



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB3410

Introduced 2/8/2024, by Sen. Julie A. Morrison

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.

LRB103 38675 KTG 68812 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 15-5, 15-10, 20-5, 25-5, 25-10, 30-5, 35-5, 35-10, 40-5,
8 40-10, 40-15, 40-20, 45-5, 45-10, 45-15, 45-20, 45-25, 45-30,
9 45-35, 45-40, 45-45, 45-50, 45-55, 50-5, 50-10, 50-20, 50-25,
10 50-30, 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 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 communities ~~minorities~~ and other specific
3 priority populations in the State, and shall describe how
4 the identified problems and needs will be addressed. For
5 purposes of this paragraph, the term "marginalized
6 communities ~~minorities~~ and other specific priority
7 populations" may include, but shall not be limited to,
8 groups such as women, children, persons who use
9 intravenous drugs ~~intravenous drug users~~, persons with
10 AIDS or who are HIV infected, veterans, ~~African Americans,~~
11 ~~Puerto Ricans, Hispanics, Asian Americans,~~ the elderly,
12 persons in the criminal justice system, persons who are
13 clients of services provided by other State agencies,
14 persons with disabilities and such other specific
15 populations as the Department may from time to time
16 identify. In developing the plan, the Department shall
17 seek input from providers, parent groups, associations and
18 interested citizens.

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

26 The plan developed under this Section shall also

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

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

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

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

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

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

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

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

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

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

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

24 These services may include, but shall not be limited
25 to, programs to prevent or treat substance use or
26 gambling disorders with DCFS clients and their

1 families, identifying child care needs within such
2 treatment, and assistance with other issues as
3 required.

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

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

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

22 (I) (Blank).

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

1 reduced-cost evaluation and risk education services
2 relating to a charge of driving under the influence of
3 alcohol or other drugs.

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

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

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

23 (9) Designate and license providers to conduct
24 screening, assessment, referral and tracking of clients
25 identified by the criminal justice system as having
26 indications of substance use disorders and being eligible

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

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

8 (11) (Blank).

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

13 (12) Make grants with funds appropriated from the Drug
14 Treatment Fund in accordance with Section 7 of the
15 Controlled Substance and Cannabis Nuisance Act, or in
16 accordance with Section 80 of the Methamphetamine Control
17 and Community Protection Act, or in accordance with
18 subsections (h) and (i) of Section 411.2 of the Illinois
19 Controlled Substances Act, or in accordance with Section
20 6z-107 of the State Finance Act.

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

1 continued stay.

2 (14) Award grants and enter into fixed-rate and
3 fee-for-service arrangements with any other department,
4 authority or commission of this State, or any other state
5 or the federal government or with any public or private
6 agency, including the disbursement of funds and furnishing
7 of staff, to effectuate the purposes of this Act.

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

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

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

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

26 (3) Prepare, publish, evaluate, disseminate and serve

1 as a central repository for educational materials dealing
2 with the nature and effects of substance use or gambling
3 disorders. Such materials may deal with the educational
4 needs of the citizens of Illinois, and may include at
5 least pamphlets that describe the causes and effects of
6 fetal alcohol spectrum disorders.

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

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

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

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

1 (8) Cooperate with public and private agencies,
2 organizations, institutions of higher education, and
3 individuals in the development of programs, and to provide
4 technical assistance and consultation services for this
5 purpose.

6 (9) (Blank).

7 (10) (Blank).

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

10 (12) With monies appropriated from the Group Home Loan
11 Revolving Fund, make loans, directly or through
12 subcontract, to assist in underwriting the costs of
13 housing in which individuals recovering from substance use
14 or gambling disorders may reside, pursuant to Section
15 50-40 of this Act.

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

19 (14) Provide funding to help parents be effective in
20 preventing substance use or gambling disorders by building
21 an awareness of the family's role in preventing these
22 ~~substance use~~ disorders through adjusting expectations,
23 developing new skills, and setting positive family goals.
24 The programs shall include, but not be limited to, the
25 following subjects: healthy family communication;
26 establishing rules and limits; how to reduce family

1 conflict; how to build self-esteem, competency, and
2 responsibility in children; how to improve motivation and
3 achievement; effective discipline; problem solving
4 techniques; healthy gaming and play habits; appropriate
5 financial planning and investment strategies; how to talk
6 about gambling and related activities; and how to talk
7 about substance use or gambling ~~drugs and alcohol~~. The
8 programs shall be open to all parents.

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

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

1 evaluation of applicants, scoring of applicants, or
2 administration of the grant program.

3 (c) There is created within the Department of Human
4 Services an Office of Opioid Settlement Administration. The
5 Office shall be responsible for implementing and administering
6 approved abatement programs as described in Exhibit B of the
7 Illinois Opioid Allocation Agreement, effective December 30,
8 2021. The Office may also implement and administer other
9 opioid-related programs, including but not limited to
10 prevention, treatment, and recovery services from other funds
11 made available to the Department of Human Services. The
12 Secretary of Human Services shall appoint or assign staff as
13 necessary to carry out the duties and functions of the Office.
14 (Source: P.A. 102-538, eff. 8-20-21; 102-699, eff. 4-19-22;
15 103-8, eff. 6-7-23.)

16 (20 ILCS 301/5-20)

17 Sec. 5-20. Gambling disorders.

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

24 (1) Establishment and maintenance of a toll-free
25 hotline and website ~~"800" telephone number~~ to provide

1 crisis counseling and referral services for ~~to~~ families
2 experiencing difficulty related to a ~~as a result of~~
3 gambling disorder disorders.

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

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

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

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

23 (b) Subject to appropriation, the Department shall either
24 establish and maintain the program or contract with a private
25 or public entity for the establishment and maintenance of the
26 program. Subject to appropriation, either the Department or

1 the private or public entity shall implement the hotline and
2 website ~~toll-free telephone number~~, promote public awareness,
3 conduct research, fund treatment and recovery services, and
4 conduct in-service training concerning gambling disorders.

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

18 (d) Programs; gambling disorder prevention.

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

1 (2) The Department may provide advice to State and
2 local officials on gambling disorders, including the
3 prevalence of gambling disorders, programs treating or
4 promoting prevention of gambling disorders, trends in
5 gambling disorder prevalence, and the relationship between
6 gaming and gambling disorders.

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

16 (4) In supporting best practices in gambling disorder
17 prevention programming, the Department may promote the
18 following programmatic elements:

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

24 (B) Collaborating with other community-based
25 organizations, substance use disorder treatment
26 centers, or other health care providers engaged in

1 treating individuals who are experiencing gambling
2 disorder.

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

5 (D) Engaging individuals exiting jails or prisons
6 who are at a high risk of developing a gambling
7 disorder.

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

12 (F) Providing education and training on gambling
13 disorder prevention and response to the judicial
14 system.

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

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

23 (e) Grants.

24 (1) The Department may award grants, in accordance
25 with this subsection, to create or support local gambling
26 prevention, recognition, and response projects. Local

1 health departments, correctional institutions, hospitals,
2 universities, community-based organizations, and
3 faith-based organizations may apply to the Department for
4 a grant under this subsection at the time and in the manner
5 the Department prescribes.

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

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

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

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

1 (20 ILCS 301/10-10)

2 Sec. 10-10. Powers and duties of the Council. The Council
3 shall:

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

6 (b) Advise the Department on regulations and licensure
7 proposed by the Department.

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

14 (d) Advise the Department on implementation of
15 substance use and gambling disorder education and
16 prevention programs throughout the State.

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

26 (f) Perform other duties as requested by the

1 Secretary.

2 (g) Advise the Department in the planning,
3 development, and coordination of programs among all
4 agencies and departments of State government, including
5 programs to reduce substance use and gambling disorders,
6 prevent the misuse of illegal and legal drugs by persons
7 of all ages, prevent gambling and gambling behaviors while
8 gaming by minors, and prevent the use of alcohol by
9 minors.

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

14 (i) Encourage the implementation of programs to
15 prevent substance use and gambling disorders in the public
16 and private schools and educational institutions.

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

21 (k) Report as requested to the General Assembly
22 regarding the activities and recommendations made by the
23 Council.

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

25 (20 ILCS 301/10-15)

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

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

6 (b) A judge designated by the Chief Justice of the
7 Illinois Supreme Court.

8 (c) A Public Defender appointed by the President of
9 the Illinois Public Defender Association.

10 (d) A local law enforcement officer appointed by the
11 Governor.

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

13 (f) An educator appointed by the Governor.

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

18 (h) 4 members of the Illinois House of
19 Representatives, 2 each appointed by the Speaker and
20 Minority Leader.

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

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

25 (k) An advocate for the needs of youth appointed by
26 the Governor.

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

3 (m) The President of the Illinois Hospital Association
4 or his or her designee.

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

7 (o) The President of the Illinois Pharmacists
8 Association or a licensed pharmacist designated by the
9 President.

10 (p) The President of the Illinois Chapter of the
11 Association of Labor-Management Administrators and
12 Consultants on Alcoholism.

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

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

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

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

26 (t) The Director, Secretary, or other chief

1 administrative officer, ex officio, or his or her
2 designee, of each of the following: the Department on
3 Aging, the Department of Children and Family Services, the
4 Department of Corrections, the Department of Juvenile
5 Justice, the Department of Healthcare and Family Services,
6 the Department of Revenue, the Department of Public
7 Health, the Department of Financial and Professional
8 Regulation, the Illinois State Police, the Administrative
9 Office of the Illinois Courts, the Criminal Justice
10 Information Authority, and the Department of
11 Transportation.

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

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

1 members appointed by the legislative leaders shall be filled
2 by the leader of the same house and of the same political party
3 as the leader who originally appointed the member.

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

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

16 (20 ILCS 301/15-5)

17 Sec. 15-5. Applicability.

18 (a) It is unlawful for any person to provide treatment for
19 substance use or gambling disorders or to provide services as
20 specified in subsections (a) and (b) of Section 15-10 of this
21 Act unless the person is licensed to do so by the Department.
22 The performance of these activities by any person in violation
23 of this Act is declared to be inimical to the public health and
24 welfare, and to be a public nuisance. The Department may
25 undertake such inspections and investigations as it deems

1 appropriate to determine whether licensable activities are
2 being conducted without the requisite license.

3 (b) Nothing in this Act shall be construed to require any
4 hospital, as defined by the Hospital Licensing Act, required
5 to have a license from the Department of Public Health
6 pursuant to the Hospital Licensing Act to obtain any license
7 under this Act for any substance use disorder treatment
8 services operated on the licensed premises of the hospital,
9 and operated by the hospital or its designated agent, provided
10 that such services are covered within the scope of the
11 Hospital Licensing Act. No person or facility required to be
12 licensed under this Act shall be required to obtain a license
13 pursuant to the Hospital Licensing Act or the Child Care Act of
14 1969.

15 (c) Nothing in this Act shall be construed to require an
16 individual employee of a licensed program to be licensed under
17 this Act.

18 (d) Nothing in this Act shall be construed to require any
19 private professional practice, whether by an individual
20 practitioner, by a partnership, or by a duly incorporated
21 professional service corporation, that provides outpatient
22 treatment for substance use disorders to be licensed under
23 this Act, provided that the treatment is rendered personally
24 by the professional in his own name and the professional is
25 authorized by individual professional licensure or
26 registration from the Department of Financial and Professional

1 Regulation to provide substance use disorder treatment
2 unsupervised. This exemption shall not apply to such private
3 professional practice that provides or holds itself out, as
4 defined in Section 1-10, as providing substance use disorder
5 outpatient treatment. This exemption shall also not apply to
6 licensable intervention services, research, or residential
7 treatment services as defined in this Act or by rule.

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

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

20 (f) Before any violation of this Act is reported by the
21 Department or any of its agents to any State's Attorney for the
22 institution of a criminal proceeding, the person against whom
23 such proceeding is contemplated shall be given appropriate
24 notice and an opportunity to present his views before the
25 Department or its designated agent, either orally or in
26 writing, in person or by an attorney, with regard to such

1 contemplated proceeding. Nothing in this Act shall be
2 construed as requiring the Department to report minor
3 violations of this Act whenever the Department believes that
4 the public interest would be adequately served by a suitable
5 written notice or warning.

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

7 (20 ILCS 301/15-10)

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

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

24 (b) Intervention: Categories of intervention service
25 ~~authorized by an intervention license~~ are DUI Evaluation,

1 DUI Risk Education, Designated Program, and Recovery Homes
2 for persons in any stage of recovery from a substance use
3 or gambling disorder. Harm Reduction Services is another
4 category of intervention licensure that may be issued if
5 and when legal authorization is adopted to allow for
6 services and upon adoption of administrative or funding
7 rules that govern the delivery of these services.

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

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

13 (20 ILCS 301/20-5)

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

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

24 (b) The statewide system developed under this Section may
25 be adopted by administrative rule or funded as a grant award

1 condition and shall be responsible for:

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

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

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

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

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

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

25 (4) Encouraging, supporting, and advocating for
26 programs and activities that emphasize alcohol-free and

1 other drug-free lifestyles.

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

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

7 (7) Encouraging the development of local advisory
8 councils.

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

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

25 (f) The Department may delegate the functions and
26 activities described in subsection (c) of this Section to

1 local, community-based providers.

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

3 (20 ILCS 301/25-5)

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

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

15 (20 ILCS 301/25-10)

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

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

1 (20 ILCS 301/30-5)

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

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

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

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

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

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

24 (f) Every patient's personal dignity shall be recognized
25 in the provision of services, and a patient's personal privacy
26 shall be assured and protected within the constraints of his

1 or her individual treatment.

2 (g) Treatment services shall be provided in the least
3 restrictive environment possible.

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

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

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

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

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

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

24 (n) A patient shall be permitted to manage his or her own
25 financial affairs unless the patient or the patient's
26 guardian, or if the patient is a minor, the patient's parent,

1 authorizes another competent person to do so.

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

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

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

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

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

1 licensee from the obligation to provide the treatment.

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

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

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

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

22 (x) Patients and their families or legal guardians shall
23 have the right to present complaints to the provider or the
24 Department concerning the quality of care provided to the
25 patient, without threat of discharge or reprisal in any form
26 or manner whatsoever. The complaint process and procedure

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

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

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

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

1 accordance therewith.

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

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

16 (A) Veteran's Administration records.

17 (B) Information obtained by the Armed Forces.

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

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

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

26 (F) Reports under State law of incidents of

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

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

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

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

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

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

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

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

1 42 CFR Sections 2.64 and 2.65. Except as authorized by a
2 court order granted under this Section, no record referred
3 to in this Section may be used to initiate or substantiate
4 any charges against a patient or to conduct any
5 investigation of a patient.

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

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

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

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

1 understands. A copy of all the rights enumerated in this
2 Section shall be posted in a conspicuous place within the
3 program where it may readily be seen and read by program
4 patients and visitors.

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

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

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

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

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) (Blank).

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

19 (1) Admission and Discharge Assessment.

20 (2) Level 1 (Individual).

21 (3) Level 1 (Group).

22 (4) Level 2 (Individual).

23 (5) Level 2 (Group).

24 (6) Case Management.

25 (7) Psychiatric Evaluation.

- 1 (8) Medication Assisted Recovery.
- 2 (9) Community Intervention.
- 3 (10) Early Intervention (Individual).
- 4 (11) Early Intervention (Group).

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

16 As used in this subsection, "consumer price index-u" means
17 the index published by the Bureau of Labor Statistics of the
18 United States Department of Labor that measures the average
19 change in prices of goods and services purchased by all urban
20 consumers, United States city average, all items, 1982-84 =
21 100.

22 (d) Beginning on January 1, 2024, subject to federal
23 approval, the Division of Substance Use Prevention and
24 Recovery shall increase reimbursement rates for all ASAM level
25 3 residential/inpatient substance use disorder treatment and
26 intervention services by 30%, including, but not limited to,

1 the following services:

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

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

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

8 (4) ASAM level 3.7 Medically Monitored Intensive
9 Inpatient Services for adults and Medically Monitored
10 High-Intensity Inpatient Services for adolescents; and

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

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

14 (20 ILCS 301/55-40)

15 Sec. 55-40. Recovery residences.

16 (a) As used in this Section, "recovery residence" means a
17 sober, safe, and healthy living environment that promotes
18 recovery from alcohol and other drug use and associated
19 problems. These residences are not subject to Department
20 licensure as they are viewed as independent living residences
21 that only provide peer support and a lengthened exposure to
22 the culture of recovery.

23 (b) The Department shall develop and maintain an online
24 registry for recovery residences that operate in Illinois to
25 serve as a resource for individuals seeking continued recovery

1 assistance.

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

5 (d) The registry shall indicate any accreditation,
6 certification, or licensure that each recovery residence has
7 received from an entity that has developed uniform national
8 standards. The registry shall also indicate each recovery
9 residence's location in order to assist providers and
10 individuals in finding alcohol, gambling, and drug free
11 housing options with like-minded residents who are committed
12 to alcohol, gambling, and drug free living.

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

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

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

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