



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB4700

Introduced 1/21/2022, by Rep. La Shawn K. Ford

SYNOPSIS AS INTRODUCED:

See Index

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

LRB102 24222 KTG 33451 b

1 AN ACT concerning State government.

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

4 Section 5. The Substance Use Disorder Act is amended by
5 changing Sections 1-5, 1-10, 5-5, 5-10, 5-20, 10-10, 10-15,
6 10-20, 10-25, 10-30, 10-35, 10-40, 10-45, 10-50, 10-55, 10-60,
7 15-10, 20-5, 25-5, 25-10, 30-5, 35-5, 35-10, 40-5, 40-10,
8 40-15, 40-20, 45-5, 45-10, 45-15, 45-20, 45-25, 45-30, 45-35,
9 45-40, 45-45, 45-50, 45-55, 50-5, 50-10, 50-20, 50-25, 50-30,
10 50-40, 55-30, 55-35, and 55-40, as follows:

11 (20 ILCS 301/1-5)

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

1 those struggling with these ~~substance use~~ disorders (and, when
2 appropriate, the families of those persons) to lead healthy
3 lives.

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

9 The provisions of this Act shall be liberally construed to
10 enable the Department to carry out these objectives and
11 purposes.

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

13 (20 ILCS 301/1-10)

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

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

1 "Crime of violence" means any of the following crimes:
2 murder, voluntary manslaughter, criminal sexual assault,
3 aggravated criminal sexual assault, predatory criminal sexual
4 assault of a child, armed robbery, robbery, arson, kidnapping,
5 aggravated battery, aggravated arson, or any other felony that
6 involves the use or threat of physical force or violence
7 against another individual.

8 "Department" means the Department of Human Services.

9 "DUI" means driving under the influence of alcohol or
10 other drugs.

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

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

24 "Facility" means the building or premises are used for the
25 provision of licensable services, including support services,
26 as set forth by rule.

1 ~~"Gambling disorder" means persistent and recurring~~
2 ~~maladaptive gambling behavior that disrupts personal, family,~~
3 ~~or vocational pursuits.~~

4 "Gambling" means the risking of money or other items of
5 value in games of chance, including video gaming, sports
6 betting, and other games of chance.

7 "Gaming" means the action or practice of playing video
8 games.

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

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

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

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

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

16 "Person" means any individual, firm, group, association,
17 partnership, corporation, trust, government or governmental
18 subdivision or agency.

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

1 healthy environments, lifestyles, and behaviors.

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

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

11 "Secretary" means the Secretary of the Department of Human
12 Services or his or her designee.

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

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

25 "Withdrawal management" means services designed to manage
26 intoxication or withdrawal episodes (previously referred to as

1 detoxification), interrupt the momentum of habitual,
2 compulsive substance use and begin the initial engagement in
3 medically necessary substance use disorder treatment.
4 Withdrawal management allows patients to safely withdraw from
5 substances in a controlled medically-structured environment.
6 (Source: P.A. 100-759, eff. 1-1-19.)

7 (20 ILCS 301/5-5)

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

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

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

24 (c) The Department shall, through accountable and
25 efficient leadership, example and commitment to excellence,

1 strive to reduce the incidence of substance use or gambling
2 disorders by:

3 (1) Fostering public understanding of substance use
4 disorders and how they affect individuals, families, and
5 communities.

6 (2) Promoting healthy lifestyles.

7 (3) Promoting understanding and support for sound
8 public policies.

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

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

14 (20 ILCS 301/5-10)

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

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

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

1 (2) Act as the exclusive State agency to accept,
2 receive and expend, pursuant to appropriation, any public
3 or private monies, grants or services, including those
4 received from the federal government or from other State
5 agencies, for the purpose of providing prevention, early
6 intervention, treatment, and other recovery support
7 services for substance use or gambling disorders.

8 (2.5) In partnership with the Department of Healthcare
9 and Family Services, act as one of the principal State
10 agencies for the sole purpose of calculating the
11 maintenance of effort requirement under Section 1930 of
12 Title XIX, Part B, Subpart II of the Public Health Service
13 Act (42 U.S.C. 300x-30) and the Interim Final Rule (45 CFR
14 96.134).

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

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

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

25 The plan developed under this Section shall also
26 contain a report detailing the activities of and progress

1 made through services for the care and treatment of these
2 ~~substance use~~ disorders among pregnant women and mothers
3 and their children established under subsection (j) of
4 Section 35-5.

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

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

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

21 (B) Cooperate with and assist the Illinois
22 Department of Public Health in the establishment,
23 funding and support of programs and services for the
24 promotion of maternal and child health and the
25 prevention and treatment of infectious diseases,
26 including but not limited to HIV infection, especially

1 with respect to those persons who are high risk due to
2 intravenous injection of illegal drugs, or who may
3 have been sexual partners of these individuals, or who
4 may have impaired immune systems as a result of a
5 substance use disorder.

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

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

16 (E) Cooperate with and assist DCFS in carrying out
17 its mandates to:

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

21 (ii) develop services to deal with such
22 disorders.

23 These services may include, but shall not be limited
24 to, programs to prevent or treat substance use or
25 gambling disorders with DCFS clients and their
26 families, identifying child care needs within such

1 treatment, and assistance with other issues as
2 required.

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

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

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

21 (I) (Blank).

22 (5) From monies appropriated to the Department from
23 the Drunk and Drugged Driving Prevention Fund, reimburse
24 DUI evaluation and risk education programs licensed by the
25 Department for providing indigent persons with free or
26 reduced-cost evaluation and risk education services

1 relating to a charge of driving under the influence of
2 alcohol or other drugs.

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

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

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

22 (9) Designate and license providers to conduct
23 screening, assessment, referral and tracking of clients
24 identified by the criminal justice system as having
25 indications of substance use disorders and being eligible
26 to make an election for treatment under Section 40-5 of

1 this Act, and assist in the placement of individuals who
2 are under court order to participate in treatment.

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

7 (11) (Blank).

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

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

23 (14) Award grants and enter into fixed-rate and
24 fee-for-service arrangements with any other department,
25 authority or commission of this State, or any other state
26 or the federal government or with any public or private

1 agency, including the disbursement of funds and furnishing
2 of staff, to effectuate the purposes of this Act.

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

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

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

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

21 (3) Prepare, publish, evaluate, disseminate and serve
22 as a central repository for educational materials dealing
23 with the nature and effects of substance use or gambling
24 disorders. Such materials may deal with the educational
25 needs of the citizens of Illinois, and may include at
26 least pamphlets that describe the causes and effects of

1 fetal alcohol spectrum disorders.

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

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

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

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

22 (8) Cooperate with public and private agencies,
23 organizations, institutions of higher education, and
24 individuals in the development of programs, and to provide
25 technical assistance and consultation services for this
26 purpose.

1 (9) (Blank).

2 (10) (Blank).

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

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

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

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

1 about gambling and related activities; and how to talk
2 about substance use or gambling ~~drugs and alcohol~~. The
3 programs shall be open to all parents.

4 (Source: P.A. 101-10, eff. 6-5-19; 102-538, eff. 8-20-21.)

5 (20 ILCS 301/5-20)

6 Sec. 5-20. Gambling disorders.

7 (a) Subject to appropriation, the Department shall
8 establish a program for public education, research, and
9 training regarding gambling disorders and the treatment and
10 prevention of gambling disorders. Subject to specific
11 appropriation for these stated purposes, the program must
12 include all of the following:

13 (1) Establishment and maintenance of a toll-free
14 hotline and website ~~"800" telephone number~~ to provide
15 crisis counseling and referral services for ~~to~~ families
16 experiencing difficulty related to a ~~as a result of~~
17 gambling disorder ~~disorders~~.

18 (2) Promotion of public awareness regarding the
19 recognition and prevention of gambling disorders.
20 Promotion of public awareness to create a gambling
21 informed State regarding the impact of gambling disorders
22 on individuals, families, and communities and the stigma
23 that surrounds gambling disorders.

24 (3) Facilitation, through in-service training,
25 certification promotion, and other innovative means, of

1 the availability of effective assistance programs for
2 gambling disorders.

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

7 (5) Utilize screening, crisis intervention, treatment,
8 public awareness, prevention, in-service training, and
9 other innovative means, to decrease the incidents of
10 suicide attempts related to a gambling disorder or
11 gambling issues.

12 (b) Subject to appropriation, the Department shall either
13 establish and maintain the program or contract with a private
14 or public entity for the establishment and maintenance of the
15 program. Subject to appropriation, either the Department or
16 the private or public entity shall implement the hotline and
17 website ~~toll-free telephone number~~, promote public awareness,
18 conduct research, fund treatment and recovery services, and
19 conduct in-service training concerning gambling disorders.

20 (c) The Department shall determine a statement regarding
21 obtaining assistance with a gambling disorder which each
22 licensed gambling establishment owner shall post and each
23 master sports wagering licensee shall include on the master
24 sports wagering licensee's portal, Internet website, or
25 computer or mobile application. Subject to appropriation, the
26 Department shall produce and supply the signs with the

1 statement as specified in Section 10.7 of the Illinois Lottery
2 Law, Section 34.1 of the Illinois Horse Racing Act of 1975,
3 Section 4.3 of the Bingo License and Tax Act, Section 8.1 of
4 the Charitable Games Act, Section 25.95 of the Sports Wagering
5 Act, and Section 13.1 of the Illinois Gambling Act, and the
6 Video Gaming Act.

7 (d) Programs; gambling disorder prevention.

8 (1) The Department may establish a program to provide
9 for the production and publication, in electronic and
10 other formats, of gambling prevention, recognition,
11 treatment, and recovery literature and other public
12 education methods. The Department may develop and
13 disseminate curricula for use by professionals,
14 organizations, individuals, or committees interested in
15 the prevention of gambling disorders.

16 (2) The Department may provide advice to State and
17 local officials on gambling disorders, including the
18 prevalence of gambling disorders, programs treating or
19 promoting prevention of gambling disorders, trends in
20 gambling disorder prevalence, and the relationship between
21 gaming and gambling disorders.

22 (3) The Department may support gambling disorder
23 prevention, recognition, treatment, and recovery projects
24 by facilitating the acquisition of gambling prevention
25 curriculums, providing trainings in gambling disorder
26 prevention best practices, connecting programs to health

1 care resources, establishing learning collaboratives
2 between localities and programs, and assisting programs in
3 navigating any regulatory requirements for establishing or
4 expanding such programs.

5 (4) In supporting best practices in gambling disorder
6 prevention programming, the Department may promote the
7 following programmatic elements:

8 (A) Providing funding for community-based
9 organizations to employ community health workers or
10 peer recovery specialists who are familiar with the
11 communities served and can provide culturally
12 competent services.

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

18 (C) Providing linkages for individuals to obtain
19 evidence-based gambling disorder treatment.

20 (D) Engaging individuals exiting jails or prisons
21 who are at a high risk of developing a gambling
22 disorder.

23 (E) Providing education and training to
24 community-based organizations who work directly with
25 individuals who are experiencing gambling disorders
26 and those individuals' families and communities.

1 (F) Providing education and training on gambling
2 disorder prevention and response to the judicial
3 system.

4 (G) Informing communities of the impact gambling
5 disorder has on suicidal ideation and suicide attempts
6 and the role health care professionals can have in
7 identifying appropriate treatment.

8 (H) Producing and distributing targeted mass media
9 materials on gambling disorder prevention and
10 response, and the potential dangers of gambling
11 related stigma.

12 (e) Grants.

13 (1) The Department may award grants, in accordance
14 with this subsection, to create or support local gambling
15 prevention, recognition, and response projects. Local
16 health departments, correctional institutions, hospitals,
17 universities, community-based organizations, and
18 faith-based organizations may apply to the Department for
19 a grant under this subsection at the time and in the manner
20 the Department prescribes.

21 (2) In awarding grants, the Department shall consider
22 the necessity for gambling disorder prevention projects in
23 various settings and shall encourage all grant applicants
24 to develop interventions that will be effective and viable
25 in their local areas.

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

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

5 (4) The Department may award grants to create or
6 support local gambling treatment programs. Such programs
7 may include prevention, early intervention, residential
8 and outpatient treatment, and recovery support services
9 for gambling disorders. Local health departments,
10 hospitals, universities, community-based organizations,
11 and faith-based organizations may apply to the Department
12 for a grant under this subsection at the time and in the
13 manner the Department prescribes.

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

15 (20 ILCS 301/10-10)

16 Sec. 10-10. Powers and duties of the Council. The Council
17 shall:

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

20 (b) Advise the Department on regulations and licensure
21 proposed by the Department.

22 (c) Advise the Department in the formulation,
23 preparation, and implementation of the annual plan
24 submitted with the federal Substance Use Disorder Block
25 Grant application for prevention, early intervention,

1 treatment, and other recovery support services for
2 substance use disorders.

3 (d) Advise the Department on implementation of
4 substance use and gambling disorder education and
5 prevention programs throughout the State.

6 (e) Assist with incorporating into the annual plan
7 submitted with the federal Substance Use Disorder Block
8 Grant application, planning information specific to
9 Illinois' female population. The information shall
10 contain, but need not be limited to, the types of services
11 funded, the population served, the support services
12 available, and the goals, objectives, proposed methods of
13 achievement, service projections and cost estimate for the
14 upcoming year.

15 (f) Perform other duties as requested by the
16 Secretary.

17 (g) Advise the Department in the planning,
18 development, and coordination of programs among all
19 agencies and departments of State government, including
20 programs to reduce substance use and gambling disorders,
21 prevent the misuse of illegal and legal drugs by persons
22 of all ages, prevent gambling and gaming by minors, and
23 prevent the use of alcohol by minors.

24 (h) Promote and encourage participation by the private
25 sector, including business, industry, labor, and the
26 media, in programs to prevent substance use and gambling

1 disorders.

2 (i) Encourage the implementation of programs to
3 prevent substance use and gambling disorders in the public
4 and private schools and educational institutions.

5 (j) Gather information, conduct hearings, and make
6 recommendations to the Secretary concerning additions,
7 deletions, or rescheduling of substances under the
8 Illinois Controlled Substances Act.

9 (k) Report as requested to the General Assembly
10 regarding the activities and recommendations made by the
11 Council.

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

13 (20 ILCS 301/10-15)

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

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

19 (b) A judge designated by the Chief Justice of the
20 Illinois Supreme Court.

21 (c) A Public Defender appointed by the President of
22 the Illinois Public Defender Association.

23 (d) A local law enforcement officer appointed by the
24 Governor.

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

1 (f) An educator appointed by the Governor.

2 (g) A physician licensed to practice medicine in all
3 its branches appointed by the Governor with due regard for
4 the appointee's knowledge of the field of substance use
5 disorders.

6 (h) 4 members of the Illinois House of
7 Representatives, 2 each appointed by the Speaker and
8 Minority Leader.

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

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

13 (k) An advocate for the needs of youth appointed by
14 the Governor.

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

17 (m) The President of the Illinois Hospital Association
18 or his or her designee.

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

21 (o) The President of the Illinois Pharmacists
22 Association or a licensed pharmacist designated by the
23 President.

24 (p) The President of the Illinois Chapter of the
25 Association of Labor-Management Administrators and
26 Consultants on Alcoholism.

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

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

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

6 (s) 20 public members, 8 appointed by the Governor, 3
7 of whom shall be representatives of substance use or
8 gambling disorder treatment programs and one of whom shall
9 be a representative of a manufacturer or importing
10 distributor of alcoholic liquor licensed by the State of
11 Illinois, and 3 public members appointed by each of the
12 President and Minority Leader of the Senate and the
13 Speaker and Minority Leader of the House.

14 (t) The Director, Secretary, or other chief
15 administrative officer, ex officio, or his or her
16 designee, of each of the following: the Department on
17 Aging, the Department of Children and Family Services, the
18 Department of Corrections, the Department of Juvenile
19 Justice, the Department of Healthcare and Family Services,
20 the Department of Revenue, the Department of Public
21 Health, the Department of Financial and Professional
22 Regulation, the Illinois State Police, the Administrative
23 Office of the Illinois Courts, the Criminal Justice
24 Information Authority, and the Department of
25 Transportation.

26 (u) Each of the following, ex officio, or his or her

1 designee: the Secretary of State, the State Superintendent
2 of Education, and the Chairman of the Board of Higher
3 Education.

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

18 Each non-appointive member may designate a representative
19 to serve in his place by written notice to the Department. All
20 General Assembly members shall serve until their respective
21 successors are appointed or until termination of their
22 legislative service, whichever occurs first. The terms of
23 office for each of the members appointed by the Governor shall
24 be for 3 years, except that of the members first appointed, 3
25 shall be appointed for a term of one year, and 4 shall be
26 appointed for a term of 2 years. The terms of office of each of

1 the public members appointed by the legislative leaders shall
2 be for 2 years.

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

4 (20 ILCS 301/15-10)

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

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

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

1 overdose prevention sites and service, is another category
2 of intervention licensure that can be issued if and when
3 legal authorization is adopted to allow for this service
4 and upon promulgation of administrative or funding rules
5 that govern the delivery of the service.

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

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

11 (20 ILCS 301/20-5)

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

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

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

25 (1) Providing programs and technical assistance to

1 improve the ability of Illinois communities and schools to
2 develop, implement and evaluate prevention programs.

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

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

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

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

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

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

26 (5) Drafting and implementing efficient plans for the

1 use of available resources to address issues of substance
2 use disorder prevention.

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

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

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

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

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

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

1 (20 ILCS 301/25-5)

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

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

13 (20 ILCS 301/25-10)

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

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

22 (20 ILCS 301/30-5)

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

1 (a) For purposes of this Section, "patient" means any
2 person who is receiving or has received early intervention,
3 treatment, or other recovery support services under this Act
4 or any category of service licensed as "intervention" under
5 this Act.

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

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

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

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

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

26 (g) Treatment services shall be provided in the least

1 restrictive environment possible.

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

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

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

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

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

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

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

26 (o) A patient shall be permitted to request the opinion of

1 a consultant at his or her own expense, or to request an
2 in-house review of a treatment plan, as provided in the
3 specific procedures of the provider. A treatment provider is
4 not liable for the negligence of any consultant.

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

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

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

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

26 (t) Unless otherwise prohibited by State or federal law,

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

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

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

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

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

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

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

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

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

26 (bb) Records of the identity, diagnosis, prognosis or

1 treatment of any patient maintained in connection with the
2 performance of any service or activity relating to substance
3 use or gambling disorder education, early intervention,
4 intervention, training, or treatment that is regulated,
5 authorized, or directly or indirectly assisted by any
6 Department or agency of this State or under any provision of
7 this Act shall be confidential and may be disclosed only in
8 accordance with the provisions of federal law and regulations
9 concerning the confidentiality of substance use disorder
10 patient records as contained in 42 U.S.C. Sections 290dd-2 and
11 42 CFR ~~C.F.R.~~ Part 2, or any successor federal statute or
12 regulation.

13 (1) The following are exempt from the confidentiality
14 protections set forth in 42 CFR ~~C.F.R.~~ Section 2.12(c):

15 (A) Veteran's Administration records.

16 (B) Information obtained by the Armed Forces.

17 (C) Information given to qualified service
18 organizations.

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

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

25 (F) Reports under State law of incidents of
26 suspected child abuse and neglect; however,

1 confidentiality restrictions continue to apply to the
2 records and any follow-up information for disclosure
3 and use in civil or criminal proceedings arising from
4 the report of suspected abuse or neglect.

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

7 (A) With patient consent as set forth in 42 CFR
8 ~~C.F.R.~~ Sections 2.1(b) (1) and 2.31, and as consistent
9 with pertinent State law.

10 (B) For medical emergencies as set forth in 42 CFR
11 ~~C.F.R.~~ Sections 2.1(b) (2) and 2.51.

12 (C) For research activities as set forth in 42 CFR
13 ~~C.F.R.~~ Sections 2.1(b) (2) and 2.52.

14 (D) For audit evaluation activities as set forth
15 in 42 CFR ~~C.F.R.~~ Section 2.53.

16 (E) With a court order as set forth in 42 CFR
17 ~~C.F.R.~~ Sections 2.61 through 2.67.

18 (3) The restrictions on disclosure and use of patient
19 information apply whether the holder of the information
20 already has it, has other means of obtaining it, is a law
21 enforcement or other official, has obtained a subpoena, or
22 asserts any other justification for a disclosure or use
23 that is not permitted by 42 CFR ~~C.F.R.~~ Part 2. Any court
24 orders authorizing disclosure of patient records under
25 this Act must comply with the procedures and criteria set
26 forth in 42 CFR ~~C.F.R.~~ Sections 2.64 and 2.65. Except as

1 authorized by a court order granted under this Section, no
2 record referred to in this Section may be used to initiate
3 or substantiate any charges against a patient or to
4 conduct any investigation of a patient.

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

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

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

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

1 Section shall be posted in a conspicuous place within the
2 program where it may readily be seen and read by program
3 patients and visitors.

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

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

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

15 (Source: P.A. 99-143, eff. 7-27-15; 100-759, eff. 1-1-19;
16 revised 12-1-21.)

17 (20 ILCS 301/35-5)

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

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

25 (1) those who provide medical and social services to

1 pregnant women, mothers and their children, whether or not
2 there exists evidence of a substance use or gambling
3 disorder. These include any other State-funded medical or
4 social services to pregnant women.

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

7 (b) (Blank).

8 (c) (Blank).

9 (d) (Blank).

10 (e) (Blank).

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

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

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

26 (2) coordination with medical services for individual

1 medical care of pregnant women, including prenatal care
2 under the supervision of a physician.

3 (3) coordination with child care services.

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

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

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

26 (3) In implementing the programs established under this

1 subsection, the Department shall contract with existing
2 residential treatment or recovery homes in areas having a
3 disproportionate number of women with substance use and other
4 disorders who need residential treatment. Priority shall be
5 given to women who:

6 (A) are pregnant, especially if they are intravenous
7 drug users,

8 (B) have minor children,

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

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

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

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

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

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

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

26 (5) (Blank).

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

2 (20 ILCS 301/35-10)

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

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

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

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

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

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

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

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

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

3 (4) Be culturally and linguistically appropriate to
4 the population being served.

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

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

10 (c) (Blank).

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

12 (20 ILCS 301/50-40)

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

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

1 loaned from the fund, the operation of group homes receiving
2 loans under this Section and the repayment of monies loaned.

3 (b) There shall be deposited into the fund such amounts
4 including, but not limited to:

5 (1) All receipts, including principal and interest
6 payments and royalties, from any applicable loan agreement
7 made from the fund.

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

14 (3) Any direct appropriations made by the General
15 Assembly, or any gifts or grants made by any person to the
16 fund.

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

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

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

1 (20 ILCS 301/55-30)

2 Sec. 55-30. Rate increase.

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

13 (b) Within 30 days after June 4, 2018 (the effective date
14 of Public Act 100-587), the Division of Substance Use
15 Prevention and Recovery shall apply an increase in rates of 3%
16 above the rate paid on June 30, 2017 to all Medicaid and
17 non-Medicaid reimbursable service rates. The Department shall
18 adopt rules, including emergency rules under subsection (bb)
19 of Section 5-45 of the Illinois Administrative Procedure Act,
20 to implement the provisions of this subsection (b).

21 (Source: P.A. 100-23, eff. 7-6-17; 100-587, eff. 6-4-18;
22 100-759, eff. 1-1-19; 101-81, eff. 7-12-19.)

23 (20 ILCS 301/55-40)

24 Sec. 55-40. Recovery residences.

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

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

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

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

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

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

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

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

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