessary to  
10 enhance the capability of the review teams to reduce and  
11 prevent at-risk adult fatalities.

12 The Advisory Council may prepare an annual report, in  
13 consultation with the Department, using aggregate data  
14 gathered by review teams and using the review teams'  
15 recommendations to develop education, prevention, prosecution,  
16 or other strategies designed to improve the coordination of  
17 services for at-risk adults and their families.

18 In any instance where a review team does not operate in  
19 accordance with established protocol, the Director, in  
20 consultation and cooperation with the Advisory Council, must  
21 take any necessary actions to bring the review team into  
22 compliance with the protocol.

23 (d) Any document or oral or written communication shared  
24 within or produced by the review team relating to a case  
25 discussed or reviewed by the review team is confidential and  
26 is not admissible as evidence in any civil or criminal

1 proceeding, except for use by a State's Attorney's office in  
2 prosecuting a criminal case against a caregiver. Those records  
3 and information are, however, subject to discovery or  
4 subpoena, and are admissible as evidence, to the extent they  
5 are otherwise available to the public.

6 Any document or oral or written communication provided to  
7 a review team by an individual or entity, and created by that  
8 individual or entity solely for the use of the review team, is  
9 confidential, is not subject to disclosure to or discoverable  
10 by another party, and is not admissible as evidence in any  
11 civil or criminal proceeding, except for use by a State's  
12 Attorney's office in prosecuting a criminal case against a  
13 caregiver. Those records and information are, however, subject  
14 to discovery or subpoena, and are admissible as evidence, to  
15 the extent they are otherwise available to the public.

16 Each entity or individual represented on the fatality  
17 review team may share with other members of the team  
18 information in the entity's or individual's possession  
19 concerning the decedent who is the subject of the review or  
20 concerning any person who was in contact with the decedent, as  
21 well as any other information deemed by the entity or  
22 individual to be pertinent to the review. Any such information  
23 shared by an entity or individual with other members of the  
24 review team is confidential. The intent of this paragraph is  
25 to permit the disclosure to members of the review team of any  
26 information deemed confidential or privileged or prohibited

1 from disclosure by any other provision of law. Release of  
2 confidential communication between domestic violence advocates  
3 and a domestic violence victim shall follow subsection (d) of  
4 Section 227 of the Illinois Domestic Violence Act of 1986  
5 which allows for the waiver of privilege afforded to  
6 guardians, executors, or administrators of the estate of the  
7 domestic violence victim. This provision relating to the  
8 release of confidential communication between domestic  
9 violence advocates and a domestic violence victim shall  
10 exclude adult protective service providers.

11 A coroner's or medical examiner's office may share with  
12 the review team medical records that have been made available  
13 to the coroner's or medical examiner's office in connection  
14 with that office's investigation of a death.

15 Members of a review team and the Advisory Council are not  
16 subject to examination, in any civil or criminal proceeding,  
17 concerning information presented to members of the review team  
18 or the Advisory Council or opinions formed by members of the  
19 review team or the Advisory Council based on that information.  
20 A person may, however, be examined concerning information  
21 provided to a review team or the Advisory Council.

22 (d-5) Meetings of the review teams and the Advisory  
23 Council are exempt from the Open Meetings Act. Records and  
24 information provided to a review team and the Advisory  
25 Council, and records maintained by a team or the Advisory  
26 Council, are exempt from release under the Freedom of

1 Information Act.

2 (e) A review team's recommendation in relation to a case  
3 discussed or reviewed by the review team, including, but not  
4 limited to, a recommendation concerning an investigation or  
5 prosecution, may be disclosed by the review team upon the  
6 completion of its review and at the discretion of a majority of  
7 its members who reviewed the case.

8 (e-5) The State shall indemnify and hold harmless members  
9 of a review team and the Advisory Council for all their acts,  
10 omissions, decisions, or other conduct arising out of the  
11 scope of their service on the review team or Advisory Council,  
12 except those involving willful or wanton misconduct. The  
13 method of providing indemnification shall be as provided in  
14 the State Employee Indemnification Act.

15 (f) The Department, in consultation with coroners, medical  
16 examiners, and law enforcement agencies, shall use aggregate  
17 data gathered by and recommendations from the Advisory Council  
18 and the review teams to create an annual report and may use  
19 those data and recommendations to develop education,  
20 prevention, prosecution, or other strategies designed to  
21 improve the coordination of services for at-risk adults and  
22 their families. The Department or other State or county  
23 agency, in consultation with coroners, medical examiners, and  
24 law enforcement agencies, also may use aggregate data gathered  
25 by the review teams to create a database of at-risk  
26 individuals.

1 (g) The Department shall adopt such rules and regulations  
2 as it deems necessary to implement this Section.

3 (Source: P.A. 102-244, eff. 1-1-22; 103-626, eff. 1-1-25.)

4 Section 100. The Department of Early Childhood Act is  
5 amended by changing Section 10-30 as follows:

6 (325 ILCS 3/10-30)

7 Sec. 10-30. Illinois Interagency Council on Early  
8 Intervention.

9 (a) There is established the Illinois Interagency Council  
10 on Early Intervention. The Council shall be composed of at  
11 least 20 but not more than 30 members. The members of the  
12 Council and the designated chairperson of the Council shall be  
13 appointed by the Governor. The Council member representing the  
14 lead agency may not serve as chairperson of the Council. On and  
15 after July 1, 2026, the Council shall be composed of the  
16 following members:

17 (1) The Secretary of Early Childhood (or the Secretary's  
18 designee) and 2 additional representatives of the Department  
19 of Early Childhood designated by the Secretary, plus the  
20 Directors (or their designees) of the following State agencies  
21 involved in the provision of or payment for early intervention  
22 services to eligible infants and toddlers and their families:

23 (A) Department of Insurance; and

24 (B) Department of Healthcare and Family Services.

1 (2) Other members as follows:

2 (A) At least 20% of the members of the Council shall be  
3 parents, including minority parents, of infants or  
4 toddlers with disabilities or children with disabilities  
5 aged 12 or younger, with knowledge of, or experience with,  
6 programs for infants and toddlers with disabilities. At  
7 least one such member shall be a parent of an infant or  
8 toddler with a disability or a child with a disability  
9 aged 6 or younger;

10 (B) At least 20% of the members of the Council shall be  
11 public or private providers of early intervention  
12 services;

13 (C) One member shall be a representative of the  
14 General Assembly;

15 (D) One member shall be involved in the preparation of  
16 professional personnel to serve infants and toddlers  
17 similar to those eligible for services under this Act;

18 (E) Two members shall be from advocacy organizations  
19 with expertise in improving health, development, and  
20 educational outcomes for infants and toddlers with  
21 disabilities;

22 (F) One member shall be a Child and Family Connections  
23 manager from a rural district;

24 (G) One member shall be a Child and Family Connections  
25 manager from an urban district;

26 (H) One member shall be the co-chair of the Illinois

1 Early Learning Council (or their designee); and

2 (I) Members representing the following agencies or  
3 entities: the Department of Human Services; the State  
4 Board of Education; the Department of Public Health; the  
5 Department of Children and Family Services; the University  
6 of Illinois Division of Specialized Care for Children; the  
7 Illinois Council on Developmental Disabilities; Head Start  
8 or Early Head Start; and the Department of Human Services'  
9 Division of Behavioral ~~Mental~~ Health and Recovery. A  
10 member may represent one or more of the listed agencies or  
11 entities.

12 The Council shall meet at least quarterly and in such  
13 places as it deems necessary. The Council shall be a  
14 continuation of the Council that was created under Section 4  
15 of the Early Intervention Services System Act and that is  
16 repealed on July 1, 2026 by Section 20.1 of the Early  
17 Intervention Services System Act. Members serving on June 30,  
18 2026 who have served more than 2 consecutive terms shall  
19 continue to serve on the Council on and after July 1, 2026.  
20 Once appointed, members shall continue to serve until their  
21 successors are appointed. Successors appointed under paragraph  
22 (2) shall serve 3-year terms. No member shall be appointed to  
23 serve more than 2 consecutive terms.

24 Council members shall serve without compensation but shall  
25 be reimbursed for reasonable costs incurred in the performance  
26 of their duties, including costs related to child care, and

1 parents may be paid a stipend in accordance with applicable  
2 requirements.

3 The Council shall prepare and approve a budget using funds  
4 appropriated for the purpose to hire staff, and obtain the  
5 services of such professional, technical, and clerical  
6 personnel as may be necessary to carry out its functions under  
7 this Act. This funding support and staff shall be directed by  
8 the lead agency.

9 (b) The Council shall:

10 (1) advise and assist the lead agency in the  
11 performance of its responsibilities including but not  
12 limited to the identification of sources of fiscal and  
13 other support services for early intervention programs,  
14 and the promotion of interagency agreements which assign  
15 financial responsibility to the appropriate agencies;

16 (2) advise and assist the lead agency in the  
17 preparation of applications and amendments to  
18 applications;

19 (3) review and advise on relevant rules and standards  
20 proposed by the related State agencies;

21 (4) advise and assist the lead agency in the  
22 development, implementation and evaluation of the  
23 comprehensive early intervention services system;

24 (4.5) coordinate and collaborate with State  
25 interagency early learning initiatives, as appropriate;  
26 and

1           (5) prepare and submit an annual report to the  
2 Governor and to the General Assembly on the status of  
3 early intervention programs for eligible infants and  
4 toddlers and their families in Illinois. The annual report  
5 shall include (i) the estimated number of eligible infants  
6 and toddlers in this State, (ii) the number of eligible  
7 infants and toddlers who have received services under this  
8 Act and the cost of providing those services, and (iii)  
9 the estimated cost of providing services under this Act to  
10 all eligible infants and toddlers in this State. The  
11 report shall be posted by the lead agency on the early  
12 intervention website as required under paragraph (f) of  
13 Section 10-35 of this Act.

14           No member of the Council shall cast a vote on or  
15 participate substantially in any matter which would provide a  
16 direct financial benefit to that member or otherwise give the  
17 appearance of a conflict of interest under State law. All  
18 provisions and reporting requirements of the Illinois  
19 Governmental Ethics Act shall apply to Council members.

20           (Source: P.A. 103-594, eff. 6-25-24.)

21           Section 105. The Early Intervention Services System Act is  
22 amended by changing Section 4 as follows:

23           (325 ILCS 20/4) (from Ch. 23, par. 4154)

24           (Section scheduled to be repealed on July 1, 2026)

1           Sec. 4. Illinois Interagency Council on Early  
2 Intervention.

3           (a) There is established the Illinois Interagency Council  
4 on Early Intervention. The Council shall be composed of at  
5 least 20 but not more than 30 members. The members of the  
6 Council and the designated chairperson of the Council shall be  
7 appointed by the Governor. The Council member representing the  
8 lead agency may not serve as chairperson of the Council. The  
9 Council shall be composed of the following members:

10           (1) The Secretary of Human Services (or his or her  
11 designee) and 2 additional representatives of the  
12 Department of Human Services designated by the Secretary,  
13 plus the Directors (or their designees) of the following  
14 State agencies involved in the provision of or payment for  
15 early intervention services to eligible infants and  
16 toddlers and their families:

17                   (A) Department of Insurance; and

18                   (B) Department of Healthcare and Family Services.

19           (2) Other members as follows:

20                   (A) At least 20% of the members of the Council  
21 shall be parents, including minority parents, of  
22 infants or toddlers with disabilities or children with  
23 disabilities aged 12 or younger, with knowledge of, or  
24 experience with, programs for infants and toddlers  
25 with disabilities. At least one such member shall be a  
26 parent of an infant or toddler with a disability or a

1 child with a disability aged 6 or younger;

2 (B) At least 20% of the members of the Council  
3 shall be public or private providers of early  
4 intervention services;

5 (C) One member shall be a representative of the  
6 General Assembly;

7 (D) One member shall be involved in the  
8 preparation of professional personnel to serve infants  
9 and toddlers similar to those eligible for services  
10 under this Act;

11 (E) Two members shall be from advocacy  
12 organizations with expertise in improving health,  
13 development, and educational outcomes for infants and  
14 toddlers with disabilities;

15 (F) One member shall be a Child and Family  
16 Connections manager from a rural district;

17 (G) One member shall be a Child and Family  
18 Connections manager from an urban district;

19 (H) One member shall be the co-chair of the  
20 Illinois Early Learning Council (or his or her  
21 designee); and

22 (I) Members representing the following agencies or  
23 entities: the State Board of Education; the Department  
24 of Public Health; the Department of Children and  
25 Family Services; the University of Illinois Division  
26 of Specialized Care for Children; the Illinois Council

1           on Developmental Disabilities; Head Start or Early  
2           Head Start; and the Department of Human Services  
3           ~~Services' Division of Mental Health~~. A member may  
4           represent one or more of the listed agencies or  
5           entities.

6           The Council shall meet at least quarterly and in such  
7           places as it deems necessary. Terms of the initial members  
8           appointed under paragraph (2) shall be determined by lot at  
9           the first Council meeting as follows: of the persons appointed  
10          under subparagraphs (A) and (B), one-third shall serve one  
11          year terms, one-third shall serve 2 year terms, and one-third  
12          shall serve 3 year terms; and of the persons appointed under  
13          subparagraphs (C) and (D), one shall serve a 2 year term and  
14          one shall serve a 3 year term. Thereafter, successors  
15          appointed under paragraph (2) shall serve 3 year terms. Once  
16          appointed, members shall continue to serve until their  
17          successors are appointed. No member shall be appointed to  
18          serve more than 2 consecutive terms.

19          Council members shall serve without compensation but shall  
20          be reimbursed for reasonable costs incurred in the performance  
21          of their duties, including costs related to child care, and  
22          parents may be paid a stipend in accordance with applicable  
23          requirements.

24          The Council shall prepare and approve a budget using funds  
25          appropriated for the purpose to hire staff, and obtain the  
26          services of such professional, technical, and clerical

1 personnel as may be necessary to carry out its functions under  
2 this Act. This funding support and staff shall be directed by  
3 the lead agency.

4 (b) The Council shall:

5 (1) advise and assist the lead agency in the  
6 performance of its responsibilities including but not  
7 limited to the identification of sources of fiscal and  
8 other support services for early intervention programs,  
9 and the promotion of interagency agreements which assign  
10 financial responsibility to the appropriate agencies;

11 (2) advise and assist the lead agency in the  
12 preparation of applications and amendments to  
13 applications;

14 (3) review and advise on relevant regulations and  
15 standards proposed by the related State agencies;

16 (4) advise and assist the lead agency in the  
17 development, implementation and evaluation of the  
18 comprehensive early intervention services system;

19 (4.5) coordinate and collaborate with State  
20 interagency early learning initiatives, as appropriate;  
21 and

22 (5) prepare and submit an annual report to the  
23 Governor and to the General Assembly on the status of  
24 early intervention programs for eligible infants and  
25 toddlers and their families in Illinois. The annual report  
26 shall include (i) the estimated number of eligible infants

1 and toddlers in this State, (ii) the number of eligible  
2 infants and toddlers who have received services under this  
3 Act and the cost of providing those services, and (iii)  
4 the estimated cost of providing services under this Act to  
5 all eligible infants and toddlers in this State. The  
6 report shall be posted by the lead agency on the early  
7 intervention website as required under paragraph (f) of  
8 Section 5 of this Act.

9 No member of the Council shall cast a vote on or  
10 participate substantially in any matter which would provide a  
11 direct financial benefit to that member or otherwise give the  
12 appearance of a conflict of interest under State law. All  
13 provisions and reporting requirements of the Illinois  
14 Governmental Ethics Act shall apply to Council members.

15 (Source: P.A. 97-902, eff. 8-6-12; 98-41, eff. 6-28-13.)

16 Section 110. The Mental Health and Developmental  
17 Disabilities Code is amended by changing Section 6-104.3 as  
18 follows:

19 (405 ILCS 5/6-104.3)

20 Sec. 6-104.3. Comparable programs for the services  
21 contained in the Specialized Mental Health Rehabilitation Act  
22 of 2013. The ~~Division of Mental Health of the~~ Department of  
23 Human Services shall oversee the creation of comparable  
24 programs for the services contained in the Specialized Mental

1 Health Rehabilitation Act of 2013 for community-based  
2 providers to provide the following services:

- 3 (1) triage center;  
4 (2) crisis stabilization; and  
5 (3) transitional living.

6 These comparable programs shall operate under the  
7 regulations that may currently exist for such programs, or, if  
8 no such regulations are in existence, regulations shall be  
9 created. The comparable programs shall be provided through a  
10 managed care entity, a coordinated care entity, or an  
11 accountable care entity. The Department shall work in concert  
12 with any managed care entity, care coordination entity, or  
13 accountable care entity to gather the data necessary to report  
14 and monitor the progress of the services offered under this  
15 Section. The services to be provided under this Section shall  
16 be subject to a specific appropriation of the General Assembly  
17 for the specific purposes of this Section.

18 The Department shall adopt any emergency rules necessary  
19 to implement this Section.

20 (Source: P.A. 98-104, eff. 7-22-13.)

21 Section 115. The Community Services Act is amended by  
22 changing Section 4.6 as follows:

23 (405 ILCS 30/4.6)

24 Sec. 4.6. Closure and sale of State mental health or

1 developmental disabilities facility.

2 (a) Whenever a State mental health facility operated by  
3 the Department of Human Services is closed and the real estate  
4 on which the facility is located is sold by the State, then, to  
5 the extent that net proceeds are realized from the sale of that  
6 real estate, those net proceeds must be used for mental health  
7 services or to support mental health services. To that end,  
8 those net proceeds shall be deposited into the Community  
9 Mental Health Medicaid Trust Fund. The net proceeds from the  
10 sale of a State mental health facility may be spent over a  
11 number of fiscal years and are not required to be spent in the  
12 same fiscal year in which they are deposited.

13 (b) Whenever a State developmental disabilities facility  
14 operated by the Department of Human Services is closed and the  
15 real estate on which the facility is located is sold by the  
16 State, then, to the extent that net proceeds are realized from  
17 the sale of that real estate, those net proceeds must be  
18 directed toward providing other services and supports for  
19 persons with developmental disabilities needs. To that end,  
20 those net proceeds shall be deposited into the Community  
21 Developmental Disability Services Medicaid Trust Fund. The net  
22 proceeds from the sale of a State developmental disabilities  
23 facility may be spent over a number of fiscal years and are not  
24 required to be spent in the same fiscal year in which they are  
25 deposited.

26 (c) The sale of a State mental health or developmental

1 disabilities facility shall be done in accordance with  
2 applicable State laws and, if a State mental health or  
3 developmental disabilities facility to be sold has been  
4 financed or refinanced with tax-exempt bonds, applicable  
5 federal laws. In determining whether any net proceeds are  
6 realized from a sale of real estate described in subsection  
7 (a) or (b), ~~the Division of Developmental Disabilities and the~~  
8 ~~Division of Mental Health of~~ the Department of Human Services  
9 shall ~~each~~ first determine the money, if any, that shall be  
10 made available for infrastructure not to exceed 25% of the  
11 proceeds of the sale of the real estate to ensure that life,  
12 safety, and care concerns are addressed so as to provide for  
13 persons with developmental disabilities or mental illness at  
14 the remaining respective State-operated facilities. That  
15 amount shall be excluded from the calculation of net proceeds  
16 by the Division of Developmental Disabilities or the Division  
17 of Mental Health, or both, of the Department of Human  
18 Services. Amounts determined by the Department for  
19 infrastructure to be necessary to ensure that life, safety,  
20 and care concerns are addressed shall be deposited,  
21 respectively, into the Community Mental Health Medicaid Trust  
22 Fund or the Community Developmental Disability Services  
23 Medicaid Trust Fund.

24 (c-1) To the extent that a State mental health facility  
25 which has been closed served a geographical area, at minimum,  
26 40% of the resulting net proceeds of its sale shall be made

1 exclusively in the facility's geographical area. If any other  
2 State-operated mental health facility which served a specific  
3 geographic area was closed within one year before or after the  
4 closure of the facility whose sale has resulted in net  
5 proceeds under this Section, 20% of the proceeds shall be used  
6 to provide services in the geographic area of this facility.  
7 The remainder of the net proceeds may be spent anywhere in the  
8 State. All net proceeds may be used for the following mental  
9 health services and supports, to include, but not limited to:

10 (1) Permanent Supportive housing.

11 (2) Technology that enables behavioral health  
12 providers to participate in health information exchanges.

13 (3) Assertive Community Treatment and Community  
14 Support Team.

15 (4) Transitional living apartments.

16 (5) Crisis residential services targeted at diverting  
17 persons with mental illnesses from emergency departments  
18 (including peer run crisis services).

19 (6) Psychiatric services.

20 (7) Community mental health services targeted at  
21 diverting persons with mental illness from the criminal  
22 justice system.

23 (8) Individual Placement and Support and other  
24 services to support employment.

25 (9) Alcohol and substance abuse treatment.

26 (d) The purposes for which the net proceeds from a sale of

1 real estate as provided in subsection (b) of this Section may  
2 be used include, but are not limited to, the following:

3 (1) Providing individuals with developmental  
4 disabilities community-based Medicaid services and  
5 supports such as residential habilitation, day programs,  
6 supported employment, home-based supports, therapies,  
7 adaptive equipment, and home modifications.

8 (2) Assisting individuals with developmental  
9 disabilities through case management, service  
10 coordination, and assessments.

11 (3) Strengthening the service delivery system through  
12 crisis intervention services.

13 (4) Enhancing the service delivery system through  
14 infrastructure improvements, including technology  
15 improvements.

16 (e) Whenever any net proceeds are realized from a sale of  
17 real estate as provided in this Section, the Department of  
18 Human Services shall share and discuss its plan or plans for  
19 using those net proceeds with advocates, advocacy  
20 organizations, and advisory groups whose mission includes  
21 advocacy for persons with developmental disabilities or  
22 persons with mental illness.

23 (f) Consistent with the provisions of Sections 4.4 and 4.5  
24 of this Act, whenever a State mental health facility operated  
25 by the Department of Human Services is closed, the Department  
26 of Human Services, at the direction of the Governor, shall

1 transfer funds from the closed facility to the appropriate  
2 line item providing appropriation authority for the new venue  
3 of care to facilitate the transition of services to the new  
4 venue of care, provided that the new venue of care is a  
5 Department of Human Services funded provider or facility.

6 (g) As used in this Section, the term "mental health  
7 facility" has the meaning ascribed to that term in the Mental  
8 Health and Developmental Disabilities Code.

9 (Source: P.A. 98-403, eff. 1-1-14; 98-815, eff. 8-1-14.)

10 Section 120. The Children's Mental Health Act is amended  
11 by changing Section 10 as follows:

12 (405 ILCS 49/10)

13 Sec. 10. Illinois Department of Human Services ~~Office of~~  
14 ~~Mental Health services~~. The ~~Office of Mental Health within the~~  
15 Department of Human Services shall allow grant and  
16 purchase-of-service moneys to be used for services for  
17 children from birth through age 18.

18 (Source: P.A. 93-495, eff. 8-8-03.)

19 Section 125. The Developmental Disability and Mental  
20 Disability Services Act is amended by changing Section 7-1 as  
21 follows:

22 (405 ILCS 80/7-1)

1           Sec. 7-1. Community-based pilot program.

2           (a) Subject to appropriation, the Department of Human  
3           Services ~~Services' Division of Mental Health~~ shall make  
4           available funding for the development and implementation of a  
5           comprehensive and coordinated continuum of community-based  
6           pilot programs for persons with or at risk for a mental health  
7           diagnosis that is sensitive to the needs of local communities.

8           The funding shall allow for the development of one or more  
9           pilot programs that will support the development of local  
10          social media campaigns that focus on the prevention or  
11          promotion of mental wellness and provide linkages to mental  
12          health services, especially for those individuals who are  
13          uninsured or underinsured.

14          For a provider to be considered for the pilot program, the  
15          provider must demonstrate the ability to:

16               (1) implement the pilot program in an area that shows  
17               a high need or underutilization of mental health services;

18               (2) offer a comprehensive strengths-based array of  
19               mental health services;

20               (3) collaborate with other systems and government  
21               entities that exist in a community;

22               (4) provide education and resources to the public on  
23               mental health issues, including suicide prevention and  
24               wellness;

25               (5) develop a local social media campaign that focuses  
26               on the prevention or promotion of mental wellness;

1           (6) ensure that the social media campaign is  
2           culturally relevant, developmentally appropriate, trauma  
3           informed, and covers information across an individual's  
4           lifespan;

5           (7) provide linkages to other appropriate services in  
6           the community;

7           (8) provide a presence staffed by mental health  
8           professionals in natural community settings, which  
9           includes any setting where an individual who has not been  
10          diagnosed with a mental illness typically spends time; and

11          (9) explore partnership opportunities with  
12          institutions of higher learning in the areas of social  
13          work or mental health.

14          (b) The Department of Human Services is authorized to  
15          adopt and implement any administrative rules necessary to  
16          carry out the pilot program.

17          (Source: P.A. 101-61, eff. 1-1-20.)

18          Section 130. The Housing is Recovery Pilot Program Act is  
19          amended by changing Sections 3, 5, 15, 20, 25, 30, 40, 45, 50,  
20          55, 60, 70, and 75 as follows:

21                 (405 ILCS 125/3)

22                 Sec. 3. Definitions. As used in this Act:

23                 "Department" means the Illinois Department of Human  
24                 Services.

1 "Individual at high risk of unnecessary  
2 institutionalization" means a person who has a serious mental  
3 illness who is homeless (or will be homeless upon hospital  
4 discharge or correctional facility release) and who has had:

5 (1) three or more psychiatric inpatient hospital  
6 admissions within the most recent 12-month period;

7 (2) three or more stays in a State or county  
8 correctional facility in the State of Illinois within the  
9 most recent 12-month period; or

10 (3) a disability determination due to a serious mental  
11 illness and has been incarcerated in a State or county  
12 correctional facility in Illinois for the most recent 12  
13 consecutive months.

14 "Individual at high risk of overdose" means a person with  
15 a substance use disorder who is homeless (or will be homeless  
16 upon hospital discharge or correctional facility release) who  
17 has had:

18 (A) three or more hospital inpatient or inpatient  
19 detoxification admissions for a substance use disorder  
20 within the most recent 12-month period;

21 (B) three or more stays in a State or county  
22 correctional facility in the State of Illinois within the  
23 most recent 12-month period; or

24 (C) one or more drug overdoses in the last 12 months.

25 "Engagement services" means home-based or community-based  
26 visits that assist the individual with maintaining his or her

1 housing, and providing other wrap-around support, including  
2 linkage to mental health or substance use recovery support  
3 services. Such engagement services shall align with  
4 Medicaid-covered tenancy support services, and Medicaid  
5 community-based mental health and substance use treatment  
6 services, including case management, to ensure alignment with  
7 any existing or future Illinois Medicaid benefits, waivers or  
8 State plan amendments that include these services, and to  
9 maximize any potential federal Medicaid matching dollars that  
10 may be available to support engagement services.

11 "Homeless" means the definition used by the U.S.  
12 Department of Health and Human Services, Health Resources and  
13 Services Administration in Section 330(h)(5)(A) of the Public  
14 Health Services Act (42 U.S.C. 254(b)). Under Section  
15 330(h)(5)(A), a homeless individual is an individual who lacks  
16 housing (without regard to whether the individual is a member  
17 of a family), including an individual whose primary residence  
18 during the night is a supervised public or private facility  
19 that provides temporary living accommodations, and an  
20 individual who is a resident in transitional housing. This  
21 includes individuals who are doubled up with other households.

22 "Serious mental illness" means meeting both the diagnostic  
23 and functioning criteria consistent with the definition of  
24 Serious Mental Illness as defined by ~~in the most current~~  
25 ~~edition of~~ the Illinois Department of Human Services/Division  
26 of Behavioral Mental Health and Recovery ~~Community Mental~~

1 ~~Health Provider Manual.~~

2 "Substance use disorder" as defined in Section 1-10 of the  
3 Substance Use Disorder Act.

4 (Source: P.A. 102-66, eff. 7-9-21.)

5 (405 ILCS 125/5)

6 Sec. 5. Establishment of program. Subject to  
7 appropriation, the Housing is Recovery pilot program shall be  
8 established and administered by the Department ~~of Human~~  
9 ~~Services, Division of Mental Health.~~ The purpose of the  
10 program is to prevent a person with a serious mental illness  
11 who is at high risk of unnecessary institutionalization, or a  
12 person with a substance use disorder who is at high risk of  
13 overdose, due to homelessness, a lack of access to recovery  
14 support services, and repeating cycles of hospitalizations or  
15 justice system involvement from being institutionalized or  
16 dying. This will be accomplished by enabling affordable  
17 housing through the use of a bridge rental subsidy combined  
18 with access to recovery support services or treatment. The  
19 triple aim of Housing is Recovery is:

20 (1) preventing institutionalization and overdose  
21 deaths;

22 (2) improving health outcomes and access to recovery  
23 support services; and

24 (3) reducing State costs.

25 (Source: P.A. 102-66, eff. 7-9-21.)

1 (405 ILCS 125/15)

2 Sec. 15. Housing is Recovery bridge rental subsidy. A  
3 bridge rental subsidy received by an individual (the "subsidy  
4 holder") pursuant to this Act shall mirror the subsidies  
5 issued by the Department ~~of Human Services, Division of Mental~~  
6 ~~Health~~ through the Moving On Program. The rental subsidy shall  
7 be for scattered-site rental units owned by a landlord or for  
8 rental units secured through a master lease. The rental  
9 subsidy shall assist the subsidy holder with monthly rental  
10 payments for rent that does not exceed the Fair Market Rent  
11 published annually for that year by the U.S. Department of  
12 Housing and Urban Development. The Department ~~of Human~~  
13 ~~Services, Division of Mental Health,~~ shall have the discretion  
14 to allow a subsidy to apply to rent up to 120% of the Fair  
15 Market Rent if this is justified by the lack of available  
16 affordable housing in the local housing market. Community  
17 Mental Health Centers certified pursuant to 59 Ill. Adm. Code  
18 132 or supported housing service providers participating in  
19 this pilot program shall be responsible for assisting the  
20 subsidy holder with maintaining his or her housing that is  
21 supported by the bridge rental subsidy and either providing or  
22 coordinating engagement services with a mental health or  
23 substance use treatment provider.

24 (1) The subsidy holder shall be responsible for  
25 contributing 30% of his or her income toward the cost of

1 rent (zero income does not preclude participation).

2 (2) The subsidy holder must agree to sign a lease with  
3 a landlord or a sublease agreement with the Community  
4 Mental Health Center or the housing services provider that  
5 has a master lease for the rental unit and agree to  
6 engagement services initiated by the supported housing  
7 provider, the Community Mental Health Center or contracted  
8 mental health or substance use treatment provider at least  
9 2 times a month, with at least one of those visits being a  
10 home visit. The engagement services shall be permitted in  
11 a home-based or community-based setting, and do not  
12 require a clinic visit.

13 (3) A goal of this program is to encourage the subsidy  
14 holder to engage in mental health and substance use  
15 recovery support services or treatment when the individual  
16 is ready. However, this is a Housing First model that does  
17 not require abstinence from substance or alcohol use and  
18 does not require mental health or substance use treatment.

19 (4) If a subsidy holder does not have an income due to  
20 a psychiatric disability, he or she shall be offered the  
21 opportunity for assistance with filing a "SOAR  
22 application" (Supplemental Security Income (SSI)/Social  
23 Security Disability Income (SSDI), Outreach, Access and  
24 Recovery application) by the Community Mental Health  
25 Center participating in the Housing is Recovery program  
26 that is providing his or her mental health support or

1 treatment within 6 months of the initiation of mental  
2 health services. If the subsidy holder is only receiving  
3 housing support services, the housing services provider  
4 must partner with a Community Mental Health Center to do  
5 SOAR applications for individuals who elect to apply for a  
6 psychiatric disability. A subsidy holder is not required  
7 to apply for a disability determination.

8 (5) The subsidy holder, if he or she is eligible, must  
9 apply for rental assistance or housing through the  
10 appropriate Public Housing Authority within 6 months of  
11 receiving a Housing is Recovery bridge rental subsidy or  
12 agree to apply when it is permissible to do so, and also be  
13 placed on the Illinois Housing Development Authority's  
14 Statewide Referral Network.

15 (Source: P.A. 102-66, eff. 7-9-21.)

16 (405 ILCS 125/20)

17 Sec. 20. Identification and referral of eligible  
18 individuals prior to hospital discharge or correctional  
19 facility release for purposes of rapid housing post  
20 discharge/release and illness stability. The pilot program is  
21 intended to enable affordable housing to avoid  
22 institutionalization or overdose death by providing for  
23 connection to housing through a variety of settings, including  
24 in hospitals, county jails, prisons, homeless shelters and  
25 inpatient detoxification facilities and the referral process

1 established must take this into account. Within 2 months of  
2 the effective date of this Act, the Department ~~of Human~~  
3 ~~Services, Division of Mental Health,~~ in partnership with the  
4 Department of Healthcare and Family Services ~~and the~~  
5 ~~Department of Human Services, Division of Substance Use~~  
6 ~~Prevention and Recovery (SUPR),~~ the Department of Corrections,  
7 and with meaningful stakeholder input through a working group  
8 of Community Mental Health Centers, homeless service  
9 providers, substance use treatment providers, hospitals with  
10 inpatient psychiatric units or detoxification units,  
11 representatives from county jails, persons with lived  
12 experience, and family support organizations, shall develop a  
13 process for identifying and referring eligible individuals for  
14 the Housing is Recovery program prior to hospital discharge or  
15 correctional system release, or other appropriate place for  
16 referral, including homeless shelters. The process developed  
17 shall aim to enable rapid access to housing  
18 post-discharge/release to avoid unnecessary  
19 institutionalization or a return to homelessness or unstable  
20 housing. The working group shall meet at least monthly prior  
21 to development of an administrative rule or policy established  
22 to carry out the intent of this Act. The Department ~~of Human~~  
23 ~~Services, Division of Mental Health,~~ shall explore ways to  
24 collaborate with the U.S. Department of Housing and Urban  
25 Development's Coordinated Entry System and other ways for  
26 electronic referral. The Department ~~of Human Services,~~

1 ~~Division of Mental Health,~~ and the Department of Healthcare  
2 and Family Services shall collaborate to ensure that the  
3 referral process aligns with any existing or future Medicaid  
4 waivers or State plan amendments for tenancy support services.  
5 (Source: P.A. 102-66, eff. 7-9-21.)

6 (405 ILCS 125/25)

7 Sec. 25. Participating Community Mental Health Centers and  
8 housing service provider responsibilities for locating and  
9 transitioning the individual into housing, assisting in  
10 retaining housing, and the provision of engagement and  
11 recovery support services. The Department ~~of Human Services,~~  
12 ~~Division of Mental Health,~~ shall select interested Community  
13 Mental Health Centers that are certified pursuant to 59 Ill.  
14 Adm. Code 132 and interested housing service providers for  
15 participation in the Housing is Recovery program.

16 (1) For purposes of incentivizing continuity of care,  
17 the same participating Community Mental Health Center may  
18 be responsible for providing both the housing support and  
19 the mental health or substance use engagement, recovery  
20 support services and treatment to a subsidy holder. If a  
21 housing support services provider does not also provide  
22 the mental health or substance use treatment services the  
23 individual engages in, there must be strong coordination  
24 of care between the housing services provider and the  
25 treatment provider.

1           (2) The provider must demonstrate that the rental  
2 units secured through this program pass minimum quality  
3 inspection standards.

4           (3) Community Mental Health Centers providing housing  
5 support through this program shall be responsible for any  
6 SOAR applications for a subsidy holder that has a  
7 psychiatric disability who does not have SSI or SSDI if  
8 the subsidy holder chooses to apply for disability. A  
9 housing services provider delivering the housing support  
10 services through this program must contract with a  
11 Community Mental Health Center to provide assistance with  
12 SOAR applications to subsidy holders electing to apply for  
13 SSI or SSDI within 6 months of the subsidy holder  
14 receiving the subsidy.

15           (4) Service providers shall be permitted to engage in  
16 master leasing to secure apartments for those who are hard  
17 to house due to criminal backgrounds, history of substance  
18 use and stigma.

19 (Source: P.A. 102-66, eff. 7-9-21.)

20 (405 ILCS 125/30)

21           Sec. 30. Securing rental housing units for purposes of  
22 immediate temporary housing following hospital discharge or  
23 release from a correctional facility while a long-term rental  
24 unit is secured. Up to 20% of the available annual  
25 appropriation for the Housing is Recovery program shall be

1 available to Community Mental Health Centers or the housing  
2 services provider for purposes of securing critical time  
3 intervention rental units to house an eligible individual  
4 immediately following discharge from a hospitalization or  
5 release from a correctional facility because locating an  
6 apartment unit for a longer-term one-year lease and the  
7 related move-in can take up to 3 months. Such temporary units  
8 may be used for immediate temporary housing, not to exceed 90  
9 days for purposes of preventing the individual from reentering  
10 homelessness or unstable housing, or avoiding unnecessary  
11 institutionalization. The Department ~~of Human Services,~~  
12 ~~Division of Mental Health,~~ shall allow providers to certify  
13 that such rental units meet minimum housing quality standards  
14 and ensure a process by which community providers are able to  
15 secure vacant rental units for the purpose of immediate  
16 short-term housing post-hospital discharge or correctional  
17 system release while a longer term housing rental unit is  
18 secured.

19 (Source: P.A. 102-66, eff. 7-9-21.)

20 (405 ILCS 125/40)

21 Sec. 40. Subsidy administration. The bridge rental subsidy  
22 administration (such as payment of rent to the landlord and  
23 other administration expenses) and quality inspection of the  
24 rental units may be done by community-based organizations with  
25 experience and expertise in housing subsidy administration and

1 by Community Mental Health Centers that the Department ~~of~~  
2 ~~Human Services, Division of Mental Health,~~ determines have the  
3 administrative infrastructure for subsidy administration. Such  
4 organizations shall manage and administer all aspects of the  
5 subsidy (such as payment of rent, quality inspections) on  
6 behalf of the subsidy holder.

7 (Source: P.A. 102-66, eff. 7-9-21.)

8 (405 ILCS 125/45)

9 Sec. 45. Landlord education and stigma reduction plan and  
10 materials. The Department ~~of Human Services, Division of~~  
11 ~~Mental Health,~~ with meaningful input from stakeholders, shall  
12 develop a plan for educating prospective landlords that may  
13 lease to individuals receiving a bridge rental subsidy through  
14 the Housing is Recovery program. This educational plan shall  
15 include written materials that indicate that individuals with  
16 psychiatric disabilities and substance use disorders often  
17 have criminal justice involvement due to their previously  
18 untreated mental health or substance use condition and periods  
19 of homelessness. Implementation of this plan shall be rolled  
20 out in conjunction with the implementation of the Housing is  
21 Recovery program.

22 (Source: P.A. 102-66, eff. 7-9-21.)

23 (405 ILCS 125/50)

24 Sec. 50. State agency coordination. The Department ~~of~~

1 ~~Human Services, Division of Mental Health,~~ shall partner with  
2 ~~SUPR~~ to ensure coordination of the services required pursuant  
3 to this Act and all substance use recovery support services  
4 and treatment for which the Department ~~SUPR~~ has oversight. The  
5 Department ~~of Human Services, Division of Mental Health,~~ shall  
6 also work with the Department of Healthcare and Family  
7 Services to maximize all recovery support services and  
8 treatment that are or can be covered by Medicaid.

9 (Source: P.A. 102-66, eff. 7-9-21.)

10 (405 ILCS 125/55)

11 Sec. 55. Provider and State agency education on the pilot  
12 program. The Department ~~of Human Services, Division of Mental~~  
13 ~~Health~~ shall put together written materials on the Housing is  
14 Recovery program and eligibility criteria for purposes of  
15 educating participating providers, county jails, the  
16 Department of Corrections, hospitals and other relevant  
17 stakeholders on the program. The Department ~~of Human Services,~~  
18 ~~Division of Mental Health,~~ shall engage in an ongoing  
19 education effort to ensure that all stakeholders are aware of  
20 the program and how to screen for eligibility and referral.

21 (Source: P.A. 102-66, eff. 7-9-21.)

22 (405 ILCS 125/60)

23 Sec. 60. Reimbursement for subsidy administration, housing  
24 support and engagement services and other program costs. The

1 Department ~~of Human Services, Division of Mental Health~~ shall  
2 develop a reimbursement approach for community providers doing  
3 subsidy administration that covers all costs of subsidy  
4 administration, quality inspection and other services. The  
5 Department ~~of Human Services, Division of Mental Health~~ shall  
6 also develop a reimbursement approach that covers all costs  
7 incurred by Community Mental Health Centers and housing  
8 services providers for identifying and securing rental units  
9 for subsidy holders, including all travel related to finding  
10 and locating an apartment and move-in of the subsidy holder,  
11 quality inspections for temporary housing units, completing  
12 and submitting SOAR applications, the costs associated with  
13 obtaining necessary documents associated with obtaining a  
14 lease for the subsidy holder (such as obtaining a State ID);  
15 for engagement services not covered by Medicaid; and for any  
16 other reasonable and necessary costs associated with the  
17 program outlined in this Act. Reimbursement shall also include  
18 all costs associated with collecting and tracking data for  
19 purposes of program evaluation and improvement. At the  
20 discretion of the Department ~~of Human Services, Division of~~  
21 ~~Mental Health~~, up to 5% of the annual appropriation may be  
22 applied to growing mental health or substance use treatment or  
23 recovery support capacity if a participating provider in the  
24 Housing is Recovery program demonstrates an inability to take  
25 eligible individuals due to such capacity limitations.

26 (Source: P.A. 102-66, eff. 7-9-21.)

1 (405 ILCS 125/70)

2 Sec. 70. Developing public-private partnerships to expand  
3 affordable housing options for those with serious mental  
4 illnesses. The Department ~~of Human Services, Division of~~  
5 ~~Mental Health~~ shall work with the Department of Healthcare and  
6 Family Services, Medicaid managed care organizations and  
7 hospitals across the State to develop public-private  
8 partnerships to incentivize private funding from hospitals and  
9 managed care organizations to match State dollars invested in  
10 the Housing is Recovery program for purposes of preventing  
11 repeated preventable hospitalizations, overdose deaths and  
12 unnecessary institutionalization.

13 (Source: P.A. 102-66, eff. 7-9-21.)

14 (405 ILCS 125/75)

15 Sec. 75. Data collection and program evaluation.

16 (a) For purposes of evaluating the effectiveness of the  
17 Housing is Recovery program and for making improvements to the  
18 program, the Department ~~of Human Services, Division of Mental~~  
19 ~~Health~~ shall contract with an independent outside research  
20 organization with expertise in housing services for  
21 individuals with serious mental illnesses and substance use  
22 disorders to evaluate the program's effectiveness on enabling  
23 housing stability, reducing hospitalizations and justice  
24 system involvement, encouraging engagement in mental health

1 and substance use treatment, fostering employment engagement,  
2 and reducing institutionalization and overdose deaths. Such  
3 evaluation shall commence after 4 years of implementation of  
4 the program and shall be submitted to the General Assembly by  
5 the end of the fifth year of implementation. For purposes of  
6 assisting with this evaluation, the working group established  
7 pursuant to Section 20 shall also make recommendations to the  
8 Department ~~of Human Services, Division of Mental Health,~~  
9 regarding what data must be tracked by providers and the  
10 Department ~~of Human Services, Division of Mental Health,~~ to  
11 evaluate the program and to make future changes to the program  
12 to ensure its effectiveness in meeting the triple aim stated  
13 in Section 5.

14 (b) Beginning after the first 12 months of implementation  
15 and on an annual basis, the Department ~~of Human Services,~~  
16 ~~Division of Mental Health,~~ shall track and make public the  
17 following information: (1) the number of individuals receiving  
18 subsidies in reporting period (12-month average); (2)  
19 participant demographics including age, race, gender identity,  
20 and primary language; (3) the average duration of time  
21 individuals are enrolled in the program (by months); (4) the  
22 number of individuals removed from the program and reasons for  
23 removal; (5) the number of grievances filed by participants  
24 and a summary of grievance type; and (6) program referral  
25 sources. Reports shall be generated on an annual basis and  
26 publicly posted on the Department of Human Services website.

1 (Source: P.A. 102-66, eff. 7-9-21.)

2 Section 135. The Ensuring a More Qualified, Competent, and  
3 Diverse Community Behavioral Health Workforce Act is amended  
4 by changing Sections 1-10, 1-20, 1-30, and 1-35 as follows:

5 (405 ILCS 145/1-10)

6 Sec. 1-10. Grant awards. To develop and enhance  
7 professional development opportunities and diversity in the  
8 behavioral health field, and increase access to quality care,  
9 the Department of Human Services, ~~Division of Mental Health,~~  
10 shall award grants or contracts to community mental health  
11 centers or behavioral health clinics licensed or certified by  
12 the Department of Human Services or the Department of  
13 Healthcare and Family Services to establish or enhance  
14 training and supervision of interns and behavioral health  
15 providers-in-training pursuing licensure as a licensed  
16 clinical social worker, licensed clinical professional  
17 counselor, and licensed marriage and family therapist.

18 (Source: P.A. 102-1053, eff. 6-10-22.)

19 (405 ILCS 145/1-20)

20 Sec. 1-20. Priority. In awarding grants and contracts  
21 under this Act, the Department of Human Services, ~~Division of~~  
22 ~~Mental Health,~~ shall give priority to eligible entities in  
23 underserved urban areas and rural areas of the State.

1 (Source: P.A. 102-1053, eff. 6-10-22.)

2 (405 ILCS 145/1-30)

3 Sec. 1-30. Application submission. An entity seeking a  
4 grant or contract under this Act shall submit an application  
5 at such time, in such manner, and accompanied by such  
6 information as the Department of Human Services, ~~Division of~~  
7 ~~Mental Health~~, may require. Requirements by the Department of  
8 Human Services, ~~Division of Mental Health~~ shall be done in a  
9 way that ensures minimum additional administrative work.

10 (Source: P.A. 102-1053, eff. 6-10-22.)

11 (405 ILCS 145/1-35)

12 Sec. 1-35. Reporting. Reporting requirements for the  
13 grant agreement shall be set forth by the Department of Human  
14 Services, ~~Division of Mental Health~~.

15 (Source: P.A. 102-1053, eff. 6-10-22.)

16 Section 140. The Workforce Direct Care Expansion Act is  
17 amended by changing Sections 10 and 15 as follows:

18 (405 ILCS 162/10)

19 Sec. 10. The Behavioral Health Administrative Burden Task  
20 Force.

21 (a) The Behavioral Health Administrative Burden Task Force  
22 is established within the Office of the Chief Behavioral

1 Health Officer, in partnership with the Department of Human  
2 Services ~~Division of Mental Health and Division of Substance~~  
3 ~~Use Prevention and Recovery~~, the Department of Healthcare and  
4 Family Services, the Department of Children and Family  
5 Services, and the Department of Public Health.

6 (b) The Task Force shall review policies and regulations  
7 affecting the behavioral health industry to identify  
8 inefficiencies, duplicate or unnecessary requirements, unduly  
9 burdensome restrictions, and other administrative barriers  
10 that prevent behavioral health professionals from providing  
11 services.

12 (c) The Task Force shall analyze the impact of  
13 administrative burdens on the delivery of quality care and  
14 access to behavioral health services by:

15 (1) collecting data on the administrative tasks,  
16 paperwork, and reporting requirements currently imposed on  
17 behavioral health professionals in Illinois;

18 (2) engaging with behavioral health professionals,  
19 including providers of all relevant license and  
20 certification types, to gather input on specific  
21 administrative challenges they face;

22 (3) seeking input from clients and service recipients  
23 to understand the impact of administrative requirements on  
24 their care; and

25 (4) conducting a comparative analysis of documentation  
26 requirements with other geographic jurisdictions.

1 (d) The Task Force shall collaborate with relevant State  
2 agencies to identify areas where administrative processes can  
3 be standardized and harmonized by:

4 (1) researching best practices and successful  
5 administrative burden reduction models from other states  
6 or jurisdictions;

7 (2) unifying administrative requirements, such as  
8 screening, assessment, treatment planning, and personnel  
9 requirements, including background checks, where possible  
10 among state bodies; and

11 (3) identifying and seeking to replicate reform  
12 efforts that have been successful in other jurisdictions.

13 (e) The Task Force shall identify innovative technologies  
14 and tools that can help automate and streamline administrative  
15 tasks and explore the potential for interagency data sharing  
16 and integration to reduce redundant reporting by:

17 (1) researching best practices around shared data  
18 platforms to improve the delivery of behavioral health  
19 services and ensure that such platforms do not result in a  
20 duplication of data entry, including coverage of any  
21 relevant software costs to avoid duplication;

22 (2) facilitating the secure exchange of client  
23 information, treatment plans, and service coordination  
24 among health care providers, behavioral health facilities,  
25 State-level regulatory bodies, and other relevant  
26 entities;

1           (3) reducing administrative burdens and duplicative  
2 data entry for service providers;

3           (4) ensuring compliance with federal and state privacy  
4 regulations, including the Health Insurance Portability  
5 and Accountability Act, 42 CFR Part 2, and other relevant  
6 laws and regulations; and

7           (5) improving access to timely client care, with an  
8 emphasis on clients receiving services under the Medical  
9 Assistance Program.

10          (f) The Task Force shall eliminate documentation  
11 redundancy and coordinate the sharing of information among  
12 State agencies by:

13           (1) standardizing forms at the State-level to simplify  
14 access, reduce administrative burden, ensure consistency,  
15 and unify requirements across all behavioral health  
16 provider types where possible;

17           (2) identifying areas where standardized language  
18 would be allowable so that staff can focus on  
19 individualizing relevant components of documentation;

20           (3) reducing and standardizing, when possible, the  
21 information required for assessments and treatment plan  
22 goals and consolidate documentation required in these  
23 areas for mental health and substance use clients;

24           (4) evaluating, reducing, and streamlining information  
25 collected for the registration process, including the  
26 process for uploading information and resolving errors;

1 (5) reducing the number of data fields that must be  
2 repeated across forms; and

3 (6) streamlining State-level reporting requirements  
4 for federal and State grants and remove unnecessary  
5 reporting requirements for provider grants funded with  
6 state or federal dollars where possible.

7 (g) The Task Force shall develop recommendations for  
8 legislative or regulatory changes that can reduce  
9 administrative burdens while maintaining client safety and  
10 quality of care by:

11 (1) advocating for parity across settings and  
12 regulatory entities, including among community, private  
13 practice, and State-operated settings;

14 (2) identifying opportunities for reporting  
15 efficiencies or technology solutions to share data across  
16 reports;

17 (3) evaluating and considering opportunities to  
18 simplify funding and seek legislative reform to align  
19 requirements across funding streams and regulatory  
20 entities; and

21 (4) recommending procedures for more flexibility with  
22 deadlines where justified.

23 (h) The Task Force shall participate in statewide efforts  
24 to integrate mental health and substance use disorder  
25 administrative functions.

26 (Source: P.A. 103-690, eff. 7-19-24.)

1 (405 ILCS 162/15)

2 Sec. 15. Membership. The Task Force shall be chaired by  
3 Illinois' Chief Behavioral Health Officer or the Officer's  
4 designee. The chair of the Task Force may designate an entity  
5 or entities to provide administrative support to the Task  
6 Force. Except as otherwise provided in this Section, members  
7 of the Task Force shall be appointed by the chair. The Task  
8 Force shall consist of at least 15 members, including, but not  
9 limited to, the following:

10 (1) community mental health and substance use  
11 providers representing geographical regions across the  
12 State;

13 (2) representatives of statewide associations that  
14 represent behavioral health providers;

15 (3) representatives of advocacy organizations either  
16 led by or consisting primarily of individuals with lived  
17 experience;

18 (4) 2 representatives ~~a representative~~ from the  
19 Division of Behavioral Health and Recovery ~~Mental Health~~  
20 in the Department of Human Services;

21 (5) (blank); ~~a representative from the Division of~~  
22 ~~Substance Use Prevention and Recovery in the Department of~~  
23 ~~Human Services;~~

24 (6) a representative from the Department of Children  
25 and Family Services;

1           (7) a representative from the Department of Public  
2 Health;

3           (8) one member of the House of Representatives,  
4 appointed by the Speaker of the House of Representatives;

5           (9) one member of the House of Representatives,  
6 appointed by the Minority Leader of the House of  
7 Representatives;

8           (10) one member of the Senate, appointed by the  
9 President of the Senate; and

10           (11) one member of the Senate, appointed by the  
11 Minority Leader of the Senate.

12 (Source: P.A. 103-690, eff. 7-19-24; 103-1075, eff. 3-21-25.)

13           Section 145. The Overdose Prevention and Harm Reduction  
14 Act is amended by changing Section 10 as follows:

15           (410 ILCS 710/10)

16           Sec. 10. Dispensing of drug adulterant testing supplies. A  
17 pharmacist, physician, advanced practice registered nurse, or  
18 physician assistant, or the pharmacist's, physician's,  
19 advanced practice registered nurse's, or physician assistant's  
20 designee, or a trained overdose responder for an organization  
21 enrolled in the Drug Overdose Prevention Program administered  
22 by the Department of Human Services, Division of Behavioral  
23 Health ~~Substance Use Prevention and Recovery~~ may dispense drug  
24 adulterant testing supplies to any person. Any drug adulterant

1 testing supplies to be dispensed under this Section must be  
2 stored at a licensed pharmacy, hospital, clinic, or other  
3 health care facility, at the medical office of a physician,  
4 advanced practice registered nurse, or physician assistant, or  
5 at the premises of the organization enrolled in the Drug  
6 Overdose Prevention Program. Drug adulterant testing supplies  
7 shall also be stored so that they are accessible only by  
8 pharmacists, physicians, advanced practice registered nurses,  
9 or physician assistants employed at the pharmacy, hospital,  
10 clinic, or other health care facility or medical office, the  
11 designees of the pharmacist, physician, advanced practice  
12 registered nurse, or physician assistant, and trained overdose  
13 responders for those organizations enrolled in the Drug  
14 Overdose Prevention Program administered by the Department of  
15 Human Services, Division of Behavioral Health ~~Substance Use~~  
16 ~~Prevention~~ and Recovery. Drug adulterant testing supplies  
17 dispensed at a retail store containing a pharmacy under this  
18 Section may be dispensed only from the pharmacy department of  
19 the retail store. No quantity of drug adulterant testing  
20 supplies greater than necessary to conduct 5 assays of  
21 substances suspected of containing adulterants shall be  
22 dispensed in any single transaction.

23 (Source: P.A. 102-1039, eff. 6-2-22; 103-115, eff. 1-1-24.)

24 Section 150. The DUI Prevention and Education Commission  
25 Act is amended by changing Section 5 as follows:

1 (625 ILCS 70/5)

2 Sec. 5. The DUI Prevention and Education Commission.

3 (a) The DUI Prevention and Education Commission is  
4 created, consisting of the following members:

5 (1) one member from the Office of the Secretary of  
6 State, appointed by the Secretary of State;

7 (2) one member representing law enforcement, appointed  
8 by the Department of State Police;

9 (3) one member from the Division of Behavioral Health  
10 ~~Substance Use Prevention~~ and Recovery of the Department of  
11 Human Services, appointed by the Secretary of the  
12 Department of Human Services;

13 (4) one member from the Bureau of Safety Programs and  
14 Engineering of the Department of Transportation, appointed  
15 by the Secretary of the Department of Transportation; and

16 (5) the Director of the Office of the State's  
17 Attorneys Appellate Prosecutor, or his or her designee.

18 (b) The members of the Commission shall be appointed  
19 within 60 days after the effective date of this Act.

20 (c) The members of the Commission shall receive no  
21 compensation for serving as members of the Commission.

22 (d) The Department of Transportation shall provide  
23 administrative support to the Commission.

24 (Source: P.A. 101-196, eff. 1-1-20.)

1 Section 155. The Illinois Controlled Substances Act is  
2 amended by changing Sections 102, 220, and 316 as follows:

3 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

4 Sec. 102. Definitions. As used in this Act, unless the  
5 context otherwise requires:

6 (a) "Person with a substance use disorder" means any  
7 person who has a substance use disorder diagnosis defined as a  
8 spectrum of persistent and recurring problematic behavior that  
9 encompasses 10 separate classes of drugs: alcohol; caffeine;  
10 cannabis; hallucinogens; inhalants; opioids; sedatives,  
11 hypnotics and anxiolytics; stimulants; and tobacco; and other  
12 unknown substances leading to clinically significant  
13 impairment or distress.

14 (b) "Administer" means the direct application of a  
15 controlled substance, whether by injection, inhalation,  
16 ingestion, or any other means, to the body of a patient,  
17 research subject, or animal (as defined by the Humane  
18 Euthanasia in Animal Shelters Act) by:

19 (1) a practitioner (or, in his or her presence, by his  
20 or her authorized agent),

21 (2) the patient or research subject pursuant to an  
22 order, or

23 (3) a euthanasia technician as defined by the Humane  
24 Euthanasia in Animal Shelters Act.

25 (c) "Agent" means an authorized person who acts on behalf

1 of or at the direction of a manufacturer, distributor,  
2 dispenser, prescriber, or practitioner. It does not include a  
3 common or contract carrier, public warehouseman or employee of  
4 the carrier or warehouseman.

5 (c-1) "Anabolic Steroids" means any drug or hormonal  
6 substance, chemically and pharmacologically related to  
7 testosterone (other than estrogens, progestins,  
8 corticosteroids, and dehydroepiandrosterone), and includes:

- 9 (i) 3[beta],17-dihydroxy-5a-androstane,  
10 (ii) 3[alpha],17[beta]-dihydroxy-5a-androstane,  
11 (iii) 5[alpha]-androstane-3,17-dione,  
12 (iv) 1-androstenediol (3[beta],  
13 17[beta]-dihydroxy-5[alpha]-androst-1-ene),  
14 (v) 1-androstenediol (3[alpha],  
15 17[beta]-dihydroxy-5[alpha]-androst-1-ene),  
16 (vi) 4-androstenediol  
17 (3[beta],17[beta]-dihydroxy-androst-4-ene),  
18 (vii) 5-androstenediol  
19 (3[beta],17[beta]-dihydroxy-androst-5-ene),  
20 (viii) 1-androstenedione  
21 ([5alpha]-androst-1-en-3,17-dione),  
22 (ix) 4-androstenedione  
23 (androst-4-en-3,17-dione),  
24 (x) 5-androstenedione  
25 (androst-5-en-3,17-dione),  
26 (xi) bolasterone (7[alpha],17a-dimethyl-17[beta]-

1 hydroxyandrost-4-en-3-one),  
2 (xii) boldenone (17[beta]-hydroxyandrost-  
3 1,4,-diene-3-one),  
4 (xiii) boldione (androsta-1,4-  
5 diene-3,17-dione),  
6 (xiv) calusterone (7[beta],17[alpha]-dimethyl-17  
7 [beta]-hydroxyandrost-4-en-3-one),  
8 (xv) clostebol (4-chloro-17[beta]-  
9 hydroxyandrost-4-en-3-one),  
10 (xvi) dehydrochloromethyltestosterone (4-chloro-  
11 17[beta]-hydroxy-17[alpha]-methyl-  
12 androst-1,4-dien-3-one),  
13 (xvii) desoxymethyltestosterone  
14 (17[alpha]-methyl-5[alpha]  
15 -androst-2-en-17[beta]-ol) (a.k.a., madol),  
16 (xviii) [delta]1-dihydrotestosterone (a.k.a.  
17 '1-testosterone') (17[beta]-hydroxy-  
18 5[alpha]-androst-1-en-3-one),  
19 (xix) 4-dihydrotestosterone (17[beta]-hydroxy-  
20 androstan-3-one),  
21 (xx) drostanolone (17[beta]-hydroxy-2[alpha]-methyl-  
22 5[alpha]-androstan-3-one),  
23 (xxi) ethylestrenol (17[alpha]-ethyl-17[beta]-  
24 hydroxyestr-4-ene),  
25 (xxii) fluoxymesterone (9-fluoro-17[alpha]-methyl-  
26 1[beta],17[beta]-dihydroxyandrost-4-en-3-one),

- 1 (xxiii) formebolone (2-formyl-17[alpha]-methyl-11[alpha],  
2 17[beta]-dihydroxyandrost-1,4-dien-3-one),
- 3 (xxiv) furazabol (17[alpha]-methyl-17[beta]-  
4 hydroxyandrostando[2,3-c]-furazan),
- 5 (xxv) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one,
- 6 (xxvi) 4-hydroxytestosterone (4,17[beta]-dihydroxy-  
7 androst-4-en-3-one),
- 8 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta]-  
9 dihydroxy-estr-4-en-3-one),
- 10 (xxviii) mestanolone (17[alpha]-methyl-17[beta]-  
11 hydroxy-5-androstan-3-one),
- 12 (xxix) mesterolone (1-methyl-17[beta]-hydroxy-  
13 [5a]-androstan-3-one),
- 14 (xxx) methandienone (17[alpha]-methyl-17[beta]-  
15 hydroxyandrost-1,4-dien-3-one),
- 16 (xxxii) methandriol (17[alpha]-methyl-3[beta],17[beta]-  
17 dihydroxyandrost-5-ene),
- 18 (xxxiii) methenolone (1-methyl-17[beta]-hydroxy-  
19 5[alpha]-androst-1-en-3-one),
- 20 (xxxiiii) 17[alpha]-methyl-3[beta], 17[beta]-  
21 dihydroxy-5a-androstane,
- 22 (xxxv) 17[alpha]-methyl-3[alpha],17[beta]-dihydroxy  
23 -5a-androstane,
- 24 (xxxvi) 17[alpha]-methyl-3[beta],17[beta]-  
25 dihydroxyandrost-4-ene),
- 26 (xxxvii) 17[alpha]-methyl-4-hydroxynandrolone (17[alpha]-

1 methyl-4-hydroxy-17[beta]-hydroxyestr-4-en-3-one),  
2 (xxxvii) methyldienolone (17[alpha]-methyl-17[beta]-  
3 hydroxyestra-4,9(10)-dien-3-one),  
4 (xxxviii) methyltrienolone (17[alpha]-methyl-17[beta]-  
5 hydroxyestra-4,9-11-trien-3-one),  
6 (xxxix) methyltestosterone (17[alpha]-methyl-17[beta]-  
7 hydroxyandrost-4-en-3-one),  
8 (xl) mibolerone (7[alpha],17a-dimethyl-17[beta]-  
9 hydroxyestr-4-en-3-one),  
10 (xli) 17[alpha]-methyl-[delta]1-dihydrotestosterone  
11 (17b[beta]-hydroxy-17[alpha]-methyl-5[alpha]-  
12 androst-1-en-3-one) (a.k.a. '17-[alpha]-methyl-  
13 1-testosterone'),  
14 (xlii) nandrolone (17[beta]-hydroxyestr-4-en-3-one),  
15 (xliiii) 19-nor-4-androstenediol (3[beta], 17[beta]-  
16 dihydroxyestr-4-ene),  
17 (xliv) 19-nor-4-androstenediol (3[alpha], 17[beta]-  
18 dihydroxyestr-4-ene),  
19 (xlv) 19-nor-5-androstenediol (3[beta], 17[beta]-  
20 dihydroxyestr-5-ene),  
21 (xlvi) 19-nor-5-androstenediol (3[alpha], 17[beta]-  
22 dihydroxyestr-5-ene),  
23 (xlvii) 19-nor-4,9(10)-androstadienedione  
24 (estra-4,9(10)-diene-3,17-dione),  
25 (xlviii) 19-nor-4-androstenedione (estr-4-  
26 en-3,17-dione),

- 1 (xlix) 19-nor-5-androstenedione (estr-5-  
2 en-3,17-dione),  
3 (l) norbolethone (13[beta], 17a-diethyl-17[beta]-  
4 hydroxygon-4-en-3-one),  
5 (li) norclostebol (4-chloro-17[beta]-  
6 hydroxyestr-4-en-3-one),  
7 (lii) norethandrolone (17[alpha]-ethyl-17[beta]-  
8 hydroxyestr-4-en-3-one),  
9 (liii) normethandrolone (17[alpha]-methyl-17[beta]-  
10 hydroxyestr-4-en-3-one),  
11 (liv) oxandrolone (17[alpha]-methyl-17[beta]-hydroxy-  
12 2-oxa-5[alpha]-androstan-3-one),  
13 (lv) oxymesterone (17[alpha]-methyl-4,17[beta]-  
14 dihydroxyandrost-4-en-3-one),  
15 (lvi) oxymetholone (17[alpha]-methyl-2-hydroxymethylene-  
16 17[beta]-hydroxy-(5[alpha]-androstan-3-one),  
17 (lvii) stanozolol (17[alpha]-methyl-17[beta]-hydroxy-  
18 (5[alpha]-androst-2-eno[3,2-c]-pyrazole),  
19 (lviii) stenbolone (17[beta]-hydroxy-2-methyl-  
20 (5[alpha]-androst-1-en-3-one),  
21 (lix) testolactone (13-hydroxy-3-oxo-13,17-  
22 secoandrosta-1,4-dien-17-oic  
23 acid lactone),  
24 (lx) testosterone (17[beta]-hydroxyandrost-  
25 4-en-3-one),  
26 (lxi) tetrahydrogestrinone (13[beta], 17[alpha]-

1 diethyl-17[beta]-hydroxygon-  
2 4,9,11-trien-3-one),  
3 (lxii) trenbolone (17[beta]-hydroxyestr-4,9,  
4 11-trien-3-one).

5 Any person who is otherwise lawfully in possession of an  
6 anabolic steroid, or who otherwise lawfully manufactures,  
7 distributes, dispenses, delivers, or possesses with intent to  
8 deliver an anabolic steroid, which anabolic steroid is  
9 expressly intended for and lawfully allowed to be administered  
10 through implants to livestock or other nonhuman species, and  
11 which is approved by the Secretary of Health and Human  
12 Services for such administration, and which the person intends  
13 to administer or have administered through such implants,  
14 shall not be considered to be in unauthorized possession or to  
15 unlawfully manufacture, distribute, dispense, deliver, or  
16 possess with intent to deliver such anabolic steroid for  
17 purposes of this Act.

18 (d) "Administration" means the Drug Enforcement  
19 Administration, United States Department of Justice, or its  
20 successor agency.

21 (d-5) "Clinical Director, Prescription Monitoring Program"  
22 means a Department of Human Services administrative employee  
23 licensed to either prescribe or dispense controlled substances  
24 who shall run the clinical aspects of the Department of Human  
25 Services Prescription Monitoring Program and its Prescription  
26 Information Library.

1           (d-10) "Compounding" means the preparation and mixing of  
2 components, excluding flavorings, (1) as the result of a  
3 prescriber's prescription drug order or initiative based on  
4 the prescriber-patient-pharmacist relationship in the course  
5 of professional practice or (2) for the purpose of, or  
6 incident to, research, teaching, or chemical analysis and not  
7 for sale or dispensing. "Compounding" includes the preparation  
8 of drugs or devices in anticipation of receiving prescription  
9 drug orders based on routine, regularly observed dispensing  
10 patterns. Commercially available products may be compounded  
11 for dispensing to individual patients only if both of the  
12 following conditions are met: (i) the commercial product is  
13 not reasonably available from normal distribution channels in  
14 a timely manner to meet the patient's needs and (ii) the  
15 prescribing practitioner has requested that the drug be  
16 compounded.

17           (e) "Control" means to add a drug or other substance, or  
18 immediate precursor, to a Schedule whether by transfer from  
19 another Schedule or otherwise.

20           (f) "Controlled Substance" means (i) a drug, substance,  
21 immediate precursor, or synthetic drug in the Schedules of  
22 Article II of this Act or (ii) a drug or other substance, or  
23 immediate precursor, designated as a controlled substance by  
24 the Department through administrative rule. The term does not  
25 include distilled spirits, wine, malt beverages, or tobacco,  
26 as those terms are defined or used in the Liquor Control Act of

1 1934 and the Tobacco Products Tax Act of 1995.

2 (f-5) "Controlled substance analog" means a substance:

3 (1) the chemical structure of which is substantially  
4 similar to the chemical structure of a controlled  
5 substance in Schedule I or II;

6 (2) which has a stimulant, depressant, or  
7 hallucinogenic effect on the central nervous system that  
8 is substantially similar to or greater than the stimulant,  
9 depressant, or hallucinogenic effect on the central  
10 nervous system of a controlled substance in Schedule I or  
11 II; or

12 (3) with respect to a particular person, which such  
13 person represents or intends to have a stimulant,  
14 depressant, or hallucinogenic effect on the central  
15 nervous system that is substantially similar to or greater  
16 than the stimulant, depressant, or hallucinogenic effect  
17 on the central nervous system of a controlled substance in  
18 Schedule I or II.

19 (g) "Counterfeit substance" means a controlled substance,  
20 which, or the container or labeling of which, without  
21 authorization bears the trademark, trade name, or other  
22 identifying mark, imprint, number or device, or any likeness  
23 thereof, of a manufacturer, distributor, or dispenser other  
24 than the person who in fact manufactured, distributed, or  
25 dispensed the substance.

26 (h) "Deliver" or "delivery" means the actual, constructive

1 or attempted transfer of possession of a controlled substance,  
2 with or without consideration, whether or not there is an  
3 agency relationship. "Deliver" or "delivery" does not include  
4 the donation of drugs to the extent permitted under the  
5 Illinois Drug Reuse Opportunity Program Act.

6 (i) "Department" means the Illinois Department of Human  
7 Services (as successor to the Department of Alcoholism and  
8 Substance Abuse) or its successor agency.

9 (j) (Blank).

10 (k) "Department of Corrections" means the Department of  
11 Corrections of the State of Illinois or its successor agency.

12 (l) "Department of Financial and Professional Regulation"  
13 means the Department of Financial and Professional Regulation  
14 of the State of Illinois or its successor agency.

15 (m) "Depressant" means any drug that (i) causes an overall  
16 depression of central nervous system functions, (ii) causes  
17 impaired consciousness and awareness, and (iii) can be  
18 habit-forming or lead to a substance misuse or substance use  
19 disorder, including, but not limited to, alcohol, cannabis and  
20 its active principles and their analogs, benzodiazepines and  
21 their analogs, barbiturates and their analogs, opioids  
22 (natural and synthetic) and their analogs, and chloral hydrate  
23 and similar sedative hypnotics.

24 (n) (Blank).

25 (o) "Director" means the Director of the Illinois State  
26 Police or his or her designated agents.

1           (p) "Dispense" means to deliver a controlled substance to  
2 an ultimate user or research subject by or pursuant to the  
3 lawful order of a prescriber, including the prescribing,  
4 administering, packaging, labeling, or compounding necessary  
5 to prepare the substance for that delivery.

6           (q) "Dispenser" means a practitioner who dispenses.

7           (r) "Distribute" means to deliver, other than by  
8 administering or dispensing, a controlled substance.

9           (s) "Distributor" means a person who distributes.

10          (t) "Drug" means (1) substances recognized as drugs in the  
11 official United States Pharmacopoeia, Official Homeopathic  
12 Pharmacopoeia of the United States, or official National  
13 Formulary, or any supplement to any of them; (2) substances  
14 intended for use in diagnosis, cure, mitigation, treatment, or  
15 prevention of disease in man or animals; (3) substances (other  
16 than food) intended to affect the structure of any function of  
17 the body of man or animals and (4) substances intended for use  
18 as a component of any article specified in clause (1), (2), or  
19 (3) of this subsection. It does not include devices or their  
20 components, parts, or accessories.

21          (t-3) "Electronic health record" or "EHR" means an  
22 electronic record of health-related information on an  
23 individual that is created, gathered, managed, and consulted  
24 by authorized health care clinicians and staff.

25          (t-3.5) "Electronic health record system" or "EHR system"  
26 means any computer-based system or combination of federally

1 certified Health IT Modules (defined at 42 CFR 170.102 or its  
2 successor) used as a repository for electronic health records  
3 and accessed or updated by a prescriber or authorized  
4 surrogate in the ordinary course of his or her medical  
5 practice. For purposes of connecting to the Prescription  
6 Information Library maintained by the Division of Behavioral  
7 Health and Recovery ~~Bureau of Pharmacy and Clinical Support~~  
8 ~~Systems~~ or its successor, an EHR system may connect to the  
9 Prescription Information Library directly or through all or  
10 part of a computer program or system that is a federally  
11 certified Health IT Module maintained by a third party and  
12 used by the EHR system to secure access to the database.

13 (t-4) "Emergency medical services personnel" has the  
14 meaning ascribed to it in the Emergency Medical Services (EMS)  
15 Systems Act.

16 (t-5) "Euthanasia agency" means an entity certified by the  
17 Department of Financial and Professional Regulation for the  
18 purpose of animal euthanasia that holds an animal control  
19 facility license or animal shelter license under the Animal  
20 Welfare Act. A euthanasia agency is authorized to purchase,  
21 store, possess, and utilize Schedule II nonnarcotic and  
22 Schedule III nonnarcotic drugs for the sole purpose of animal  
23 euthanasia.

24 (t-10) "Euthanasia drugs" means Schedule II or Schedule  
25 III substances (nonnarcotic controlled substances) that are  
26 used by a euthanasia agency for the purpose of animal

1 euthanasia.

2 (u) "Good faith" means the prescribing or dispensing of a  
3 controlled substance by a practitioner in the regular course  
4 of professional treatment to or for any person who is under his  
5 or her treatment for a pathology or condition other than that  
6 individual's physical or psychological dependence upon a  
7 controlled substance, except as provided herein: and  
8 application of the term to a pharmacist shall mean the  
9 dispensing of a controlled substance pursuant to the  
10 prescriber's order which in the professional judgment of the  
11 pharmacist is lawful. The pharmacist shall be guided by  
12 accepted professional standards, including, but not limited  
13 to, the following, in making the judgment:

14 (1) lack of consistency of prescriber-patient  
15 relationship,

16 (2) frequency of prescriptions for same drug by one  
17 prescriber for large numbers of patients,

18 (3) quantities beyond those normally prescribed,

19 (4) unusual dosages (recognizing that there may be  
20 clinical circumstances where more or less than the usual  
21 dose may be used legitimately),

22 (5) unusual geographic distances between patient,  
23 pharmacist and prescriber,

24 (6) consistent prescribing of habit-forming drugs.

25 (u-0.5) "Hallucinogen" means a drug that causes markedly  
26 altered sensory perception leading to hallucinations of any

1 type.

2 (u-1) "Home infusion services" means services provided by  
3 a pharmacy in compounding solutions for direct administration  
4 to a patient in a private residence, long-term care facility,  
5 or hospice setting by means of parenteral, intravenous,  
6 intramuscular, subcutaneous, or intraspinal infusion.

7 (u-5) "Illinois State Police" means the Illinois State  
8 Police or its successor agency.

9 (v) "Immediate precursor" means a substance:

10 (1) which the Department has found to be and by rule  
11 designated as being a principal compound used, or produced  
12 primarily for use, in the manufacture of a controlled  
13 substance;

14 (2) which is an immediate chemical intermediary used  
15 or likely to be used in the manufacture of such controlled  
16 substance; and

17 (3) the control of which is necessary to prevent,  
18 curtail or limit the manufacture of such controlled  
19 substance.

20 (w) "Instructional activities" means the acts of teaching,  
21 educating or instructing by practitioners using controlled  
22 substances within educational facilities approved by the State  
23 Board of Education or its successor agency.

24 (x) "Local authorities" means a duly organized State,  
25 County or Municipal peace unit or police force.

26 (y) "Look-alike substance" means a substance, other than a

1 controlled substance which (1) by overall dosage unit  
2 appearance, including shape, color, size, markings or lack  
3 thereof, taste, consistency, or any other identifying physical  
4 characteristic of the substance, would lead a reasonable  
5 person to believe that the substance is a controlled  
6 substance, or (2) is expressly or impliedly represented to be  
7 a controlled substance or is distributed under circumstances  
8 which would lead a reasonable person to believe that the  
9 substance is a controlled substance. For the purpose of  
10 determining whether the representations made or the  
11 circumstances of the distribution would lead a reasonable  
12 person to believe the substance to be a controlled substance  
13 under this clause (2) of subsection (y), the court or other  
14 authority may consider the following factors in addition to  
15 any other factor that may be relevant:

16 (a) statements made by the owner or person in control  
17 of the substance concerning its nature, use or effect;

18 (b) statements made to the buyer or recipient that the  
19 substance may be resold for profit;

20 (c) whether the substance is packaged in a manner  
21 normally used for the illegal distribution of controlled  
22 substances;

23 (d) whether the distribution or attempted distribution  
24 included an exchange of or demand for money or other  
25 property as consideration, and whether the amount of the  
26 consideration was substantially greater than the

1 reasonable retail market value of the substance.

2 Clause (1) of this subsection (y) shall not apply to a  
3 noncontrolled substance in its finished dosage form that was  
4 initially introduced into commerce prior to the initial  
5 introduction into commerce of a controlled substance in its  
6 finished dosage form which it may substantially resemble.

7 Nothing in this subsection (y) prohibits the dispensing or  
8 distributing of noncontrolled substances by persons authorized  
9 to dispense and distribute controlled substances under this  
10 Act, provided that such action would be deemed to be carried  
11 out in good faith under subsection (u) if the substances  
12 involved were controlled substances.

13 Nothing in this subsection (y) or in this Act prohibits  
14 the manufacture, preparation, propagation, compounding,  
15 processing, packaging, advertising or distribution of a drug  
16 or drugs by any person registered pursuant to Section 510 of  
17 the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

18 (y-1) "Mail-order pharmacy" means a pharmacy that is  
19 located in a state of the United States that delivers,  
20 dispenses or distributes, through the United States Postal  
21 Service or other common carrier, to Illinois residents, any  
22 substance which requires a prescription.

23 (z) "Manufacture" means the production, preparation,  
24 propagation, compounding, conversion or processing of a  
25 controlled substance other than methamphetamine, either  
26 directly or indirectly, by extraction from substances of

1 natural origin, or independently by means of chemical  
2 synthesis, or by a combination of extraction and chemical  
3 synthesis, and includes any packaging or repackaging of the  
4 substance or labeling of its container, except that this term  
5 does not include:

6 (1) by an ultimate user, the preparation or  
7 compounding of a controlled substance for his or her own  
8 use;

9 (2) by a practitioner, or his or her authorized agent  
10 under his or her supervision, the preparation,  
11 compounding, packaging, or labeling of a controlled  
12 substance:

13 (a) as an incident to his or her administering or  
14 dispensing of a controlled substance in the course of  
15 his or her professional practice; or

16 (b) as an incident to lawful research, teaching or  
17 chemical analysis and not for sale; or

18 (3) the packaging, repackaging, or labeling of drugs  
19 only to the extent permitted under the Illinois Drug Reuse  
20 Opportunity Program Act.

21 (z-1) (Blank).

22 (z-5) "Medication shopping" means the conduct prohibited  
23 under subsection (a) of Section 314.5 of this Act.

24 (z-10) "Mid-level practitioner" means (i) a physician  
25 assistant who has been delegated authority to prescribe  
26 through a written delegation of authority by a physician

1 licensed to practice medicine in all of its branches, in  
2 accordance with Section 7.5 of the Physician Assistant  
3 Practice Act of 1987, (ii) an advanced practice registered  
4 nurse who has been delegated authority to prescribe through a  
5 written delegation of authority by a physician licensed to  
6 practice medicine in all of its branches or by a podiatric  
7 physician, in accordance with Section 65-40 of the Nurse  
8 Practice Act, (iii) an advanced practice registered nurse  
9 certified as a nurse practitioner, nurse midwife, or clinical  
10 nurse specialist who has been granted authority to prescribe  
11 by a hospital affiliate in accordance with Section 65-45 of  
12 the Nurse Practice Act, (iv) an animal euthanasia agency, or  
13 (v) a prescribing psychologist.

14 (aa) "Narcotic drug" means any of the following, whether  
15 produced directly or indirectly by extraction from substances  
16 of vegetable origin, or independently by means of chemical  
17 synthesis, or by a combination of extraction and chemical  
18 synthesis:

19 (1) opium, opiates, derivatives of opium and opiates,  
20 including their isomers, esters, ethers, salts, and salts  
21 of isomers, esters, and ethers, whenever the existence of  
22 such isomers, esters, ethers, and salts is possible within  
23 the specific chemical designation; however the term  
24 "narcotic drug" does not include the isoquinoline  
25 alkaloids of opium;

26 (2) (blank);

1 (3) opium poppy and poppy straw;

2 (4) coca leaves, except coca leaves and extracts of  
3 coca leaves from which substantially all of the cocaine  
4 and ecgonine, and their isomers, derivatives and salts,  
5 have been removed;

6 (5) cocaine, its salts, optical and geometric isomers,  
7 and salts of isomers;

8 (6) ecgonine, its derivatives, their salts, isomers,  
9 and salts of isomers;

10 (7) any compound, mixture, or preparation which  
11 contains any quantity of any of the substances referred to  
12 in subparagraphs (1) through (6).

13 (bb) "Nurse" means a registered nurse licensed under the  
14 Nurse Practice Act.

15 (cc) (Blank).

16 (dd) "Opiate" means a drug derived from or related to  
17 opium.

18 (ee) "Opium poppy" means the plant of the species *Papaver*  
19 *somniferum* L., except its seeds.

20 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or  
21 solution or other liquid form of medication intended for  
22 administration by mouth, but the term does not include a form  
23 of medication intended for buccal, sublingual, or transmucosal  
24 administration.

25 (ff) "Parole and Pardon Board" means the Parole and Pardon  
26 Board of the State of Illinois or its successor agency.

1           (gg) "Person" means any individual, corporation,  
2 mail-order pharmacy, government or governmental subdivision or  
3 agency, business trust, estate, trust, partnership or  
4 association, or any other entity.

5           (hh) "Pharmacist" means any person who holds a license or  
6 certificate of registration as a registered pharmacist, a  
7 local registered pharmacist or a registered assistant  
8 pharmacist under the Pharmacy Practice Act.

9           (ii) "Pharmacy" means any store, ship or other place in  
10 which pharmacy is authorized to be practiced under the  
11 Pharmacy Practice Act.

12           (ii-5) "Pharmacy shopping" means the conduct prohibited  
13 under subsection (b) of Section 314.5 of this Act.

14           (ii-10) "Physician" (except when the context otherwise  
15 requires) means a person licensed to practice medicine in all  
16 of its branches.

17           (jj) "Poppy straw" means all parts, except the seeds, of  
18 the opium poppy, after mowing.

19           (kk) "Practitioner" means a physician licensed to practice  
20 medicine in all its branches, dentist, optometrist, podiatric  
21 physician, veterinarian, scientific investigator, pharmacist,  
22 physician assistant, advanced practice registered nurse,  
23 licensed practical nurse, registered nurse, emergency medical  
24 services personnel, hospital, laboratory, or pharmacy, or  
25 other person licensed, registered, or otherwise lawfully  
26 permitted by the United States or this State to distribute,

1 dispense, conduct research with respect to, administer or use  
2 in teaching or chemical analysis, a controlled substance in  
3 the course of professional practice or research.

4 (ll) "Pre-printed prescription" means a written  
5 prescription upon which the designated drug has been indicated  
6 prior to the time of issuance; the term does not mean a written  
7 prescription that is individually generated by machine or  
8 computer in the prescriber's office.

9 (mm) "Prescriber" means a physician licensed to practice  
10 medicine in all its branches, dentist, optometrist,  
11 prescribing psychologist licensed under Section 4.2 of the  
12 Clinical Psychologist Licensing Act with prescriptive  
13 authority delegated under Section 4.3 of the Clinical  
14 Psychologist Licensing Act, podiatric physician, or  
15 veterinarian who issues a prescription, a physician assistant  
16 who issues a prescription for a controlled substance in  
17 accordance with Section 303.05, a written delegation, and a  
18 written collaborative agreement required under Section 7.5 of  
19 the Physician Assistant Practice Act of 1987, an advanced  
20 practice registered nurse with prescriptive authority  
21 delegated under Section 65-40 of the Nurse Practice Act and in  
22 accordance with Section 303.05, a written delegation, and a  
23 written collaborative agreement under Section 65-35 of the  
24 Nurse Practice Act, an advanced practice registered nurse  
25 certified as a nurse practitioner, nurse midwife, or clinical  
26 nurse specialist who has been granted authority to prescribe

1 by a hospital affiliate in accordance with Section 65-45 of  
2 the Nurse Practice Act and in accordance with Section 303.05,  
3 or an advanced practice registered nurse certified as a nurse  
4 practitioner, nurse midwife, or clinical nurse specialist who  
5 has full practice authority pursuant to Section 65-43 of the  
6 Nurse Practice Act.

7 (nn) "Prescription" means a written, facsimile, or oral  
8 order, or an electronic order that complies with applicable  
9 federal requirements, of a physician licensed to practice  
10 medicine in all its branches, dentist, podiatric physician or  
11 veterinarian for any controlled substance, of an optometrist  
12 in accordance with Section 15.1 of the Illinois Optometric  
13 Practice Act of 1987, of a prescribing psychologist licensed  
14 under Section 4.2 of the Clinical Psychologist Licensing Act  
15 with prescriptive authority delegated under Section 4.3 of the  
16 Clinical Psychologist Licensing Act, of a physician assistant  
17 for a controlled substance in accordance with Section 303.05,  
18 a written delegation, and a written collaborative agreement  
19 required under Section 7.5 of the Physician Assistant Practice  
20 Act of 1987, of an advanced practice registered nurse with  
21 prescriptive authority delegated under Section 65-40 of the  
22 Nurse Practice Act who issues a prescription for a controlled  
23 substance in accordance with Section 303.05, a written  
24 delegation, and a written collaborative agreement under  
25 Section 65-35 of the Nurse Practice Act, of an advanced  
26 practice registered nurse certified as a nurse practitioner,

1 nurse midwife, or clinical nurse specialist who has been  
2 granted authority to prescribe by a hospital affiliate in  
3 accordance with Section 65-45 of the Nurse Practice Act and in  
4 accordance with Section 303.05 when required by law, or of an  
5 advanced practice registered nurse certified as a nurse  
6 practitioner, nurse midwife, or clinical nurse specialist who  
7 has full practice authority pursuant to Section 65-43 of the  
8 Nurse Practice Act.

9 (nn-5) "Prescription Information Library" (PIL) means an  
10 electronic library that contains reported controlled substance  
11 data.

12 (nn-10) "Prescription Monitoring Program" (PMP) means the  
13 entity that collects, tracks, and stores reported data on  
14 controlled substances and select drugs pursuant to Section  
15 316.

16 (oo) "Production" or "produce" means manufacture,  
17 planting, cultivating, growing, or harvesting of a controlled  
18 substance other than methamphetamine.

19 (pp) "Registrant" means every person who is required to  
20 register under Section 302 of this Act.

21 (qq) "Registry number" means the number assigned to each  
22 person authorized to handle controlled substances under the  
23 laws of the United States and of this State.

24 (qq-5) "Secretary" means, as the context requires, either  
25 the Secretary of the Department or the Secretary of the  
26 Department of Financial and Professional Regulation, and the

1 Secretary's designated agents.

2 (rr) "State" includes the State of Illinois and any state,  
3 district, commonwealth, territory, insular possession thereof,  
4 and any area subject to the legal authority of the United  
5 States of America.

6 (rr-5) "Stimulant" means any drug that (i) causes an  
7 overall excitation of central nervous system functions, (ii)  
8 causes impaired consciousness and awareness, and (iii) can be  
9 habit-forming or lead to a substance use disorder, including,  
10 but not limited to, amphetamines and their analogs,  
11 methylphenidate and its analogs, cocaine, and phencyclidine  
12 and its analogs.

13 (rr-10) "Synthetic drug" includes, but is not limited to,  
14 any synthetic cannabinoids or piperazines or any synthetic  
15 cathinones as provided for in Schedule I.

16 (ss) "Ultimate user" means a person who lawfully possesses  
17 a controlled substance for his or her own use or for the use of  
18 a member of his or her household or for administering to an  
19 animal owned by him or her or by a member of his or her  
20 household.

21 (Source: P.A. 102-389, eff. 1-1-22; 102-538, eff. 8-20-21;  
22 102-813, eff. 5-13-22; 103-881, eff. 1-1-25.)

23 (720 ILCS 570/220)

24 Sec. 220. Electronic health record systems. The Division  
25 of Behavioral Health and Recovery ~~Bureau of Pharmacy and~~

1 ~~Clinical Support Systems~~ shall establish a form to allow EHR  
2 systems to certify the identity of a third party that will  
3 provide access to the Prescription Information Library for the  
4 EHR system using all or part of a computer program or system  
5 that is a federally certified Health IT Module for the EHR  
6 system. Before the Health IT Module is permitted to connect to  
7 the Prescription Information Library, it must enter into a  
8 business associate agreement with the EHR system that requires  
9 the Health IT Module to agree to adhere to all requirements  
10 imposed on the EHR system by the laws of this State, including  
11 data privacy and security obligations that the Bureau  
12 otherwise imposes on EHR systems.

13 (Source: P.A. 101-666, eff. 1-1-22.)

14 (720 ILCS 570/316)

15 Sec. 316. Prescription Monitoring Program.

16 (a) The Department must provide for a Prescription  
17 Monitoring Program for Schedule II, III, IV, and V controlled  
18 substances that includes the following components and  
19 requirements:

20 (1) The dispenser must transmit to the central  
21 repository, in a form and manner specified by the  
22 Department, the following information:

23 (A) The recipient's name and address.

24 (B) The recipient's date of birth and gender.

25 (C) The national drug code number of the

1 controlled substance dispensed.

2 (D) (Blank).

3 (E) The quantity of the controlled substance  
4 dispensed and days supply.

5 (F) The dispenser's United States Drug Enforcement  
6 Administration registration number.

7 (G) The prescriber's United States Drug  
8 Enforcement Administration registration number.

9 (H) The dates the controlled substance  
10 prescription is filled.

11 (I) The payment type used to purchase the  
12 controlled substance (i.e. Medicaid, cash, third party  
13 insurance).

14 (J) The patient location code (i.e. home, nursing  
15 home, outpatient, etc.) for the controlled substances  
16 other than those filled at a retail pharmacy.

17 (K) Any additional information that may be  
18 required by the department by administrative rule,  
19 including but not limited to information required for  
20 compliance with the criteria for electronic reporting  
21 of the American Society for Automation and Pharmacy or  
22 its successor.

23 (2) The information required to be transmitted under  
24 this Section must be transmitted not later than the end of  
25 the business day on which a controlled substance is  
26 dispensed, or at such other time as may be required by the

1 Department by administrative rule.

2 (3) A dispenser must transmit electronically, as  
3 provided by Department rule, the information required to  
4 be transmitted under this Section.

5 (3.5) The requirements of paragraphs (1), (2), and (3)  
6 of this subsection also apply to opioid treatment programs  
7 that are licensed or certified by the Department of Human  
8 Services ~~Services' Division of Substance Use Prevention~~  
9 ~~and Recovery~~ and are authorized by the federal Drug  
10 Enforcement Administration to prescribe Schedule II, III,  
11 IV, or V controlled substances for the treatment of opioid  
12 use disorders. Opioid treatment programs shall attempt to  
13 obtain written patient consent, shall document attempts to  
14 obtain the written consent, and shall not transmit  
15 information without patient consent. Documentation  
16 obtained under this paragraph shall not be utilized for  
17 law enforcement purposes, as proscribed under 42 CFR 2, as  
18 amended by 42 U.S.C. 290dd-2. Treatment of a patient shall  
19 not be conditioned upon his or her written consent.

20 (4) The Department may impose a civil fine of up to  
21 \$100 per day for willful failure to report controlled  
22 substance dispensing to the Prescription Monitoring  
23 Program. The fine shall be calculated on no more than the  
24 number of days from the time the report was required to be  
25 made until the time the problem was resolved, and shall be  
26 payable to the Prescription Monitoring Program.

1 (a-5) Notwithstanding subsection (a), a licensed  
2 veterinarian is exempt from the reporting requirements of this  
3 Section. If a person who is presenting an animal for treatment  
4 is suspected of fraudulently obtaining any controlled  
5 substance or prescription for a controlled substance, the  
6 licensed veterinarian shall report that information to the  
7 local law enforcement agency.

8 (b) The Department, by rule, may include in the  
9 Prescription Monitoring Program certain other select drugs  
10 that are not included in Schedule II, III, IV, or V. The  
11 Prescription Monitoring Program does not apply to controlled  
12 substance prescriptions as exempted under Section 313.

13 (c) The collection of data on select drugs and scheduled  
14 substances by the Prescription Monitoring Program may be used  
15 as a tool for addressing oversight requirements of long-term  
16 care institutions as set forth by Public Act 96-1372.  
17 Long-term care pharmacies shall transmit patient medication  
18 profiles to the Prescription Monitoring Program monthly or  
19 more frequently as established by administrative rule.

20 (d) The Department of Human Services shall appoint a  
21 full-time Clinical Director of the Prescription Monitoring  
22 Program.

23 (e) (Blank).

24 (f) It is the responsibility of any new, ceased, or  
25 unconnected healthcare facility and its selected Electronic  
26 Health Records System or Pharmacy Management System to make

1 contact with and ensure integration with the Prescription  
2 Monitoring Program. As soon as practicable after the effective  
3 date of this amendatory Act of the 103rd General Assembly, the  
4 Department shall adopt rules requiring Electronic Health  
5 Records Systems and Pharmacy Management Systems to interface,  
6 by January 1, 2024, with the Prescription Monitoring Program  
7 to ensure that providers have access to specific patient  
8 records during the treatment of their patients. The Department  
9 shall identify actions to be taken if a prescriber's  
10 Electronic Health Records System and Pharmacy Management  
11 Systems does not effectively interface with the Prescription  
12 Monitoring Program once the Prescription Monitoring Program is  
13 aware of the non-integrated connection.

14 (g) The Department, in consultation with the Prescription  
15 Monitoring Program Advisory Committee, shall adopt rules  
16 allowing licensed prescribers or pharmacists who have  
17 registered to access the Prescription Monitoring Program to  
18 authorize a licensed or non-licensed designee employed in that  
19 licensed prescriber's office or a licensed designee in a  
20 licensed pharmacist's pharmacy who has received training in  
21 the federal Health Insurance Portability and Accountability  
22 Act and 42 CFR 2 to consult the Prescription Monitoring  
23 Program on their behalf. The rules shall include reasonable  
24 parameters concerning a practitioner's authority to authorize  
25 a designee, and the eligibility of a person to be selected as a  
26 designee. In this subsection (g), "pharmacist" shall include a

1 clinical pharmacist employed by and designated by a Medicaid  
2 Managed Care Organization providing services under Article V  
3 of the Illinois Public Aid Code under a contract with the  
4 Department of Healthcare and Family Services for the sole  
5 purpose of clinical review of services provided to persons  
6 covered by the entity under the contract to determine  
7 compliance with subsections (a) and (b) of Section 314.5 of  
8 this Act. A managed care entity pharmacist shall notify  
9 prescribers of review activities.

10 (Source: P.A. 102-527, eff. 8-20-21; 102-813, eff. 5-13-22;  
11 103-477, eff. 8-4-23.)

12 Section 160. The County Jail Act is amended by changing  
13 Section 14 as follows:

14 (730 ILCS 125/14) (from Ch. 75, par. 114)

15 Sec. 14. At any time, in the opinion of the Warden, the  
16 lives or health of the committed persons are endangered or the  
17 security of the penal institution is threatened, to such a  
18 degree as to render their removal necessary, the Warden may  
19 cause an individual committed person or a group of committed  
20 persons to be removed to some suitable place within the  
21 county, or to the jail of some convenient county, where they  
22 may be confined until they can be safely returned to the place  
23 whence they were removed. No committed person charged with a  
24 felony shall be removed by the warden to a Mental Health or

1 Developmental Disabilities facility as defined in the Mental  
2 Health and Developmental Disabilities Code, except as  
3 specifically authorized by Article 104 or 115 of the Code of  
4 Criminal Procedure of 1963, or the Mental Health and  
5 Developmental Disabilities Code. Any place to which the  
6 committed persons are so removed shall, during their  
7 imprisonment there, be deemed, as to such committed persons, a  
8 prison of the county in which they were originally confined;  
9 but, they shall be under the care, government and direction of  
10 the Warden of the jail of the county in which they are  
11 confined. When any criminal detainee is transferred to the  
12 custody of the Department of Human Services, the warden shall  
13 supply the Department of Human Services with all of the  
14 legally available information as described in 20 Ill. Adm.  
15 Code 701.60(f). When a criminal detainee is delivered to the  
16 custody of the Department, the following information must be  
17 included with the items delivered:

18 (1) the sentence imposed;

19 (2) any findings of great bodily harm made by the  
20 court;

21 (3) any statement by the court on the basis for  
22 imposing the sentence;

23 (4) any presentence reports;

24 (5) any sex offender evaluations;

25 (6) any substance abuse treatment eligibility  
26 screening and assessment of the criminal detainee by an

1 agent designated by the State to provide assessments for  
2 Illinois courts;

3 (7) the number of days, if any, which the criminal  
4 detainee has been in custody and for which he or she is  
5 entitled to credit against the sentence. Certification of  
6 jail credit time shall include any time served in the  
7 custody of the Illinois Department of Human  
8 Services ~~Division of Mental Health or Division of~~  
9 ~~Developmental Disabilities~~, time served in another state  
10 or federal jurisdiction, and any time served while on  
11 probation or periodic imprisonment;

12 (8) State's Attorney's statement of facts, including  
13 the facts and circumstances of the offenses for which the  
14 criminal detainee was committed, any other factual  
15 information accessible to the State's Attorney prior to  
16 the commitment to the Department relative to the criminal  
17 detainee's habits, associates, disposition, and reputation  
18 or other information that may aid the Department during  
19 the custody of the criminal detainee. If the statement is  
20 unavailable at the time of delivery, the statement must be  
21 transmitted within 10 days after receipt by the clerk of  
22 the court;

23 (9) any medical or mental health records or summaries;

24 (10) any victim impact statements;

25 (11) name of municipalities where the arrest of the  
26 criminal detainee and the commission of the offense

1 occurred, if the municipality has a population of more  
2 than 25,000 persons;

3 (12) all additional matters that the court directs the  
4 clerk to transmit;

5 (13) a record of the criminal detainee's time and his  
6 or her behavior and conduct while in the custody of the  
7 county. Any action on the part of the criminal detainee  
8 that might affect his or her security status with the  
9 Department, including, but not limited to, an escape  
10 attempt, participation in a riot, or a suicide attempt  
11 should be included in the record; and

12 (14) the mittimus or sentence (judgment) order that  
13 provides the following information:

14 (A) the criminal case number, names and citations  
15 of the offenses, judge's name, date of sentence, and,  
16 if applicable, whether the sentences are to be served  
17 concurrently or consecutively;

18 (B) the number of days spent in custody; and

19 (C) if applicable, the calculation of pre-trial  
20 program sentence credit awarded by the court to the  
21 criminal detainee, including, at a minimum,  
22 identification of the type of pre-trial program the  
23 criminal detainee participated in and the number of  
24 eligible days the court finds the criminal detainee  
25 spent in the pre-trial program multiplied by the  
26 calculation factor of 0.5 for the total court-awarded

1 credit.

2 (Source: P.A. 103-745, eff. 1-1-25.)

3 Section 165. The Drug Court Treatment Act is amended by  
4 changing Sections 10, 25, and 30 as follows:

5 (730 ILCS 166/10)

6 Sec. 10. Definitions. As used in this Act:

7 "Certification" means the process by which a  
8 problem-solving court obtains approval from the Supreme Court  
9 to operate in accordance with the Problem-Solving Court  
10 Standards.

11 "Clinical treatment plan" means an evidence-based,  
12 comprehensive, and individualized plan that: (i) is developed  
13 by a qualified professional in accordance with the Department  
14 of Human Services ~~substance use prevention and recovery~~ rules  
15 under 77 Ill. Adm. Code 2060 or an equivalent standard in any  
16 state where treatment may take place; and (ii) defines the  
17 scope of treatment services to be delivered by a court  
18 treatment provider.

19 "Combination drug court program" means a type of  
20 problem-solving court that allows an individual to enter a  
21 problem-solving court before a plea, conviction, or  
22 disposition while also permitting an individual who has  
23 admitted guilt, or been found guilty, to enter a  
24 problem-solving court as a part of the individual's sentence

1 or disposition.

2 "Community behavioral health center" means a physical site  
3 where behavioral healthcare services are provided in  
4 accordance with the Community Behavioral Health Center  
5 Infrastructure Act.

6 "Community mental health center" means an entity:

7 (1) licensed by the Department of Public Health as a  
8 community mental health center in accordance with the  
9 conditions of participation for community mental health  
10 centers established by the Centers for Medicare and  
11 Medicaid Services; and

12 (2) that provides outpatient services, including  
13 specialized outpatient services, for individuals who are  
14 chronically mental ill.

15 "Co-occurring mental health and substance use disorders  
16 court program" means a program that includes an individual  
17 with co-occurring mental illness and substance use disorder  
18 diagnoses and professionals with training and experience in  
19 treating individuals with diagnoses of substance use disorder  
20 and mental illness.

21 "Drug court", "drug court program", "court", or "program"  
22 means a specially designated court, court calendar, or docket  
23 facilitating intensive therapeutic treatment to monitor and  
24 assist participants with substance use disorders in making  
25 positive lifestyle changes and reducing the rate of  
26 recidivism. Drug court programs are nonadversarial in nature

1 and bring together substance use disorder professionals, local  
2 social programs, and monitoring in accordance with the  
3 nationally recommended 10 key components of drug courts and  
4 the Problem-Solving Court Standards. Common features of a drug  
5 court program include, but are not limited to, a designated  
6 judge and staff; specialized intake and screening procedures;  
7 coordinated treatment procedures administered by a trained,  
8 multidisciplinary professional team; close evaluation of  
9 participants, including continued assessments and modification  
10 of the court requirements and use of sanctions, incentives,  
11 and therapeutic adjustments to address behavior; frequent  
12 judicial interaction with participants; less formal court  
13 process and procedures; voluntary participation; and a low  
14 treatment staff-to-client ratio.

15 "Drug court professional" means a member of the drug court  
16 team, including but not limited to a judge, prosecutor,  
17 defense attorney, probation officer, coordinator, or treatment  
18 provider.

19 "Peer recovery coach" means a mentor assigned to a  
20 defendant during participation in a drug treatment court  
21 program who has been trained by the court, a service provider  
22 used by the court for substance use disorder or mental health  
23 treatment, a local service provider with an established peer  
24 recovery coach or mentor program not otherwise used by the  
25 court for treatment, or a Certified Recovery Support  
26 Specialist certified by the Illinois Certification Board.

1 "Peer recovery coach" includes individuals with lived  
2 experiences of the issues the problem-solving court seeks to  
3 address, including, but not limited to, substance use  
4 disorder, mental illness, and co-occurring disorders or  
5 involvement with the criminal justice system. "Peer recovery  
6 coach" includes individuals required to guide and mentor the  
7 participant to successfully complete assigned requirements and  
8 to facilitate participants' independence for continued success  
9 once the supports of the court are no longer available to them.

10 "Post-adjudicatory drug court program" means a program  
11 that allows an individual who has admitted guilt or has been  
12 found guilty, with the defendant's consent, and the approval  
13 of the court, to enter a drug court program as part of the  
14 defendant's sentence or disposition.

15 "Pre-adjudicatory drug court program" means a program that  
16 allows the defendant, with the defendant's consent and the  
17 approval of the court, to enter the drug court program before  
18 plea, conviction, or disposition and requires successful  
19 completion of the drug court program as part of the agreement.

20 "Problem-Solving Court Standards" means the statewide  
21 standards adopted by the Supreme Court that set forth the  
22 minimum requirements for the planning, establishment,  
23 certification, operation, and evaluation of all  
24 problem-solving courts in this State.

25 "Validated clinical assessment" means a validated  
26 assessment tool administered by a qualified clinician to

1 determine the treatment needs of participants. "Validated  
2 clinical assessment" includes assessment tools required by  
3 public or private insurance.

4 (Source: P.A. 102-1041, eff. 6-2-22.)

5 (730 ILCS 166/25)

6 Sec. 25. Procedure.

7 (a) A screening and clinical needs assessment and risk  
8 assessment of the defendant shall be performed as required by  
9 the court's policies and procedures prior to the defendant's  
10 admission into a drug court. The clinical needs assessment  
11 shall be conducted in accordance with the Department of Human  
12 Services ~~substance use prevention and recovery~~ rules under 77  
13 Ill. Adm. Code 2060. The assessment shall include, but is not  
14 limited to, assessments of substance use and mental and  
15 behavioral health needs. The assessment shall be administered  
16 by individuals approved under the Department of Human Services  
17 ~~substance use prevention and recovery~~ rules for professional  
18 staff under 77 Ill. Adm. Code 2060 and used to inform any  
19 clinical treatment plans. Clinical treatment plans shall be  
20 developed in accordance with the Problem-Solving Court  
21 Standards and in part upon the known availability of treatment  
22 resources.

23 Any risk assessment shall be performed using an assessment  
24 tool approved by the Administrative Office of the Illinois  
25 Courts and as required by the court's policies and procedures.

1           An assessment need not be ordered if the court finds a  
2 valid assessment related to the present charge pending against  
3 the defendant has been completed within the previous 60 days.

4           (b) The judge shall inform the defendant that if the  
5 defendant fails to meet the conditions of the drug court  
6 program, eligibility to participate in the program may be  
7 revoked and the defendant may be sentenced or the prosecution  
8 continued as provided in the Unified Code of Corrections for  
9 the crime charged.

10           (c) The defendant shall execute a written agreement as to  
11 his or her participation in the program and shall agree to all  
12 of the terms and conditions of the program, including but not  
13 limited to the possibility of sanctions or incarceration for  
14 failing to abide or comply with the terms of the program.

15           (d) In addition to any conditions authorized under the  
16 Pretrial Services Act and Section 5-6-3 of the Unified Code of  
17 Corrections, the court may order the participant to complete  
18 mental health counseling or substance use disorder treatment  
19 in an outpatient or residential treatment program and may  
20 order the participant to comply with physicians'  
21 recommendations regarding medications and all follow-up  
22 treatment for any mental health diagnosis made by the  
23 provider. Substance use disorder treatment programs must be  
24 licensed by the Department of Human Services in accordance  
25 with the Department of Human Services ~~substance use prevention~~  
26 ~~and recovery~~ rules, or an equivalent standard in any other

1 state where the treatment may take place, and use  
2 evidence-based treatment. When referring participants to  
3 mental health treatment programs, the court shall prioritize  
4 providers certified as community mental health or behavioral  
5 health centers if possible. The court shall consider the least  
6 restrictive treatment option when ordering mental health or  
7 substance use disorder treatment for participants and the  
8 results of clinical and risk assessments in accordance with  
9 the Problem-Solving Court Standards.

10 (e) The drug court program shall include a regimen of  
11 graduated requirements, including fines, fees, costs,  
12 restitution, individual and group therapy, substance analysis  
13 testing, close monitoring by the court, restitution,  
14 educational or vocational counseling as appropriate, and other  
15 requirements necessary to fulfill the drug court program.  
16 Program phases, therapeutic adjustments, incentives, and  
17 sanctions, including the use of jail sanctions, shall be  
18 administered in accordance with evidence-based practices and  
19 the Problem-Solving Court Standards. A participant's failure  
20 to pay program fines or fees shall not prevent the participant  
21 from advancing phases or successfully completing the program.  
22 If the participant needs treatment for an opioid use disorder  
23 or dependence, the court may not prohibit the participant from  
24 receiving medication-assisted treatment under the care of a  
25 physician licensed in this State to practice medicine in all  
26 of its branches. Drug court participants may not be required

1 to refrain from using medication-assisted treatment as a term  
2 or condition of successful completion of the drug court  
3 program.

4 (f) Recognizing that individuals struggling with mental  
5 health, substance use, and related co-occurring disorders have  
6 often experienced trauma, drug court programs may include  
7 specialized service programs specifically designed to address  
8 trauma. These specialized services may be offered to  
9 individuals admitted to the drug court program. Judicial  
10 circuits establishing these specialized programs shall partner  
11 with advocates, survivors, and service providers in the  
12 development of the programs. Trauma-informed services and  
13 programming shall be operated in accordance with  
14 evidence-based best practices as outlined by the Substance  
15 Abuse and Mental Health Service Administration's National  
16 Center for Trauma-Informed Care.

17 (g) The court may establish a mentorship program that  
18 provides access and support to program participants by peer  
19 recovery coaches. Courts shall be responsible to administer  
20 the mentorship program with the support of mentors and local  
21 mental health and substance use disorder treatment  
22 organizations.

23 (Source: P.A. 102-1041, eff. 6-2-22.)

24 (730 ILCS 166/30)

25 Sec. 30. Mental health and substance use disorder

1 treatment.

2 (a) The drug court program shall maintain a network of  
3 substance use disorder treatment programs representing a  
4 continuum of graduated substance use disorder treatment  
5 options commensurate with the needs of the participant.

6 (b) Any substance use disorder treatment program to which  
7 participants are referred must hold a valid license from the  
8 Department of Human Services ~~Division of Substance Use~~  
9 ~~Prevention and Recovery~~, use evidence-based treatment, and  
10 deliver all services in accordance with 77 Ill. Adm. Code  
11 2060, including services available through the United States  
12 Department of Veterans Affairs, the Illinois Department of  
13 Veterans Affairs, or Veterans Assistance Commission, or an  
14 equivalent standard in any other state where treatment may  
15 take place.

16 (c) The drug court program may, at its discretion, employ  
17 additional services or interventions, as it deems necessary on  
18 a case by case basis.

19 (d) The drug court program may maintain or collaborate  
20 with a network of mental health treatment programs  
21 representing a continuum of treatment options commensurate  
22 with the needs of the participant and available resources,  
23 including programs with the State and community-based programs  
24 supported and sanctioned by the State. Partnerships with  
25 providers certified as mental health or behavioral health  
26 centers shall be prioritized when possible.

1 (Source: P.A. 104-234, eff. 8-15-25.)

2 Section 170. The Veterans and Servicemembers Court  
3 Treatment Act is amended by changing Sections 10, 25, and 30 as  
4 follows:

5 (730 ILCS 167/10)

6 Sec. 10. Definitions. In this Act:

7 "Certification" means the process by which a  
8 problem-solving court obtains approval from the Supreme Court  
9 to operate in accordance with the Problem-Solving Court  
10 Standards.

11 "Clinical treatment plan" means an evidence-based,  
12 comprehensive, and individualized plan that: (i) is developed  
13 by a qualified professional in accordance with the Department  
14 of Human Services ~~substance use prevention and recovery~~ rules  
15 under 77 Ill. Adm. Code 2060 or an equivalent standard in any  
16 state where treatment may take place; and (ii) defines the  
17 scope of treatment services to be delivered by a court  
18 treatment provider.

19 "Combination Veterans and Servicemembers court program"  
20 means a type of problem-solving court that allows an  
21 individual to enter a problem-solving court before a plea,  
22 conviction, or disposition while also permitting an individual  
23 who has admitted guilt, or been found guilty, to enter a  
24 problem-solving court as a part of the individual's sentence

1 or disposition.

2 "Community behavioral health center" means a physical site  
3 where behavioral healthcare services are provided in  
4 accordance with the Community Behavioral Health Center  
5 Infrastructure Act.

6 "Community mental health center" means an entity:

7 (1) licensed by the Department of Public Health as a  
8 community mental health center in accordance with the  
9 conditions of participation for community mental health  
10 centers established by the Centers for Medicare and  
11 Medicaid Services; and

12 (2) that provides outpatient services, including  
13 specialized outpatient services, for individuals who are  
14 chronically mental ill.

15 "Co-occurring mental health and substance use disorders  
16 court program" means a program that includes an individual  
17 with co-occurring mental illness and substance use disorder  
18 diagnoses and professionals with training and experience in  
19 treating individuals with diagnoses of substance use disorder  
20 and mental illness.

21 "Court" means veterans and servicemembers court.

22 "IDVA" means the Illinois Department of Veterans Affairs.

23 "Peer recovery coach" means a veteran mentor as defined  
24 nationally by Justice for Vets and assigned to a veteran or  
25 servicemember during participation in a veteran treatment  
26 court program who has been approved by the court, and trained

1 according to curriculum recommended by Justice for Vets, a  
2 service provider used by the court for substance use disorder  
3 or mental health treatment, a local service provider with an  
4 established peer recovery coach or mentor program not  
5 otherwise used by the court for treatment, or a Certified  
6 Recovery Support Specialist certified by the Illinois  
7 Certification Board. "Peer recovery coach" includes  
8 individuals with lived experiences of the issues the  
9 problem-solving court seeks to address, including, but not  
10 limited to, substance use disorder, mental illness, and  
11 co-occurring disorders or involvement with the criminal  
12 justice system. "Peer recovery coach" includes individuals  
13 required to guide and mentor the participant to successfully  
14 complete assigned requirements and to facilitate participants'  
15 independence for continued success once the supports of the  
16 court are no longer available to them.

17 "Post-adjudicatory veterans and servicemembers court  
18 program" means a program that allows a defendant who has  
19 admitted guilt or has been found guilty and agrees, with the  
20 defendant's consent, and the approval of the court, to enter a  
21 veterans and servicemembers court program as part of the  
22 defendant's sentence or disposition.

23 "Pre-adjudicatory veterans and servicemembers court  
24 program" means a program that allows the defendant, with the  
25 defendant's consent and the approval of the court, to enter  
26 the Veterans and Servicemembers Court program before plea,

1 conviction, or disposition and requires successful completion  
2 of the Veterans and Servicemembers Court programs as part of  
3 the agreement.

4 "Problem-Solving Court Standards" means the statewide  
5 standards adopted by the Supreme Court that set forth the  
6 minimum requirements for the planning, establishment,  
7 certification, operation, and evaluation of all  
8 problem-solving courts in this State.

9 "Servicemember" means a person who is currently serving in  
10 the Army, Air Force, Marines, Navy, or Coast Guard on active  
11 duty, reserve status or in the National Guard.

12 "VA" means the United States Department of Veterans  
13 Affairs.

14 "VAC" means a veterans assistance commission.

15 "Validated clinical assessment" means a validated  
16 assessment tool administered by a qualified clinician to  
17 determine the treatment needs of participants. "Validated  
18 clinical assessment" includes assessment tools required by  
19 public or private insurance.

20 "Veteran" means a person who previously served as an  
21 active servicemember.

22 "Veterans and servicemembers court professional" means a  
23 member of the veterans and servicemembers court team,  
24 including, but not limited to, a judge, prosecutor, defense  
25 attorney, probation officer, coordinator, treatment provider.

26 "Veterans and servicemembers court", "veterans and

1 servicemembers court program", "court", or "program" means a  
2 specially designated court, court calendar, or docket  
3 facilitating intensive therapeutic treatment to monitor and  
4 assist veteran or servicemember participants with substance  
5 use disorder, mental illness, co-occurring disorders, or other  
6 assessed treatment needs of eligible veteran and servicemember  
7 participants and in making positive lifestyle changes and  
8 reducing the rate of recidivism. Veterans and servicemembers  
9 court programs are nonadversarial in nature and bring together  
10 substance use disorder professionals, mental health  
11 professionals, VA professionals, local social programs, and  
12 intensive judicial monitoring in accordance with the  
13 nationally recommended 10 key components of veterans treatment  
14 courts and the Problem-Solving Court Standards. Common  
15 features of a veterans and servicemembers court program  
16 include, but are not limited to, a designated judge and staff;  
17 specialized intake and screening procedures; coordinated  
18 treatment procedures administered by a trained,  
19 multidisciplinary professional team; close evaluation of  
20 participants, including continued assessments and modification  
21 of the court requirements and use of sanctions, incentives,  
22 and therapeutic adjustments to address behavior; frequent  
23 judicial interaction with participants; less formal court  
24 process and procedures; voluntary participation; and a low  
25 treatment staff-to-client ratio.

26 (Source: P.A. 104-234, eff. 8-15-25.)

1 (730 ILCS 167/25)

2 Sec. 25. Procedure.

3 (a) A screening and clinical needs assessment and risk  
4 assessment of the defendant shall be performed as required by  
5 the court's policies and procedures prior to the defendant's  
6 admission into a veteran and servicemembers court. The  
7 assessment shall be conducted through the VA, VAC, and/or the  
8 IDVA to provide information on the defendant's veteran or  
9 servicemember status.

10 Any risk assessment shall be performed using an assessment  
11 tool approved by the Administrative Office of the Illinois  
12 Courts and as required by the court's policies and procedures.

13 (b) A mental health and substance use disorder screening  
14 and assessment of the defendant shall be performed by the VA,  
15 VAC, or by the IDVA, or as otherwise outlined and as required  
16 by the court's policies and procedures. The assessment shall  
17 include, but is not limited to, assessments of substance use  
18 and mental and behavioral health needs. The clinical needs  
19 assessment shall be administered by a qualified professional  
20 of the VA, VAC, or IDVA, or individuals who meet the Department  
21 of Human Services ~~substance use prevention and recovery~~ rules  
22 for professional staff under 77 Ill. Adm. Code 2060, or an  
23 equivalent standard in any other state where treatment may  
24 take place, and used to inform any clinical treatment plans.  
25 Clinical treatment plans shall be developed, in accordance

1 with the Problem-Solving Court Standards and be based, in  
2 part, upon the known availability of treatment resources  
3 available to the veterans and servicemembers court. An  
4 assessment need not be ordered if the court finds a valid  
5 screening or assessment related to the present charge pending  
6 against the defendant has been completed within the previous  
7 60 days.

8 (c) The judge shall inform the defendant that if the  
9 defendant fails to meet the conditions of the veterans and  
10 servicemembers court program, eligibility to participate in  
11 the program may be revoked and the defendant may be sentenced  
12 or the prosecution continued as provided in the Unified Code  
13 of Corrections for the crime charged.

14 (d) The defendant shall execute a written agreement with  
15 the court as to the defendant's participation in the program  
16 and shall agree to all of the terms and conditions of the  
17 program, including but not limited to the possibility of  
18 sanctions or incarceration for failing to abide or comply with  
19 the terms of the program.

20 (e) In addition to any conditions authorized under the  
21 Pretrial Services Act and Section 5-6-3 of the Unified Code of  
22 Corrections, the court may order the participant to complete  
23 mental health counseling or substance use disorder treatment  
24 in an outpatient or residential treatment program and may  
25 order the participant to comply with physicians'  
26 recommendations regarding medications and all follow-up

1 treatment for any mental health diagnosis made by the  
2 provider. Substance use disorder treatment programs must be  
3 licensed by the Department of Human Services in accordance  
4 with the Department of Human Services ~~substance use prevention~~  
5 ~~and recovery~~ rules, or an equivalent standard in any other  
6 state where the treatment may take place, and use  
7 evidence-based treatment. When referring participants to  
8 mental health treatment programs, the court shall prioritize  
9 providers certified as community mental health or behavioral  
10 health centers if possible. The court shall consider the least  
11 restrictive treatment option when ordering mental health or  
12 substance use disorder treatment for participants and the  
13 results of clinical and risk assessments in accordance with  
14 the Problem-Solving Court Standards.

15 (e-5) The veterans and servicemembers court shall include  
16 a regimen of graduated requirements, including individual and  
17 group therapy, substance analysis testing, close monitoring by  
18 the court, supervision of progress, restitution, educational  
19 or vocational counseling as appropriate, and other  
20 requirements necessary to fulfill the veterans and  
21 servicemembers court program. Program phases, therapeutic  
22 adjustments, incentives, and sanctions, including the use of  
23 jail sanctions, shall be administered in accordance with  
24 evidence-based practices and the Problem-Solving Court  
25 Standards. If the participant needs treatment for an opioid  
26 use disorder or dependence, the court may not prohibit the

1 participant from receiving medication-assisted treatment under  
2 the care of a physician licensed in this State to practice  
3 medicine in all of its branches. Veterans and servicemembers  
4 court participants may not be required to refrain from using  
5 medication-assisted treatment as a term or condition of  
6 successful completion of the veteran and servicemembers court  
7 program.

8 (e-10) Recognizing that individuals struggling with mental  
9 health, substance use, and related co-occurring disorders have  
10 often experienced trauma, veterans and servicemembers court  
11 programs may include specialized service programs specifically  
12 designed to address trauma. These specialized services may be  
13 offered to individuals admitted to the veterans and  
14 servicemembers court program. Judicial circuits establishing  
15 these specialized programs shall partner with advocates,  
16 survivors, and service providers in the development of the  
17 programs. Trauma-informed services and programming shall be  
18 operated in accordance with evidence-based best practices as  
19 outlined by the Substance Abuse and Mental Health Service  
20 Administration's National Center for Trauma-Informed Care  
21 (SAMHSA).

22 (f) The Court may establish a mentorship program that  
23 provides access and support to program participants by peer  
24 recovery coaches. Courts shall be responsible to administer  
25 the mentorship program with the support of volunteer veterans  
26 and local veteran service organizations, including a VAC. Peer

1 recovery coaches shall be trained and certified by the Court  
2 prior to being assigned to participants in the program.

3 (Source: P.A. 102-1041, eff. 6-2-22.)

4 (730 ILCS 167/30)

5 Sec. 30. Mental health and substance use disorder  
6 treatment.

7 (a) The veterans and servicemembers court program may  
8 maintain a network of substance use disorder treatment  
9 programs representing a continuum of graduated substance use  
10 disorder treatment options commensurate with the needs of  
11 participants; these shall include programs with the VA, IDVA,  
12 a VAC, the State, and community-based programs supported and  
13 sanctioned by either or both.

14 (b) Any substance use disorder treatment program to which  
15 participants are referred must hold a valid license from the  
16 Department of Human Services ~~Division of Substance Use~~  
17 ~~Prevention and Recovery~~, use evidence-based treatment, and  
18 deliver all services in accordance with 77 Ill. Adm. code  
19 2060, including services available through the VA, IDVA or  
20 VAC, or an equivalent standard in any other state where  
21 treatment may take place.

22 (c) The veterans and servicemembers court program may, in  
23 its discretion, employ additional services or interventions,  
24 as it deems necessary on a case by case basis.

25 (d) The veterans and servicemembers court program may

1 maintain or collaborate with a network of mental health  
2 treatment programs and, if it is a co-occurring mental health  
3 and substance use disorders court program, a network of  
4 substance use disorder treatment programs representing a  
5 continuum of treatment options commensurate with the needs of  
6 the participant and available resources including programs  
7 with the VA, the IDVA, a VAC, and the State of Illinois. When  
8 not using mental health treatment or services available  
9 through the VA, IDVA, or VAC, partnerships with providers  
10 certified as community mental health or behavioral health  
11 centers shall be prioritized, as possible.

12 (Source: P.A. 102-1041, eff. 6-2-22.)

13 Section 175. The Mental Health Court Treatment Act is  
14 amended by changing Sections 10, 25, and 30 as follows:

15 (730 ILCS 168/10)

16 Sec. 10. Definitions. As used in this Act:

17 "Certification" means the process by which a  
18 problem-solving court obtains approval from the Supreme Court  
19 to operate in accordance with the Problem-Solving Court  
20 Standards.

21 "Clinical treatment plan" means an evidence-based,  
22 comprehensive, and individualized plan that: (i) is developed  
23 by a qualified professional in accordance with Department of  
24 Human Services ~~substance use prevention and recovery~~ rules

1 under 77 Ill. Adm. Code 2060 or an equivalent standard in any  
2 state where treatment may take place; and (ii) defines the  
3 scope of treatment services to be delivered by a court  
4 treatment provider.

5 "Combination mental health court program" means a type of  
6 problem-solving court that allows an individual to enter a  
7 problem-solving court before a plea, conviction, or  
8 disposition while also permitting an individual who has  
9 admitted guilt, or been found guilty, to enter a  
10 problem-solving court as a part of the individual's sentence  
11 or disposition.

12 "Community behavioral health center" means a physical site  
13 where behavioral healthcare services are provided in  
14 accordance with the Community Behavioral Health Center  
15 Infrastructure Act.

16 "Community mental health center" means an entity:

17 (1) licensed by the Department of Public Health as a  
18 community mental health center in accordance with the  
19 conditions of participation for community mental health  
20 centers established by the Centers for Medicare and  
21 Medicaid Services; and

22 (2) that provides outpatient services, including  
23 specialized outpatient services, for individuals who are  
24 chronically mental ill.

25 "Co-occurring mental health and substance use disorders  
26 court program" means a program that includes an individual

1 with co-occurring mental illness and substance use disorder  
2 diagnoses and professionals with training and experience in  
3 treating individuals with diagnoses of substance use disorder  
4 and mental illness.

5 "Mental health court", "mental health court program",  
6 "court", or "program" means a specially designated court,  
7 court calendar, or docket facilitating intensive therapeutic  
8 treatment to monitor and assist participants with mental  
9 illness in making positive lifestyle changes and reducing the  
10 rate of recidivism. Mental health court programs are  
11 nonadversarial in nature and bring together mental health  
12 professionals and local social programs in accordance with the  
13 Bureau of Justice Assistance and Council of State Governments  
14 Justice Center's Essential Elements of a Mental Health Court  
15 and the Problem-Solving Court Standards. Common features of a  
16 mental health court program include, but are not limited to, a  
17 designated judge and staff; specialized intake and screening  
18 procedures; coordinated treatment procedures administered by a  
19 trained, multidisciplinary professional team; close evaluation  
20 of participants, including continued assessments and  
21 modification of the court requirements and use of sanctions,  
22 incentives, and therapeutic adjustments to address behavior;  
23 frequent judicial interaction with participants; less formal  
24 court process and procedures; voluntary participation; and a  
25 low treatment staff-to-client ratio.

26 "Mental health court professional" means a member of the

1 mental health court team, including but not limited to a  
2 judge, prosecutor, defense attorney, probation officer,  
3 coordinator, or treatment provider.

4 "Peer recovery coach" means a mentor assigned to a  
5 defendant during participation in a mental health treatment  
6 court program who has been trained by the court, a service  
7 provider used by the court for substance use disorder or  
8 mental health treatment, a local service provider with an  
9 established peer recovery coach or mentor program not  
10 otherwise used by the court for treatment, or a Certified  
11 Recovery Support Specialist certified by the Illinois  
12 Certification Board. "Peer recovery coach" includes  
13 individuals with lived experiences of the issues the  
14 problem-solving court seeks to address, including, but not  
15 limited to, substance use disorder, mental illness, and  
16 co-occurring disorders or involvement with the criminal  
17 justice system. "Peer recovery coach" includes individuals  
18 required to guide and mentor the participant to successfully  
19 complete assigned requirements and to facilitate participants'  
20 independence for continued success once the supports of the  
21 court are no longer available to them.

22 "Post-adjudicatory mental health court program" means a  
23 program that allows an individual who has admitted guilt or  
24 has been found guilty, with the defendant's consent, and the  
25 approval of the court, to enter a mental health court program  
26 as part of the defendant's sentence or disposition.

1 "Pre-adjudicatory mental health court program" means a  
2 program that allows the defendant, with the defendant's  
3 consent and the approval of the court, to enter the mental  
4 health court program before plea, conviction, or disposition  
5 and requires successful completion of the mental health court  
6 program as part of the agreement.

7 "Problem-Solving Court Standards" means the statewide  
8 standards adopted by the Supreme Court that set forth the  
9 minimum requirements for the planning, establishment,  
10 certification, operation, and evaluation of all  
11 problem-solving courts in this State.

12 "Validated clinical assessment" means a validated  
13 assessment tool administered by a qualified clinician to  
14 determine the treatment needs of participants. "Validated  
15 clinical assessment" includes assessment tools required by  
16 public or private insurance.

17 (Source: P.A. 102-1041, eff. 6-2-22.)

18 (730 ILCS 168/25)

19 Sec. 25. Procedure.

20 (a) An eligibility screening and an assessment of the  
21 defendant shall be performed as required by the court's  
22 policies and procedures. The assessment shall include a  
23 validated clinical assessment. The clinical assessment shall  
24 include, but is not limited to, assessments of substance use  
25 and mental and behavioral health needs. The clinical

1 assessment shall be administered by a qualified professional  
2 and used to inform any clinical treatment plans. Clinical  
3 treatment plans shall be developed, in part, upon the known  
4 availability of treatment resources available. Assessments for  
5 substance use disorder shall be conducted in accordance with  
6 the Department of Human Services ~~substance use prevention and~~  
7 ~~recovery~~ rules contained in 77 Ill. Adm. Code 2060 or an  
8 equivalent standard in any other state where treatment may  
9 take place, and conducted by individuals who meet the  
10 Department of Human Services ~~substance use prevention and~~  
11 ~~recovery~~ rules for professional staff also contained within  
12 that Code, or an equivalent standard in any other state where  
13 treatment may take place. The assessments shall be used to  
14 inform any clinical treatment plans. Clinical treatment plans  
15 shall be developed in accordance with Problem-Solving Court  
16 Standards and, in part, upon the known availability of  
17 treatment resources. An assessment need not be ordered if the  
18 court finds a valid assessment related to the present charge  
19 pending against the defendant has been completed within the  
20 previous 60 days.

21 (b) The judge shall inform the defendant that if the  
22 defendant fails to meet the conditions of the mental health  
23 court program, eligibility to participate in the program may  
24 be revoked and the defendant may be sentenced or the  
25 prosecution continued as provided in the Unified Code of  
26 Corrections for the crime charged.

1 (c) The defendant shall execute a written agreement as to  
2 his or her participation in the program and shall agree to all  
3 of the terms and conditions of the program, including but not  
4 limited to the possibility of sanctions or incarceration for  
5 failing to abide or comply with the terms of the program.

6 (d) In addition to any conditions authorized under the  
7 Pretrial Services Act and Section 5-6-3 of the Unified Code of  
8 Corrections, the court may order the participant to complete  
9 mental health counseling or substance use disorder treatment  
10 in an outpatient or residential treatment program and may  
11 order the participant to comply with physicians'  
12 recommendations regarding medications and all follow-up  
13 treatment for any mental health diagnosis made by the  
14 provider. Substance use disorder treatment programs must be  
15 licensed by the Department of Human Services in accordance  
16 with the Department of Human Services ~~substance use prevention~~  
17 ~~and recovery~~ rules, or an equivalent standard in any other  
18 state where the treatment may take place, and use  
19 evidence-based treatment. When referring participants to  
20 mental health treatment programs, the court shall prioritize  
21 providers certified as community mental health or behavioral  
22 health centers if possible. The court shall consider the least  
23 restrictive treatment option when ordering mental health or  
24 substance use disorder treatment for participants and the  
25 results of clinical and risk assessments in accordance with  
26 the Problem-Solving Court Standards.

1 (e) The mental health court program shall include a  
2 regimen of graduated requirements, including fines, fees,  
3 costs, restitution, individual and group therapy, medication,  
4 substance analysis testing, close monitoring by the court,  
5 supervision of progress, restitution, educational or  
6 vocational counseling as appropriate, and other requirements  
7 necessary to fulfill the mental health court program. Program  
8 phases, therapeutic adjustments, incentives, and sanctions,  
9 including the use of jail sanctions, shall be administered in  
10 accordance with evidence-based practices and the  
11 Problem-Solving Court Standards. A participant's failure to  
12 pay program fines or fees shall not prevent the participant  
13 from advancing phases or successfully completing the program.  
14 If the participant needs treatment for an opioid use disorder  
15 or dependence, the court may not prohibit the participant from  
16 receiving medication-assisted treatment under the care of a  
17 physician licensed in this State to practice medicine in all  
18 of its branches. Mental health court participants may not be  
19 required to refrain from using medication-assisted treatment  
20 as a term or condition of successful completion of the mental  
21 health court program.

22 (f) The mental health court program may maintain or  
23 collaborate with a network of mental health treatment programs  
24 and, if it is a co-occurring mental health and substance use  
25 disorders court program, a network of substance use disorder  
26 treatment programs representing a continuum of treatment

1 options commensurate with the needs of the participant and  
2 available resources, including programs of this State.

3 (g) Recognizing that individuals struggling with mental  
4 health, addiction, and related co-occurring disorders have  
5 often experienced trauma, mental health court programs may  
6 include specialized service programs specifically designed to  
7 address trauma. These specialized services may be offered to  
8 individuals admitted to the mental health court program.  
9 Judicial circuits establishing these specialized programs  
10 shall partner with advocates, survivors, and service providers  
11 in the development of the programs. Trauma-informed services  
12 and programming shall be operated in accordance with  
13 evidence-based best practices as outlined by the Substance  
14 Abuse and Mental Health Service Administration's National  
15 Center for Trauma-Informed Care.

16 (h) The court may establish a mentorship program that  
17 provides access and support to program participants by peer  
18 recovery coaches. Courts shall be responsible to administer  
19 the mentorship program with the support of mentors and local  
20 mental health and substance use disorder treatment  
21 organizations.

22 (Source: P.A. 102-1041, eff. 6-2-22.)

23 (730 ILCS 168/30)

24 Sec. 30. Mental health and substance use disorder  
25 treatment.

1 (a) The mental health court program may maintain or  
2 collaborate with a network of mental health treatment programs  
3 and, if it is a co-occurring mental health and substance use  
4 disorders court program, a network of substance use disorder  
5 treatment programs representing a continuum of treatment  
6 options commensurate with the needs of participants and  
7 available resources.

8 (b) Any substance use disorder treatment program to which  
9 participants are referred must hold a valid license from the  
10 Department of Human Services ~~Division of Substance Use~~  
11 ~~Prevention and Recovery~~, use evidence-based treatment, and  
12 deliver all services in accordance with 77 Ill. Adm. Code  
13 2060, including services available through the United States  
14 Department of Veterans Affairs, the Illinois Department of  
15 Veterans Affairs, or the Veterans Assistance Commission, or an  
16 equivalent standard in any other state where treatment may  
17 take place.

18 (c) The mental health court program may, at its  
19 discretion, employ additional services or interventions, as it  
20 deems necessary on a case by case basis.

21 (Source: P.A. 102-1041, eff. 6-2-22.)

22 Section 180. The Consumer Fraud and Deceptive Business  
23 Practices Act is amended by changing Section 2VVV as follows:

24 (815 ILCS 505/2VVV)

1           Sec. 2VVV. Deceptive marketing, advertising, and sale of  
2 mental health disorder and substance use disorder treatment.

3           (a) As used in this Section:

4           "Facility" has the meaning ascribed to that term in  
5 Section 1-10 of the Substance Use Disorder Act when used in  
6 reference to a facility that provides substance use disorder  
7 treatment. "Facility" has the same meaning as "mental health  
8 facility" under Section 1-114 of the Mental Health and  
9 Developmental Disabilities Code when used in reference to a  
10 facility that provides mental health disorder treatment.

11           "Hospital affiliate" has the meaning ascribed to that term  
12 in Section 10.8 of the Hospital Licensing Act.

13           "Mental health disorder" has the same meaning as "mental  
14 illness" under Section 1-129 of the Mental Health and  
15 Developmental Disabilities Code.

16           "Program" means a licensable or fundable activity or  
17 service, or a coordinated range of such activities or  
18 services, established or licensed by the Department of Human  
19 Services.

20           "Substance use disorder" has the same meaning as  
21 "substance abuse" under Section 1-10 of the Substance Use  
22 Disorder Act.

23           "Treatment" has the meaning ascribed to that term in  
24 Section 1-10 of the Substance Use Disorder Act when used in  
25 reference to treatment for a substance use disorder.

26           "Treatment" has the meaning ascribed to that term in Section

1 1-128 of the Mental Health and Developmental Disabilities Code  
2 when used in reference to treatment for a mental health  
3 disorder.

4 (b) It is an unlawful practice for any person to engage in  
5 misleading or false advertising or promotion that  
6 misrepresents the need to seek mental health disorder or  
7 substance use disorder treatment outside of the State of  
8 Illinois.

9 (c) Any marketing, advertising, promotional, or sales  
10 materials directed to Illinois residents concerning mental  
11 health disorder or substance use disorder treatment must:

12 (1) prominently display or announce the full physical  
13 address of the treatment program or facility;

14 (2) display whether the treatment program or facility  
15 is licensed in the State of Illinois;

16 (3) display whether the treatment program or facility  
17 has locations in Illinois;

18 (4) display whether the services provided by the  
19 treatment program or facility are covered by an insurance  
20 policy issued to an Illinois resident;

21 (5) display whether the treatment program or facility  
22 is an in-network or out-of-network provider;

23 (6) include a link to the Internet website for the  
24 Department of Human Services ~~Services' Division of Mental~~  
25 ~~Health and Division of Substance Use Prevention and~~  
26 ~~Recovery~~, or any successor State agency that provides

1 information regarding licensed providers of services; and

2 (7) disclose that mental health disorder and substance  
3 use disorder treatment may be available at a reduced cost  
4 or for free for Illinois residents within the State of  
5 Illinois.

6 (d) It is an unlawful practice for any person to solicit,  
7 offer, or enter into an arrangement under which a patient  
8 seeking mental health disorder or substance use disorder  
9 treatment is referred to a mental health disorder or substance  
10 use disorder treatment program or facility in exchange for a  
11 fee, a percentage of the treatment program's or facility's  
12 revenues that are related to the patient, or any other  
13 remuneration that takes into account the volume or value of  
14 the referrals to the treatment program or facility. Such  
15 practice shall also be considered a violation of the  
16 prohibition against fee splitting in Section 22.2 of the  
17 Medical Practice Act of 1987 and a violation of the Health Care  
18 Worker Self-Referral Act. It is not a violation of this  
19 Section for programs or facilities to enter into personal  
20 services agreements or management services agreements with  
21 third parties that do not take into account the volume or value  
22 of referrals. It is not a violation of this Section for  
23 programs or facilities to provide discounts for treatment  
24 services to clients as long as the discount is based on  
25 financial necessity in accordance with the program's or  
26 facility's charity care plan, regardless of referral source or

1 reason. Compensation paid by programs or facilities to their  
2 employees and independent contractors related to identifying,  
3 locating, and securing referrals to that program or facility  
4 is not a violation of this Section if the amount of  
5 compensation provided to the employee or independent  
6 contractor does not vary based upon the volume or value of such  
7 referrals. This Section does not apply to health insurance  
8 companies, health maintenance organizations, managed care  
9 plans, or organizations, including hospitals and hospital  
10 affiliates licensed in Illinois.

11 (Source: P.A. 101-81, eff. 7-12-19; 102-550, eff. 8-20-21.)

12 (110 ILCS 165/Act rep.)

13 Section 185. The Behavioral Health Workforce Education  
14 Center Task Force Act is repealed.

15 (305 ILCS 5/5-1.5 rep.)

16 Section 190. The Illinois Public Aid Code is amended by  
17 repealing Section 5-1.5.

18 (405 ILCS 90/35 rep.)

19 Section 195. The Health Care Workplace Violence Prevention  
20 Act is amended by repealing Section 35.

21 (405 ILCS 115/Act rep.)

22 Section 200. The Advisory Council on Early Identification

1 and Treatment of Mental Health Conditions Act is repealed.

2 (405 ILCS 140/10 rep.)

3 (405 ILCS 140/15 rep.)

4 Section 205. The Mental Health Inpatient Facility Access  
5 Act is amended by repealing Sections 10 and 15.

6 (405 ILCS 160/Act rep.)

7 Section 210. The Strengthening and Transforming Behavioral  
8 Health Crisis Care in Illinois Act is repealed.

9 Section 995. No acceleration or delay. Where this Act  
10 makes changes in a statute that is represented in this Act by  
11 text that is not yet or no longer in effect (for example, a  
12 Section represented by multiple versions), the use of that  
13 text does not accelerate or delay the taking effect of (i) the  
14 changes made by this Act or (ii) provisions derived from any  
15 other Public Act.

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