

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

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

1           The plan developed under this Section shall also  
2           contain a report detailing the activities of and progress  
3           made through services for the care and treatment of these  
4           ~~substance use~~ disorders among pregnant women and mothers  
5           and their children established under subsection (j) of  
6           Section 35-5.

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

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

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

23                (B) Cooperate with and assist the Illinois  
24                Department of Public Health in the establishment,  
25                funding and support of programs and services for the  
26                promotion of maternal and child health and the

1 prevention and treatment of infectious diseases,  
2 including but not limited to HIV infection, especially  
3 with respect to those persons who are high risk due to  
4 intravenous injection of illegal drugs, or who may  
5 have been sexual partners of these individuals, or who  
6 may have impaired immune systems as a result of a  
7 substance use disorder.

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

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

18 (E) Cooperate with and assist DCFS in carrying out  
19 its mandates to:

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

23 (ii) develop services to deal with such  
24 disorders.

25 These services may include, but shall not be limited  
26 to, programs to prevent or treat substance use or

1           gambling disorders with DCFS clients and their  
2 families, identifying child care needs within such  
3 treatment, and assistance with other issues as  
4 required.

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

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

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

23           (I) (Blank).

24           (5) From monies appropriated to the Department from  
25 the Drunk and Drugged Driving Prevention Fund, reimburse  
26 DUI evaluation and risk education programs licensed by the

1 Department for providing indigent persons with free or  
2 reduced-cost evaluation and risk education services  
3 relating to a charge of driving under the influence of  
4 alcohol or other drugs.

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

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

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

24 (9) Designate and license providers to conduct  
25 screening, assessment, referral and tracking of clients  
26 identified by the criminal justice system as having

1           indications of substance use disorders and being eligible  
2           to make an election for treatment under Section 40-5 of  
3           this Act, and assist in the placement of individuals who  
4           are under court order to participate in treatment.

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

9           (11) (Blank).

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

1 technical assistance and consultation services for this  
2 purpose.

3 (9) (Blank).

4 (10) (Blank).

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

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

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

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

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

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

7 (20 ILCS 301/5-20)

8 Sec. 5-20. Gambling disorders.

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

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

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

1           (3) Facilitation, through in-service training,  
2           certification promotion, and other innovative means, of  
3           the availability of effective assistance programs for  
4           gambling disorders.

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

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

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

22           (c) The Department shall determine a statement regarding  
23           obtaining assistance with a gambling disorder which each  
24           licensed gambling establishment owner shall post and each  
25           master sports wagering licensee shall include on the master  
26           sports wagering licensee's portal, Internet website, or

1 computer or mobile application. Subject to appropriation, the  
2 Department shall produce and supply the signs with the  
3 statement as specified in Section 10.7 of the Illinois Lottery  
4 Law, Section 34.1 of the Illinois Horse Racing Act of 1975,  
5 Section 4.3 of the Bingo License and Tax Act, Section 8.1 of  
6 the Charitable Games Act, Section 25.95 of the Sports Wagering  
7 Act, and Section 13.1 of the Illinois Gambling Act, and the  
8 Video Gaming Act.

9 (d) Programs; gambling disorder prevention.

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

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

24 (3) The Department may support gambling disorder  
25 prevention, recognition, treatment, and recovery projects  
26 by facilitating the acquisition of gambling prevention

1 curriculums, providing trainings in gambling disorder  
2 prevention best practices, connecting programs to health  
3 care resources, establishing learning collaboratives  
4 between localities and programs, and assisting programs in  
5 navigating any regulatory requirements for establishing or  
6 expanding such programs.

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

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

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

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

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

25 (E) Providing education and training to  
26 community-based organizations who work directly with

1 individuals who are experiencing gambling disorders  
2 and those individuals' families and communities.

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

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

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

14 (e) Grants.

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

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

1 in their local areas.

2 (3) In addition to moneys appropriated by the General  
3 Assembly, the Department may seek grants from private  
4 foundations, the federal government, and other sources to  
5 fund the grants under this Section and to fund an  
6 evaluation of the programs supported by the grants.

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

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

17 (20 ILCS 301/10-10)

18 Sec. 10-10. Powers and duties of the Council. The Council  
19 shall:

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

22 (b) Advise the Department on regulations and licensure  
23 proposed by the Department.

24 (c) Advise the Department in the formulation,  
25 preparation, and implementation of the annual plan



1 submitted with the federal Substance Use Disorder Block  
2 Grant application for prevention, early intervention,  
3 treatment, and other recovery support services for  
4 substance use disorders.

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

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

17 (f) Perform other duties as requested by the  
18 Secretary.

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

26 (h) Promote and encourage participation by the private

1 sector, including business, industry, labor, and the  
2 media, in programs to prevent substance use and gambling  
3 disorders.

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

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

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

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

15 (20 ILCS 301/10-15)

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

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

21 (b) A judge designated by the Chief Justice of the  
22 Illinois Supreme Court.

23 (c) A Public Defender appointed by the President of  
24 the Illinois Public Defender Association.

25 (d) A local law enforcement officer appointed by the

1 Governor.

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

3 (f) An educator appointed by the Governor.

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

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

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

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

15 (k) An advocate for the needs of youth appointed by  
16 the Governor.

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

19 (m) The President of the Illinois Hospital Association  
20 or his or her designee.

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

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

26 (p) The President of the Illinois Chapter of the

1 Association of Labor-Management Administrators and  
2 Consultants on Alcoholism.

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

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

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

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

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

1           Transportation.

2           (u) Each of the following, ex officio, or his or her  
3           designee: the Secretary of State, the State Superintendent  
4           of Education, and the Chairman of the Board of Higher  
5           Education.

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

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

1 shall be appointed for a term of one year, and 4 shall be  
2 appointed for a term of 2 years. The terms of office of each of  
3 the public members appointed by the legislative leaders shall  
4 be for 2 years.

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

6 (20 ILCS 301/15-10)

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

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

23 (b) Intervention: Categories of an intervention  
24 service ~~authorized by an intervention license~~ are DUI  
25 Evaluation, DUI Risk Education, Designated Program, Harm

1       Reduction Program, and Recovery Homes for persons in any  
2       stage of recovery from a substance use or gambling  
3       disorder. Harm reduction programs may include overdose  
4       prevention sites and services. Overdose prevention sites  
5       and services are under the Harm Reduction category of  
6       intervention licensure which may be issued if and when  
7       legal authorization is adopted to allow for these services  
8       and upon adoption of administrative or funding rules that  
9       govern the delivery of the services.

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

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

15       (20 ILCS 301/20-5)

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

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

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

4 (1) Providing programs and technical assistance to  
5 improve the ability of Illinois communities and schools to  
6 develop, implement and evaluate prevention programs.

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

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

15 (1) Establishing and conducting programs to provide  
16 awareness and knowledge of the nature and extent of  
17 substance use and gambling disorders and their effect on  
18 individuals, families, and communities.

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

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



1           (4) Encouraging, supporting, and advocating for  
2 programs and activities that emphasize alcohol-free and  
3 other drug-free lifestyles.

4           (5) Drafting and implementing efficient plans for the  
5 use of available resources to address issues of substance  
6 use disorder prevention.

7           (6) Coordinating local programs of alcoholism and  
8 other drug abuse education and prevention.

9           (7) Encouraging the development of local advisory  
10 councils.

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

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

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

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

5 (20 ILCS 301/25-5)

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

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

17 (20 ILCS 301/25-10)

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

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

2 (20 ILCS 301/30-5)

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

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

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

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

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

23 (e) Patients shall be permitted the free exercise of  
24 religion.

25 (f) Every patient's personal dignity shall be recognized

1 in the provision of services, and a patient's personal privacy  
2 shall be assured and protected within the constraints of his  
3 or her individual treatment.

4 (g) Treatment services shall be provided in the least  
5 restrictive environment possible.

6 (h) Each patient receiving treatment services shall be  
7 provided an individual treatment plan, which shall be  
8 periodically reviewed and updated as mandated by  
9 administrative rule.

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

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

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

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

23 (m) A patient in residential treatment shall be permitted  
24 to send and receive mail without hindrance, unless clinically  
25 contraindicated.

26 (n) A patient shall be permitted to manage his or her own

1 financial affairs unless the patient or the patient's  
2 guardian, or if the patient is a minor, the patient's parent,  
3 authorizes another competent person to do so.

4 (o) A patient shall be permitted to request the opinion of  
5 a consultant at his or her own expense, or to request an  
6 in-house review of a treatment plan, as provided in the  
7 specific procedures of the provider. A treatment provider is  
8 not liable for the negligence of any consultant.

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

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

23 (r) All medical treatment and procedures shall be  
24 administered as ordered by a physician and in accordance with  
25 all Department rules.

26 (s) Every patient in treatment shall be permitted to

1 refuse medical treatment and to know the consequences of such  
2 action. Such refusal by a patient shall free the treatment  
3 licensee from the obligation to provide the treatment.

4 (t) Unless otherwise prohibited by State or federal law,  
5 every patient, patient's guardian, or parent, if the patient  
6 is a minor, shall be permitted to inspect and copy all clinical  
7 and other records kept by the intervention or treatment  
8 licensee or by his or her physician concerning his or her care  
9 and maintenance. The licensee or physician may charge a  
10 reasonable fee for the duplication of a record.

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

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

20 (w) All patients admitted to community-based treatment  
21 facilities shall be considered voluntary treatment patients  
22 and such patients shall not be contained within a locked  
23 setting.

24 (x) Patients and their families or legal guardians shall  
25 have the right to present complaints to the provider or the  
26 Department concerning the quality of care provided to the

1 patient, without threat of discharge or reprisal in any form  
2 or manner whatsoever. The complaint process and procedure  
3 shall be adopted by the Department by rule. The treatment  
4 provider shall have in place a mechanism for receiving and  
5 responding to such complaints, and shall inform the patient  
6 and the patient's family or legal guardian of this mechanism  
7 and how to use it. The provider shall analyze any complaint  
8 received and, when indicated, take appropriate corrective  
9 action. Every patient and his or her family member or legal  
10 guardian who makes a complaint shall receive a timely response  
11 from the provider that substantively addresses the complaint.  
12 The provider shall inform the patient and the patient's family  
13 or legal guardian about other sources of assistance if the  
14 provider has not resolved the complaint to the satisfaction of  
15 the patient or the patient's family or legal guardian.

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

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

25 (aa) No patient shall be denied services based solely on  
26 HIV status. Further, records and information governed by the

1 AIDS Confidentiality Act and the AIDS Confidentiality and  
2 Testing Code (77 Ill. Adm. Code 697) shall be maintained in  
3 accordance therewith.

4 (bb) Records of the identity, diagnosis, prognosis or  
5 treatment of any patient maintained in connection with the  
6 performance of any service or activity relating to substance  
7 use or gambling disorder education, early intervention,  
8 intervention, training, or treatment that is regulated,  
9 authorized, or directly or indirectly assisted by any  
10 Department or agency of this State or under any provision of  
11 this Act shall be confidential and may be disclosed only in  
12 accordance with the provisions of federal law and regulations  
13 concerning the confidentiality of substance use disorder  
14 patient records as contained in 42 U.S.C. Sections 290dd-2 and  
15 42 CFR ~~C.F.R.~~ Part 2, or any successor federal statute or  
16 regulation.

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

19 (A) Veteran's Administration records.

20 (B) Information obtained by the Armed Forces.

21 (C) Information given to qualified service  
22 organizations.

23 (D) Communications within a program or between a  
24 program and an entity having direct administrative  
25 control over that program.

26 (E) Information given to law enforcement personnel



1           investigating a patient's commission of a crime on the  
2           program premises or against program personnel.

3           (F) Reports under State law of incidents of  
4           suspected child abuse and neglect; however,  
5           confidentiality restrictions continue to apply to the  
6           records and any follow-up information for disclosure  
7           and use in civil or criminal proceedings arising from  
8           the report of suspected abuse or neglect.

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

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

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

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

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

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

22          (3) The restrictions on disclosure and use of patient  
23          information apply whether the holder of the information  
24          already has it, has other means of obtaining it, is a law  
25          enforcement or other official, has obtained a subpoena, or  
26          asserts any other justification for a disclosure or use

1 that is not permitted by 42 CFR ~~C.F.R.~~ Part 2. Any court  
2 orders authorizing disclosure of patient records under  
3 this Act must comply with the procedures and criteria set  
4 forth in 42 CFR ~~C.F.R.~~ Sections 2.64 and 2.65. Except as  
5 authorized by a court order granted under this Section, no  
6 record referred to in this Section may be used to initiate  
7 or substantiate any charges against a patient or to  
8 conduct any investigation of a patient.

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

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

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

25 (cc) Each patient shall be given a written explanation of  
26 all the rights enumerated in this Section and a copy, signed by

1 the patient, shall be kept in every patient record. If a  
2 patient is unable to read such written explanation, it shall  
3 be read to the patient in a language that the patient  
4 understands. A copy of all the rights enumerated in this  
5 Section shall be posted in a conspicuous place within the  
6 program where it may readily be seen and read by program  
7 patients and visitors.

8 (dd) The program shall ensure that its staff is familiar  
9 with and observes the rights and responsibilities enumerated  
10 in this Section.

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

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

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

21 (20 ILCS 301/35-5)

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

23 (a) In order to promote a comprehensive, statewide and  
24 multidisciplinary approach to serving pregnant women and  
25 mothers, including those who are minors, and their children

1 who are affected by substance use or gambling disorders, the  
2 Department shall have responsibility for an ongoing exchange  
3 of referral information among the following:

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

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

11 (b) (Blank).

12 (c) (Blank).

13 (d) (Blank).

14 (e) (Blank).

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

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

26 (1) coordination with any program providing case

1 management services to ensure ongoing monitoring and  
2 coordination of services after the addicted woman has  
3 returned home.

4 (2) coordination with medical services for individual  
5 medical care of pregnant women, including prenatal care  
6 under the supervision of a physician.

7 (3) coordination with child care services.

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

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

23 (2) From funds appropriated expressly for the purposes of  
24 this Section, the Department shall create or contract with  
25 licensed, certified agencies to develop a program for the care  
26 and treatment of low income pregnant women. The program shall

1 be located anywhere in the State outside of Cook County in an  
2 area of high density population having a disproportionate  
3 number of low income pregnant women.

4 (3) In implementing the programs established under this  
5 subsection, the Department shall contract with existing  
6 residential treatment or recovery homes in areas having a  
7 disproportionate number of women with substance use and other  
8 disorders who need residential treatment. Priority shall be  
9 given to women who:

10 (A) are pregnant, especially if they are intravenous  
11 drug users,

12 (B) have minor children,

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

14 (D) are referred by medical personnel because they  
15 either have given birth to a baby with a substance use  
16 disorder, or will give birth to a baby with a substance use  
17 disorder.

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

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

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

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

25 (D) comprehensive and coordinated social services,  
26 including therapy groups for the treatment of substance

1 use disorders; family therapy groups; programs to develop  
2 positive self-awareness; parent-child therapy; and  
3 residential support groups.

4 (5) (Blank).

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

6 (20 ILCS 301/35-10)

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

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

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

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

17 (3) It is difficult to provide substance use disorder  
18 counseling for adolescents in settings designed to serve  
19 adults.

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

25 (1) To the maximum extent feasible and appropriate,

1           utilize existing services and funding rather than create  
2           new, duplicative services.

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

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

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

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

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

14          (c) (Blank).

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

16          (20 ILCS 301/50-40)

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

18          (a) There is hereby established the Group Home Loan  
19          Revolving Fund, referred to in this Section as the "fund", to  
20          be held as a separate fund within the State Treasury. Monies in  
21          this fund shall be appropriated to the Department on a  
22          continuing annual basis. With these funds, the Department  
23          shall, directly or through subcontract, make loans to assist  
24          in underwriting the costs of housing in which there may reside  
25          individuals who are recovering from substance use or gambling



1 disorders, and who are seeking an alcohol-free, gambling-free,  
2 or drug-free environment in which to live. Consistent with  
3 federal law and regulation, the Department may establish  
4 guidelines for approving the use and management of monies  
5 loaned from the fund, the operation of group homes receiving  
6 loans under this Section and the repayment of monies loaned.

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

9 (1) All receipts, including principal and interest  
10 payments and royalties, from any applicable loan agreement  
11 made from the fund.

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

18 (3) Any direct appropriations made by the General  
19 Assembly, or any gifts or grants made by any person to the  
20 fund.

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

23 (c) The Treasurer may invest monies in the fund in  
24 securities constituting obligations of the United States  
25 government, or in obligations the principal of and interest on  
26 which are guaranteed by the United States government, or in

1 certificates of deposit of any State or national bank which  
2 are fully secured by obligations guaranteed as to principal  
3 and interest by the United States government.

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 and gambling disorders ~~disorder~~  
11 intervention or treatment, based on the additional amounts  
12 appropriated for the purpose of providing a rate increase to  
13 licensed providers. The Department shall adopt rules,  
14 including emergency rules under subsection (y) of Section 5-45  
15 of the Illinois Administrative Procedure Act, to implement the  
16 provisions of this Section.

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

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

1 100-759, eff. 1-1-19; 101-81, eff. 7-12-19.)

2 (20 ILCS 301/55-40)

3 Sec. 55-40. Recovery residences.

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

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

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

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

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

4           (f) The Department shall include a disclaimer on the  
5 registry that states that the recovery residences are not  
6 regulated by the Department and their listing is provided as a  
7 resource but not as an endorsement by the State.

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