

**SB3449**



**101ST GENERAL ASSEMBLY**

**State of Illinois**

**2019 and 2020**

**SB3449**

Introduced 2/14/2020, by Sen. Robert Peters

**SYNOPSIS AS INTRODUCED:**

New Act  
50 ILCS 750/4

from Ch. 134, par. 34

Creates the Community Emergency Services and Support Act. Provides that every unit of local government that provides emergency medical services for individuals with physical health needs must also provide appropriate emergency response services to individuals experiencing a mental or behavioral health emergency. Amends the Emergency Telephone System Act to make conforming changes.

LRB101 19277 RLC 68743 b

FISCAL NOTE ACT  
MAY APPLY

HOME RULE NOTE  
ACT MAY APPLY

**A BILL FOR**

1 AN ACT concerning health.

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

4 Section 1. This Act may be referred to as the Stephon  
5 Edward Watts Act.

6 Section 2. Short title. This Act may be cited as the  
7 Community Emergency Services and Support Act.

8 Section 5. Findings. The General Assembly finds that in  
9 order to promote and protect the health, safety, and welfare of  
10 the public, it is necessary and in the public interest to  
11 provide emergency response, with or without medical  
12 transportation, to individuals requiring mental health or  
13 behavioral health services in a manner that is substantially  
14 equivalent to the response provided to individuals who require  
15 emergency physical health care. An individual who requires an  
16 emergency response to address his or her mental or behavioral  
17 health care needs should have the choice of accessing providers  
18 trained to address mental or behavioral health crises. Whether  
19 an individual experiencing a health emergency receives an  
20 appropriate emergency response from care providers whose  
21 primary occupation is the provision of care and support to  
22 individuals experiencing health crises should not depend on the

1 classification of conditions into categories such as physical,  
2 mental, or behavioral health. Public welfare is best served  
3 when the public has access to substantially equivalent  
4 emergency response options for all health crises.

5 Section 10. Applicability; home rule. This Act applies to  
6 every unit of local government that provides emergency medical  
7 response or transportation for individuals with physical  
8 medical needs. A home rule unit may not respond to or provide  
9 services for a mental or behavioral health emergency or create  
10 a transportation plan or other regulation relating to the  
11 provision of mental or behavioral health services in a manner  
12 inconsistent with this Act. This Act is a limitation under  
13 subsection (i) of Section 6 of Article VII of the Illinois  
14 Constitution on the concurrent exercise by home rule units of  
15 powers and functions exercised by the State.

16 Section 15. Definitions. As used in this Act:

17 "Emergency" means an emergent circumstance caused by a  
18 health condition, regardless of whether it is perceived as  
19 physical, mental, or behavioral in nature, for which an  
20 individual may require prompt care, support, or assessment at  
21 the individual's location.

22 "Mental or behavioral health" means any health condition  
23 involving changes in thinking, emotion or behavior and that the  
24 medical community treats as distinct from physical health care.

1 "Physical health" means a health condition that the medical  
2 community treats as distinct from mental or behavioral health  
3 care.

4 Section 20. Scope. This Act does not limit an individual's  
5 right to control his or her own medical care. No provision of  
6 this Act shall be interpreted in such a way as to limit an  
7 individual's right to choose his or her preferred course of  
8 care or to reject care. No provision of this Act shall be  
9 interpreted to promote or provide justification for the use of  
10 restraints when providing mental or behavioral health care.

11 Section 25. Emergency mental or behavioral health care  
12 response. Every unit of local government that provides  
13 emergency medical services for individuals with physical  
14 health needs must also provide appropriate emergency response  
15 services to individuals experiencing a mental or behavioral  
16 health emergency. This response includes, but is not limited  
17 to, the following factors.

18 (a) Where practicable, the unit of local government must  
19 provide an emergency response for mental or behavioral health  
20 care with response times appropriate to the care requirements  
21 of the individual with an emergency when notified that an  
22 individual is experiencing an emergency.

23 (b) The individuals dispatched to provide emergency  
24 response services or transportation for individuals

1 experiencing mental or behavioral health emergency must have  
2 adequate training in addressing the needs of individuals  
3 experiencing a mental or behavioral health emergency. This  
4 includes training in de-escalation techniques, knowledge of  
5 local community services and supports, and respect for  
6 individuals' dignity and autonomy, including the concepts of  
7 stigma and respectful language. Individuals providing these  
8 services must do so consistently with best practices, which  
9 include respecting the care choices of the individuals  
10 receiving assistance. They must ensure that individuals  
11 experiencing mental or behavioral health crises are diverted  
12 from hospitalization or incarceration whenever possible, and  
13 linked with available appropriate community services.

14 (c) An emergency response may include on-site care where  
15 the individual is located if it does not override the care  
16 decisions of the individual receiving care. Providing care in  
17 the community, through methods like mobile crisis units, is  
18 encouraged. If effective care is provided on site, and if it is  
19 consistent with the care decisions of the individual receiving  
20 the care, further transportation to other medical providers is  
21 not required by this Act.

22 (d) When on-site care is provided, care providers must also  
23 provide appropriate referrals for available community services  
24 if the individual receiving on-site care is not already in a  
25 treatment relationship.

26 (e) When transportation is provided, subject to the care

1 decisions of the individual receiving care, transportation  
2 shall be to the most integrated and least restrictive setting  
3 appropriate in the community, such as to the individual's home  
4 or chosen location, community crisis respite centers, clinic  
5 settings, behavioral health centers, or the offices of  
6 particular medical care providers with existing treatment  
7 relationships to the individual seeking care.

8 (f) This service may not replace any service an educational  
9 institution is required to provide to a student. It shall not  
10 substitute for appropriate special education and related  
11 services schools are required to provide by any law.

12 Section 30. Prohibition of mental and behavioral health  
13 response unit involvement in involuntary commitment. In order  
14 to maintain the appropriate care relationship, in any  
15 jurisdiction that chooses to provide an emergency response  
16 under Section 40 that is both separate from law enforcement and  
17 from the jurisdiction's physical health emergency response  
18 system, the emergency responders for mental and behavioral  
19 health emergencies shall not take any role that would assist in  
20 the involuntary commitment of an individual beyond whatever  
21 reporting requirements they may have under their professional  
22 ethical obligations or under other laws of this state. This  
23 prohibition shall not interfere with any emergency responder's  
24 ability to provide physical health care.

1           Section 35. Prohibition of use of law enforcement for  
2 emergency response or transportation. In any jurisdiction that  
3 provides a system for emergency response for individuals with  
4 physical health needs that is distinct from the jurisdiction's  
5 law enforcement personnel, law enforcement shall not be used to  
6 provide emergency response for an individual when an individual  
7 only requires on-site emergency mental or behavioral health  
8 care, transportation to access health care, or travel between  
9 health care providers, except where no alternative is  
10 available. The transportation shall instead be provided  
11 pursuant to Section 40 of this Act.

12           Section 40. Equivalent law enforcement response. Unless an  
13 individual perceived as requiring mental or behavioral health  
14 care or requesting mental or behavioral health care is involved  
15 in a suspected violation of the criminal laws of this State,  
16 law enforcement shall respond to an individual requiring mental  
17 or behavioral health care in a manner that is equivalent to  
18 their response to an individual requiring physical health care.

19           (1) Standing on its own or in combination with each other,  
20 neither the fact that an individual is experiencing a mental or  
21 behavioral health emergency, nor that an individual has a  
22 mental health, behavioral health or other disability  
23 diagnosis, is sufficient to justify an assessment of threat to  
24 public safety to support a law enforcement response to a  
25 request for emergency response or medical transportation.

1           (2) If, based on their assessment of the threat to public  
2 safety, law enforcement would not accompany medical  
3 transportation responding to a physical medical emergency, law  
4 enforcement may not accompany emergency response or medical  
5 transportation personnel responding to a mental or behavioral  
6 health emergency that presents an equivalent level of threat to  
7 public safety.

8           (3) If law enforcement would typically dispatch medical  
9 response personnel or transportation when they encounter an  
10 individual with a physical health emergency, law enforcement  
11 shall similarly dispatch mental or behavioral health personnel  
12 or medical transportation when they encounter an individual in  
13 a mental or behavioral health emergency.

14           (4) Without regard to an assessment of threat to public  
15 safety, law enforcement may station personnel so that they may  
16 rapidly respond to requests for assistance from emergency  
17 response or medical transportation staff if law enforcement  
18 does not interfere with the provision of emergency response or  
19 transportation services. To the extent practical, not  
20 interfering with services includes remaining sufficiently  
21 distant from or out of sight of the individual receiving care  
22 so that law enforcement presence is unlikely to escalate the  
23 emergency.

24           Section 45. Emergency response equity committees. To  
25 address the requirements of this Act, the Illinois Department



1 of Human Services Division of Mental Health shall establish an  
2 Emergency Response Equity Committee in each Emergency Medical  
3 Services (EMS) Region for the purpose of developing and, as  
4 appropriate, amending 2 plans setting regional guidance and  
5 standards. The Emergency Response Equity Committee shall  
6 create a Regional Response Plan to bring the jurisdiction into  
7 compliance with this Act in situations that are not criminal in  
8 nature, and shall create a Non-Violent Misdemeanor Plan to  
9 coordinate the jurisdiction's response to individuals who  
10 appear to be in a mental or behavioral health emergency while  
11 engaged in conduct alleged to constitute a non-violent  
12 misdemeanor.

13 (a) Each Regional Response Plan shall also establish for  
14 their Region:

15 (1) The specific training program for individuals  
16 providing the response to the mental and behavioral health  
17 crises under this Act. Training shall be done by  
18 individuals with lived experience to the extent available  
19 and shall include guidelines approved by the committee  
20 directing when responders may recommend more restrictive  
21 forms of care, like emergency room settings.

22 (2) The protocol for coordinating the existing 9-1-1  
23 services with the response system required by this Act.

24 (3) Guidance for prioritizing calls for assistance and  
25 maximum response time in relation to the type of emergency  
26 reported.

1           (b) The Regional Response Plan may coordinate with or  
2 include other similar programs, like those operating under the  
3 Children's Mental Health Act of 2003, so long as all the  
4 requirements of all programs are met.

5           (c) The Non-Violent Misdemeanor Plan shall be developed  
6 with the goal of providing the most appropriate mental and  
7 behavioral health care allowable without significant  
8 interference with law enforcement activities and without  
9 further criminal justice involvement. To the greatest extent  
10 practicable, the plan shall seek to first provide  
11 community-based mental or behavioral health services before  
12 addressing law enforcement objectives. The plan must align the  
13 region's emergency response service with municipal and state  
14 efforts to deinstitutionalize people with mental and  
15 behavioral disabilities.

16           (d) Each Emergency Response Equity Committee shall consist  
17 of representatives of the EMS Medical Directors Committee, as  
18 constituted under the Emergency Medical Services (EMS) Systems  
19 Act, or other similar committee serving the medical needs of  
20 the jurisdiction; representatives of law enforcement officials  
21 with jurisdiction in the Emergency Medical Services (EMS)  
22 Regions, and advocates from the mental health, behavioral  
23 health, intellectual disability, and developmental disability  
24 communities. The majority of advocates on the Emergency  
25 Response Equity Committee must either be individuals with a  
26 lived experience of a condition commonly regarded as a mental

1 health or behavioral health condition, developmental  
2 disability, or intellectual disability, or be from  
3 organizations primarily composed of such individuals. The  
4 members of the Committee shall also reflect the racial  
5 demographics of the jurisdiction served. Subject to the  
6 oversight of the Illinois Department of Human Services Division  
7 of Mental Health, the EMS Medical Directors Committee is  
8 responsible for convening the meetings of the committee.  
9 Interested units of local government may also have  
10 representatives on the committee subject to approval by the  
11 Division of Mental Health and if this participation is  
12 structured in such a way that it does not reduce the influence  
13 of the advocates on the committee.

14 (e) Both plans required by this Section shall be completed  
15 within 6 months after the effective date of this Act, and shall  
16 be reviewed on a bi-annual basis. At the request of any member  
17 of the Emergency Response Equity Committee or by the Division  
18 of Mental Health, the committee shall reconvene outside the  
19 bi-annual review meeting or meetings.

20 Section 55. The Emergency Telephone System Act is amended  
21 by changing Section 4 as follows:

22 (50 ILCS 750/4) (from Ch. 134, par. 34)

23 (Section scheduled to be repealed on December 31, 2020)

24 Sec. 4.

1       (a) Every system shall include police, firefighting, and  
2 emergency medical and ambulance services, and may include other  
3 emergency services. The system may incorporate private  
4 ambulance service. In those areas in which a public safety  
5 agency of the State provides such emergency services, the  
6 system shall include such public safety agencies. Every system  
7 shall dispatch emergency response services for individuals  
8 requiring mental or behavioral health care in compliance with  
9 the requirements of the Community Emergency Services and  
10 Support Act.

11       (b) Every 9-1-1 Authority shall maintain records of the  
12 numbers of calls received, the type of service the caller  
13 requested and the type of service dispatched in response to  
14 each call. For emergency medical and ambulance services, the  
15 records shall indicate whether physical, mental or behavioral  
16 health response or transportation were requested, and what type  
17 of response or transportation was dispatched. When a mental or  
18 behavioral health response is requested at a primary, secondary  
19 or post-secondary educational institution, the 9-1-1 Authority  
20 shall record which type of educational institution was  
21 involved. Broken down geographically by police district, every  
22 9-1-1 Authority shall create aggregated, non-individualized  
23 monthly reports detailing the system's activities, including  
24 the frequency of dispatch of each type of service and the  
25 information required to be collected by this Section. These  
26 reports shall be available to both the Emergency Response

1 Equity Committees and the Administrator of the 9-1-1 Authority  
2 for the purpose of conducting an annual analysis of service  
3 gaps and to the public upon request.

4 (Source: P.A. 99-6, eff. 1-1-16; 100-20, eff. 7-1-17.)