



Rep. La Shawn K. Ford

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1 AMENDMENT TO HOUSE BILL 4700

2 AMENDMENT NO. _____. Amend House Bill 4700 by replacing
3 everything after the enacting clause with the following:

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

1 imperative that a comprehensive and coordinated strategy be
2 developed under the leadership of a State agency. This
3 strategy should be implemented through the facilities of
4 federal and local government and community-based agencies
5 (which may be public or private, volunteer or professional).
6 Through local prevention, early intervention, treatment, and
7 other recovery support services, this strategy should empower
8 those struggling with these ~~substance use~~ disorders (and, when
9 appropriate, the families of those persons) to lead healthy
10 lives.

11 The human, social, and economic benefits of preventing
12 these ~~substance use~~ disorders are great, and it is imperative
13 that there be interagency cooperation in the planning and
14 delivery of prevention, early intervention, treatment, and
15 other recovery support services in Illinois.

16 The provisions of this Act shall be liberally construed to
17 enable the Department to carry out these objectives and
18 purposes.

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

20 (20 ILCS 301/1-10)

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

24 "Case management" means a coordinated approach to the
25 delivery of health and medical treatment, substance use

1 disorder treatment, gambling disorder treatment, mental health
2 treatment, and social services, linking patients with
3 appropriate services to address specific needs and achieve
4 stated goals. In general, case management assists patients
5 with other disorders and conditions that require multiple
6 services over extended periods of time and who face difficulty
7 in gaining access to those services.

8 "Crime of violence" means any of the following crimes:
9 murder, voluntary manslaughter, criminal sexual assault,
10 aggravated criminal sexual assault, predatory criminal sexual
11 assault of a child, armed robbery, robbery, arson, kidnapping,
12 aggravated battery, aggravated arson, or any other felony that
13 involves the use or threat of physical force or violence
14 against another individual.

15 "Department" means the Department of Human Services.

16 "DUI" means driving under the influence of alcohol or
17 other drugs.

18 "Designated program" means a category of service
19 authorized by an intervention license issued by the Department
20 for delivery of all services as described in Article 40 in this
21 Act.

22 "Early intervention" means services, authorized by a
23 treatment license, that are sub-clinical and pre-diagnostic
24 and that are designed to screen, identify, and address risk
25 factors that may be related to problems associated with a
26 substance use or gambling disorder ~~substance use disorders~~ and

1 to assist individuals in recognizing harmful consequences.
2 Early intervention services facilitate emotional and social
3 stability and involve ~~involves~~ referrals for treatment, as
4 needed.

5 "Facility" means the building or premises are used for the
6 provision of licensable services, including support services,
7 as set forth by rule.

8 ~~"Gambling disorder" means persistent and recurring~~
9 ~~maladaptive gambling behavior that disrupts personal, family,~~
10 ~~or vocational pursuits.~~

11 "Gambling" means the risking of money or other items of
12 value in games of chance, including video gaming, sports
13 betting, and other games of chance.

14 "Gaming" means the action or practice of playing video
15 games.

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

25 "Informed consent" means legally valid written consent,
26 given by a client, patient, or legal guardian, that authorizes

1 intervention or treatment services from a licensed
2 organization and that documents agreement to participate in
3 those services and knowledge of the consequences of withdrawal
4 from such services. Informed consent also acknowledges the
5 client's or patient's right to a conflict-free choice of
6 services from any licensed organization and the potential
7 risks and benefits of selected services.

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

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

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

23 "Person" means any individual, firm, group, association,
24 partnership, corporation, trust, government or governmental
25 subdivision or agency.

26 "Prevention" means an interactive process of individuals,

1 families, schools, religious organizations, communities and
2 regional, state and national organizations whose goals are to
3 reduce the prevalence of substance use or gambling disorders,
4 prevent the use of illegal drugs and the abuse of legal drugs
5 by persons of all ages, prevent the use of alcohol by minors,
6 reduce the severity of harm in gambling by persons of all ages,
7 build the capacities of individuals and systems, and promote
8 healthy environments, lifestyles, and behaviors.

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

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

18 "Secretary" means the Secretary of the Department of Human
19 Services or his or her designee.

20 "Substance use disorder" means a spectrum of persistent
21 and recurring problematic behavior that encompasses 10
22 separate classes of drugs: alcohol; caffeine; cannabis;
23 hallucinogens; inhalants; opioids; sedatives, hypnotics and
24 anxiolytics; stimulants; and tobacco; and other unknown
25 substances leading to clinically significant impairment or
26 distress.

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

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

14 (20 ILCS 301/5-5)

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

16 (a) The Department of Human Services, as successor to the
17 Department of Alcoholism and Substance Abuse, shall assume the
18 various rights, powers, duties, and functions provided for in
19 this Act.

20 (b) It is declared to be the public policy of this State,
21 pursuant to paragraphs (h) and (i) of Section 6 of Article VII
22 of the Illinois Constitution of 1970, that the powers and
23 functions set forth in this Act and expressly delegated to the
24 Department are exclusive State powers and functions. Nothing
25 herein prohibits the exercise of any power or the performance

1 of any function, including the power to regulate, for the
2 protection of the public health, safety, morals and welfare,
3 by any unit of local government, other than the powers and
4 functions set forth in this Act and expressly delegated to the
5 Department to be exclusive State powers and functions.

6 (c) The Department shall, through accountable and
7 efficient leadership, example and commitment to excellence,
8 strive to reduce the incidence of substance use or gambling
9 disorders by:

10 (1) Fostering public understanding of substance use
11 disorders and how they affect individuals, families, and
12 communities.

13 (2) Promoting healthy lifestyles.

14 (3) Promoting understanding and support for sound
15 public policies.

16 (4) Ensuring quality prevention, early intervention,
17 treatment, and other recovery support services that are
18 accessible and responsive to the diverse needs of
19 individuals, families, and communities.

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

21 (20 ILCS 301/5-10)

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

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

1 (1) Design, coordinate and fund comprehensive
2 community-based and culturally and gender-appropriate
3 services throughout the State. These services must include
4 prevention, early intervention, treatment, and other
5 recovery support services ~~for substance use disorders~~ that
6 are accessible and address ~~addresses~~ the needs of at-risk
7 individuals and their families.

8 (2) Act as the exclusive State agency to accept,
9 receive and expend, pursuant to appropriation, any public
10 or private monies, grants or services, including those
11 received from the federal government or from other State
12 agencies, for the purpose of providing prevention, early
13 intervention, treatment, and other recovery support
14 services for substance use or gambling disorders.

15 (2.5) In partnership with the Department of Healthcare
16 and Family Services, act as one of the principal State
17 agencies for the sole purpose of calculating the
18 maintenance of effort requirement under Section 1930 of
19 Title XIX, Part B, Subpart II of the Public Health Service
20 Act (42 U.S.C. 300x-30) and the Interim Final Rule (45 CFR
21 96.134).

22 (3) Coordinate a statewide strategy for the
23 prevention, early intervention, treatment, and recovery
24 support of substance use or gambling disorders. This
25 strategy shall include the development of a comprehensive
26 plan, submitted annually with the application for federal

1 substance use disorder block grant funding, for the
2 provision of an array of such services. The plan shall be
3 based on local community-based needs and upon data
4 including, but not limited to, that which defines the
5 prevalence of and costs associated with these substance
6 ~~use~~ disorders. This comprehensive plan shall include
7 identification of problems, needs, priorities, services
8 and other pertinent information, including the needs of
9 marginalized community members ~~minorities~~ and other
10 specific priority populations in the State, and shall
11 describe how the identified problems and needs will be
12 addressed. For purposes of this paragraph, the term
13 "marginalized community members ~~minorities and other~~
14 ~~specific priority populations~~" may include, but shall not
15 be limited to, groups such as women, children, persons who
16 use intravenous drugs ~~intravenous drug users~~, persons with
17 AIDS or who are HIV infected, veterans, African-Americans,
18 Latinxs/Hispanics, Asian-Americans, ~~Puerto Ricans,~~
19 ~~Hispanics, Asian Americans,~~ the elderly, persons in the
20 criminal justice system, persons experiencing
21 homelessness, persons who are clients of services provided
22 by other State agencies, persons with disabilities, and
23 such other specific populations as the Department may from
24 time to time identify. In developing the plan, the
25 Department shall seek input from providers, parent groups,
26 associations and interested citizens.

1 The plan developed under this Section shall include an
2 explanation of the rationale to be used in ensuring that
3 funding shall be based upon local community needs,
4 including, but not limited to, the incidence and
5 prevalence of, and costs associated with, these substance
6 ~~use~~ disorders, as well as upon demonstrated program
7 performance.

8 The plan developed under this Section shall also
9 contain a report detailing the activities of and progress
10 made through services for the care and treatment of these
11 ~~substance-use~~ disorders among pregnant women and mothers
12 and their children established under subsection (j) of
13 Section 35-5.

14 As applicable, the plan developed under this Section
15 shall also include information about funding by other
16 State agencies for prevention, early intervention,
17 treatment, and other recovery support services.

18 (4) Lead, foster and develop cooperation, coordination
19 and agreements among federal and State governmental
20 agencies and local providers that provide assistance,
21 services, funding or other functions, peripheral or
22 direct, in the prevention, early intervention, treatment,
23 and recovery support for substance use or gambling
24 disorders. This shall include, but shall not be limited
25 to, the following:

26 (A) Cooperate with and assist other State

1 agencies, as applicable, in establishing and
2 conducting these ~~substance use disorder~~ services among
3 the populations they respectively serve.

4 (B) Cooperate with and assist the Illinois
5 Department of Public Health in the establishment,
6 funding and support of programs and services for the
7 promotion of maternal and child health and the
8 prevention and treatment of infectious diseases,
9 including but not limited to HIV infection, especially
10 with respect to those persons who are high risk due to
11 intravenous injection of illegal drugs, or who may
12 have been sexual partners of these individuals, or who
13 may have impaired immune systems as a result of a
14 substance use disorder.

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

19 (D) Assist in the placement of child abuse or
20 neglect perpetrators (identified by the Illinois
21 Department of Children and Family Services (DCFS)) who
22 have been determined to be in need of substance use
23 disorder treatment pursuant to Section 8.2 of the
24 Abused and Neglected Child Reporting Act.

25 (E) Cooperate with and assist DCFS in carrying out
26 its mandates to:

1 (i) identify substance use and gambling
2 disorders among its clients and their families;
3 and

4 (ii) develop services to deal with such
5 disorders.

6 These services may include, but shall not be limited
7 to, programs to prevent or treat substance use or
8 gambling disorders with DCFS clients and their
9 families, identifying child care needs within such
10 treatment, and assistance with other issues as
11 required.

12 (F) Cooperate with and assist the Illinois
13 Criminal Justice Information Authority with respect to
14 statistical and other information concerning the
15 incidence and prevalence of substance use or gambling
16 disorders.

17 (G) Cooperate with and assist the State
18 Superintendent of Education, boards of education,
19 schools, police departments, the Illinois State
20 Police, courts and other public and private agencies
21 and individuals in establishing substance use or
22 gambling disorder prevention programs statewide and
23 preparing curriculum materials for use at all levels
24 of education.

25 (H) Cooperate with and assist the Illinois
26 Department of Healthcare and Family Services in the

1 development and provision of services offered to
2 recipients of public assistance for the treatment and
3 prevention of substance use or gambling disorders.

4 (I) (Blank).

5 (5) From monies appropriated to the Department from
6 the Drunk and Drugged Driving Prevention Fund, reimburse
7 DUI evaluation and risk education programs licensed by the
8 Department for providing indigent persons with free or
9 reduced-cost evaluation and risk education services
10 relating to a charge of driving under the influence of
11 alcohol or other drugs.

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

20 (7) In consultation with providers and related trade
21 associations, specify a uniform methodology for use by
22 funded providers and the Department for billing and
23 collection and dissemination of statistical information
24 regarding services related to substance use or gambling
25 disorders.

26 (8) Receive data and assistance from federal, State

1 and local governmental agencies, and obtain copies of
2 identification and arrest data from all federal, State and
3 local law enforcement agencies for use in carrying out the
4 purposes and functions of the Department.

5 (9) Designate and license providers to conduct
6 screening, assessment, referral and tracking of clients
7 identified by the criminal justice system as having
8 indications of substance use disorders and being eligible
9 to make an election for treatment under Section 40-5 of
10 this Act, and assist in the placement of individuals who
11 are under court order to participate in treatment.

12 (10) Identify and disseminate evidence-based best
13 practice guidelines as maintained in administrative rule
14 that can be utilized to determine a substance use or
15 gambling disorder diagnosis.

16 (11) (Blank).

17 (12) Make grants with funds appropriated from the Drug
18 Treatment Fund in accordance with Section 7 of the
19 Controlled Substance and Cannabis Nuisance Act, or in
20 accordance with Section 80 of the Methamphetamine Control
21 and Community Protection Act, or in accordance with
22 subsections (h) and (i) of Section 411.2 of the Illinois
23 Controlled Substances Act, or in accordance with Section
24 6z-107 of the State Finance Act.

25 (13) Encourage all health and disability insurance
26 programs to include substance use and gambling disorder

1 treatment as ~~a~~ covered services ~~service~~ and to use
2 evidence-based best practice criteria as maintained in
3 administrative rule and as required in Public Act 99-0480
4 in determining the necessity for such services and
5 continued stay.

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

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

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

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

26 (2) Review all State agency applications for federal

1 funds that include provisions relating to the prevention,
2 early intervention and treatment of substance use or
3 gambling disorders in order to ensure consistency.

4 (3) Prepare, publish, evaluate, disseminate and serve
5 as a central repository for educational materials dealing
6 with the nature and effects of substance use or gambling
7 disorders. Such materials may deal with the educational
8 needs of the citizens of Illinois, and may include at
9 least pamphlets that describe the causes and effects of
10 fetal alcohol spectrum disorders.

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

16 (5) Cooperate with and assist in the development of
17 education, prevention, early intervention, and treatment
18 programs for employees of State and local governments and
19 businesses in the State.

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

26 (7) Promote, conduct, assist or sponsor basic

1 clinical, epidemiological and statistical research into
2 substance use or gambling disorders and research into the
3 prevention of those problems either solely or in
4 conjunction with any public or private agency.

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

10 (9) (Blank).

11 (10) (Blank).

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

14 (12) With monies appropriated from the Group Home Loan
15 Revolving Fund, make loans, directly or through
16 subcontract, to assist in underwriting the costs of
17 housing in which individuals recovering from substance use
18 or gambling disorders may reside, pursuant to Section
19 50-40 of this Act.

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

23 (14) Provide funding to help parents be effective in
24 preventing substance use or gambling disorders by building
25 an awareness of the family's role in preventing these
26 ~~substance use~~ disorders through adjusting expectations,

1 developing new skills, and setting positive family goals.
2 The programs shall include, but not be limited to, the
3 following subjects: healthy family communication;
4 establishing rules and limits; how to reduce family
5 conflict; how to build self-esteem, competency, and
6 responsibility in children; how to improve motivation and
7 achievement; effective discipline; problem solving
8 techniques; healthy gaming and play habits; appropriate
9 financial planning and investment strategies; how to talk
10 about gambling and related activities; and how to talk
11 about substance use or gambling ~~drugs and alcohol~~. The
12 programs shall be open to all parents.

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

14 (20 ILCS 301/5-20)

15 Sec. 5-20. Gambling disorders.

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

22 (1) Establishment and maintenance of a toll-free
23 hotline and website ~~"800" telephone number~~ to provide
24 crisis counseling and referral services for ~~to~~ families
25 that experience ~~experiencing~~ difficulty related to a ~~as a~~

1 ~~result of gambling disorder disorders.~~

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

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

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

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

21 (b) Subject to appropriation, the Department shall either
22 establish and maintain the program or contract with a private
23 or public entity for the establishment and maintenance of the
24 program. Subject to appropriation, either the Department or
25 the private or public entity shall implement the hotline and
26 website ~~toll-free telephone number,~~ promote public awareness,

1 conduct research, fund treatment and recovery services, and
2 conduct in-service training concerning gambling disorders.

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

16 (d) Programs; gambling disorder prevention.

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

25 (2) The Department may provide advice to State and
26 local officials on gambling disorders, including the

1 prevalence of gambling disorders, programs treating or
2 promoting prevention of gambling disorders, trends in
3 gambling disorder prevalence, and the relationship between
4 gaming and gambling disorders.

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

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

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

22 (B) Collaborating with other community-based
23 organizations, substance use disorder treatment
24 centers, or other health care providers engaged in
25 treating individuals who are experiencing gambling
26 disorder.

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

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

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

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

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

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

21 (e) Grants.

22 (1) The Department may award grants, in accordance
23 with this subsection, to create or support local gambling
24 prevention, recognition, and response projects. Local
25 health departments, correctional institutions, hospitals,
26 universities, community-based organizations, and

1 faith-based organizations may apply to the Department for
2 a grant under this subsection at the time and in the manner
3 the Department prescribes.

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

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

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

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

24 (20 ILCS 301/10-10)

25 Sec. 10-10. Powers and duties of the Council. The Council

1 shall:

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

4 (b) Advise the Department on regulations and licensure
5 proposed by the Department.

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

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

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

24 (f) Perform other duties as requested by the
25 Secretary.

26 (g) Advise the Department in the planning,

1 development, and coordination of programs among all
2 agencies and departments of State government, including
3 programs to reduce substance use and gambling disorders,
4 prevent the misuse of illegal and legal drugs by persons
5 of all ages, prevent gambling and gaming by minors, and
6 prevent the use of alcohol by minors.

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

11 (i) Encourage the implementation of programs to
12 prevent substance use and gambling disorders in the public
13 and private schools and educational institutions.

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

18 (k) Report as requested to the General Assembly
19 regarding the activities and recommendations made by the
20 Council.

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

22 (20 ILCS 301/10-15)

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

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

3 (b) A judge designated by the Chief Justice of the
4 Illinois Supreme Court.

5 (c) A Public Defender appointed by the President of
6 the Illinois Public Defender Association.

7 (d) A local law enforcement officer appointed by the
8 Governor.

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

10 (f) An educator appointed by the Governor.

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

15 (h) 4 members of the Illinois House of
16 Representatives, 2 each appointed by the Speaker and
17 Minority Leader.

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

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

22 (k) An advocate for the needs of youth appointed by
23 the Governor.

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

26 (m) The President of the Illinois Hospital Association

1 or his or her designee.

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

4 (o) The President of the Illinois Pharmacists
5 Association or a licensed pharmacist designated by the
6 President.

7 (p) The President of the Illinois Chapter of the
8 Association of Labor-Management Administrators and
9 Consultants on Alcoholism.

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

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

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

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

23 (t) The Director, Secretary, or other chief
24 administrative officer, ex officio, or his or her
25 designee, of each of the following: the Department on
26 Aging, the Department of Children and Family Services, the

1 Department of Corrections, the Department of Juvenile
2 Justice, the Department of Healthcare and Family Services,
3 the Department of Revenue, the Department of Public
4 Health, the Department of Financial and Professional
5 Regulation, the Illinois State Police, the Administrative
6 Office of the Illinois Courts, the Criminal Justice
7 Information Authority, and the Department of
8 Transportation.

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

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

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

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

13 (20 ILCS 301/15-10)

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

21 (a) Treatment: Categories of treatment service for a
22 substance use or gambling disorder ~~authorized by a~~
23 ~~treatment license~~ are Early Intervention, Outpatient,
24 Intensive Outpatient/Partial Hospitalization, Subacute
25 Residential/Inpatient, and Withdrawal Management.

1 Medication assisted treatment that includes methadone used
2 for an opioid use disorder can be licensed as an adjunct to
3 any of the treatment levels of care specified in this
4 Section.

5 (b) Intervention: Categories of an intervention
6 ~~service authorized by an intervention license~~ are DUI
7 Evaluation, DUI Risk Education, Designated Program, Harm
8 Reduction Program, and Recovery Homes for persons in any
9 stage of recovery from a substance use or gambling
10 disorder. Harm reduction programs may include overdose
11 prevention sites and services. Overdose prevention sites
12 and services are under the Harm Reduction category of
13 intervention licensure which may be issued if and when
14 legal authorization is adopted to allow for these services
15 and upon adoption of administrative or funding rules that
16 govern the delivery of the services.

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

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

22 (20 ILCS 301/20-5)

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

24 (a) The Department shall develop and implement a
25 comprehensive, statewide, community-based strategy to reduce

1 substance use and gambling disorders and prevent the misuse of
2 illegal and legal drugs by persons of all ages, and to prevent
3 the use of alcohol by minors. The system created to implement
4 this strategy shall be based on the premise that coordination
5 among and integration between all community and governmental
6 systems will facilitate effective and efficient program
7 implementation and utilization of existing resources.

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

11 (1) Providing programs and technical assistance to
12 improve the ability of Illinois communities and schools to
13 develop, implement and evaluate prevention programs.

14 (2) Initiating and fostering continuing cooperation
15 among the Department, Department-funded prevention
16 programs, other community-based prevention providers and
17 other State, regional, or local systems or agencies that
18 have an interest in substance use disorder prevention.

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

22 (1) Establishing and conducting programs to provide
23 awareness and knowledge of the nature and extent of
24 substance use and gambling disorders and their effect on
25 individuals, families, and communities.

26 (2) Conducting or providing prevention skill building

1 or education through the use of structured experiences.

2 (3) Developing, supporting, and advocating with new
3 and existing local community coalitions or
4 neighborhood-based grassroots networks using action
5 planning and collaborative systems to initiate change
6 regarding substance use and gambling disorders in their
7 communities.

8 (4) Encouraging, supporting, and advocating for
9 programs and activities that emphasize alcohol-free and
10 other drug-free lifestyles.

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

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

16 (7) Encouraging the development of local advisory
17 councils.

18 (d) In providing leadership to this system, the Department
19 shall take into account, wherever possible, the needs and
20 requirements of local communities. The Department shall also
21 involve, wherever possible, local communities in its statewide
22 planning efforts. These planning efforts shall include, but
23 shall not be limited to, in cooperation with local community
24 representatives and Department-funded agencies, the analysis
25 and application of results of local needs assessments, as well
26 as a process for the integration of an evaluation component

1 into the system. The results of this collaborative planning
2 effort shall be taken into account by the Department in making
3 decisions regarding the allocation of prevention resources.

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

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

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

12 (20 ILCS 301/25-5)

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

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

24 (20 ILCS 301/25-10)

1 Sec. 25-10. Promulgation of regulations. The Department
2 shall adopt regulations for licensure, certification for
3 Medicaid reimbursement, and to identify evidence-based best
4 practice criteria that can be utilized for intervention and
5 treatment services, taking into consideration available
6 resources and facilities, for the purpose of early and
7 effective treatment of substance use and gambling disorders.

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

9 (20 ILCS 301/30-5)

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

11 (a) For purposes of this Section, "patient" means any
12 person who is receiving or has received early intervention,
13 treatment, or other recovery support services under this Act
14 or any category of service licensed as "intervention" under
15 this Act.

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

20 (c) Persons who have substance use or gambling disorders
21 who are also suffering from medical conditions shall not be
22 discriminated against in admission or treatment by any
23 hospital that receives support in any form supported in whole
24 or in part by funds appropriated to any State department or
25 agency.

1 (d) Every patient shall have impartial access to services
2 without regard to race, religion, sex, ethnicity, age, sexual
3 orientation, gender identity, marital status, or other
4 disability.

5 (e) Patients shall be permitted the free exercise of
6 religion.

7 (f) Every patient's personal dignity shall be recognized
8 in the provision of services, and a patient's personal privacy
9 shall be assured and protected within the constraints of his
10 or her individual treatment.

11 (g) Treatment services shall be provided in the least
12 restrictive environment possible.

13 (h) Each patient receiving treatment services shall be
14 provided an individual treatment plan, which shall be
15 periodically reviewed and updated as mandated by
16 administrative rule.

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

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

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

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

4 (m) A patient in residential treatment shall be permitted
5 to send and receive mail without hindrance, unless clinically
6 contraindicated.

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

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

16 (p) Unless otherwise prohibited by State or federal law,
17 every patient shall be permitted to obtain from his or her own
18 physician, the treatment provider, or the treatment provider's
19 consulting physician complete and current information
20 concerning the nature of care, procedures, and treatment that
21 he or she will receive.

22 (q) A patient shall be permitted to refuse to participate
23 in any experimental research or medical procedure without
24 compromising his or her access to other, non-experimental
25 services. Before a patient is placed in an experimental
26 research or medical procedure, the provider must first obtain

1 his or her informed written consent or otherwise comply with
2 the federal requirements regarding the protection of human
3 subjects contained in 45 CFR ~~C.F.R.~~ Part 46.

4 (r) All medical treatment and procedures shall be
5 administered as ordered by a physician and in accordance with
6 all Department rules.

7 (s) Every patient in treatment shall be permitted to
8 refuse medical treatment and to know the consequences of such
9 action. Such refusal by a patient shall free the treatment
10 licensee from the obligation to provide the treatment.

11 (t) Unless otherwise prohibited by State or federal law,
12 every patient, patient's guardian, or parent, if the patient
13 is a minor, shall be permitted to inspect and copy all clinical
14 and other records kept by the intervention or treatment
15 licensee or by his or her physician concerning his or her care
16 and maintenance. The licensee or physician may charge a
17 reasonable fee for the duplication of a record.

18 (u) No owner, licensee, administrator, employee, or agent
19 of a licensed intervention or treatment program shall abuse or
20 neglect a patient. It is the duty of any individual who becomes
21 aware of such abuse or neglect to report it to the Department
22 immediately.

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

1 (w) All patients admitted to community-based treatment
2 facilities shall be considered voluntary treatment patients
3 and such patients shall not be contained within a locked
4 setting.

5 (x) Patients and their families or legal guardians shall
6 have the right to present complaints to the provider or the
7 Department concerning the quality of care provided to the
8 patient, without threat of discharge or reprisal in any form
9 or manner whatsoever. The complaint process and procedure
10 shall be adopted by the Department by rule. The treatment
11 provider shall have in place a mechanism for receiving and
12 responding to such complaints, and shall inform the patient
13 and the patient's family or legal guardian of this mechanism
14 and how to use it. The provider shall analyze any complaint
15 received and, when indicated, take appropriate corrective
16 action. Every patient and his or her family member or legal
17 guardian who makes a complaint shall receive a timely response
18 from the provider that substantively addresses the complaint.
19 The provider shall inform the patient and the patient's family
20 or legal guardian about other sources of assistance if the
21 provider has not resolved the complaint to the satisfaction of
22 the patient or the patient's family or legal guardian.

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

26 (z) A person who is in need of services may apply for

1 voluntary admission in the manner and with the rights provided
2 for under regulations promulgated by the Department. If a
3 person is refused admission, then staff, subject to rules
4 promulgated by the Department, shall refer the person to
5 another facility or to other appropriate services.

6 (aa) No patient shall be denied services based solely on
7 HIV status. Further, records and information governed by the
8 AIDS Confidentiality Act and the AIDS Confidentiality and
9 Testing Code (77 Ill. Adm. Code 697) shall be maintained in
10 accordance therewith.

11 (bb) Records of the identity, diagnosis, prognosis or
12 treatment of any patient maintained in connection with the
13 performance of any service or activity relating to substance
14 use or gambling disorder education, early intervention,
15 intervention, training, or treatment that is regulated,
16 authorized, or directly or indirectly assisted by any
17 Department or agency of this State or under any provision of
18 this Act shall be confidential and may be disclosed only in
19 accordance with the provisions of federal law and regulations
20 concerning the confidentiality of substance use disorder
21 patient records as contained in 42 U.S.C. Sections 290dd-2 and
22 42 CFR ~~C.F.R.~~ Part 2, or any successor federal statute or
23 regulation.

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

26 (A) Veteran's Administration records.

1 (B) Information obtained by the Armed Forces.

2 (C) Information given to qualified service
3 organizations.

4 (D) Communications within a program or between a
5 program and an entity having direct administrative
6 control over that program.

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

10 (F) Reports under State law of incidents of
11 suspected child abuse and neglect; however,
12 confidentiality restrictions continue to apply to the
13 records and any follow-up information for disclosure
14 and use in civil or criminal proceedings arising from
15 the report of suspected abuse or neglect.

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

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

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

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

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

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

3 (3) The restrictions on disclosure and use of patient
4 information apply whether the holder of the information
5 already has it, has other means of obtaining it, is a law
6 enforcement or other official, has obtained a subpoena, or
7 asserts any other justification for a disclosure or use
8 that is not permitted by 42 CFR ~~C.F.R.~~ Part 2. Any court
9 orders authorizing disclosure of patient records under
10 this Act must comply with the procedures and criteria set
11 forth in 42 CFR ~~C.F.R.~~ Sections 2.64 and 2.65. Except as
12 authorized by a court order granted under this Section, no
13 record referred to in this Section may be used to initiate
14 or substantiate any charges against a patient or to
15 conduct any investigation of a patient.

16 (4) The prohibitions of this subsection shall apply to
17 records concerning any person who has been a patient,
18 regardless of whether or when the person ceases to be a
19 patient.

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

23 (6) The Department shall prescribe regulations to
24 carry out the purposes of this subsection. These
25 regulations may contain such definitions, and may provide
26 for such safeguards and procedures, including procedures

1 and criteria for the issuance and scope of court orders,
2 as in the judgment of the Department are necessary or
3 proper to effectuate the purposes of this Section, to
4 prevent circumvention or evasion thereof, or to facilitate
5 compliance therewith.

6 (cc) Each patient shall be given a written explanation of
7 all the rights enumerated in this Section and a copy, signed by
8 the patient, shall be kept in every patient record. If a
9 patient is unable to read such written explanation, it shall
10 be read to the patient in a language that the patient
11 understands. A copy of all the rights enumerated in this
12 Section shall be posted in a conspicuous place within the
13 program where it may readily be seen and read by program
14 patients and visitors.

15 (dd) The program shall ensure that its staff is familiar
16 with and observes the rights and responsibilities enumerated
17 in this Section.

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

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

26 (Source: P.A. 99-143, eff. 7-27-15; 100-759, eff. 1-1-19;

1 revised 12-1-21.)

2 (20 ILCS 301/35-5)

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

4 (a) In order to promote a comprehensive, statewide and
5 multidisciplinary approach to serving pregnant women and
6 mothers, including those who are minors, and their children
7 who are affected by substance use or gambling disorders, the
8 Department shall have responsibility for an ongoing exchange
9 of referral information among the following:

10 (1) those who provide medical and social services to
11 pregnant women, mothers and their children, whether or not
12 there exists evidence of a substance use or gambling
13 disorder. These include any other State-funded medical or
14 social services to pregnant women.

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

17 (b) (Blank).

18 (c) (Blank).

19 (d) (Blank).

20 (e) (Blank).

21 (f) The Department shall develop and maintain an updated
22 and comprehensive directory of licensed providers that deliver
23 treatment and intervention services. The Department shall post
24 on its website a licensed provider directory updated at least
25 quarterly.

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

7 (1) coordination with any program providing case
8 management services to ensure ongoing monitoring and
9 coordination of services after the addicted woman has
10 returned home.

11 (2) coordination with medical services for individual
12 medical care of pregnant women, including prenatal care
13 under the supervision of a physician.

14 (3) coordination with child care services.

15 (h) As a condition of any State grant or contract, the
16 Department shall require that any nonresidential program
17 receiving any funding for treatment services accept women who
18 are pregnant, provided that such services are clinically
19 appropriate. Failure to comply with this subsection shall
20 result in termination of the grant or contract and loss of
21 State funding.

22 (i) (1) From funds appropriated expressly for the purposes
23 of this Section, the Department shall create or contract with
24 licensed, certified agencies to develop a program for the care
25 and treatment of pregnant women, mothers and their children.
26 The program shall be in Cook County in an area of high density

1 population having a disproportionate number of women with
2 substance use and other disorders and a high infant mortality
3 rate.

4 (2) From funds appropriated expressly for the purposes of
5 this Section, the Department shall create or contract with
6 licensed, certified agencies to develop a program for the care
7 and treatment of low income pregnant women. The program shall
8 be located anywhere in the State outside of Cook County in an
9 area of high density population having a disproportionate
10 number of low income pregnant women.

11 (3) In implementing the programs established under this
12 subsection, the Department shall contract with existing
13 residential treatment or recovery homes in areas having a
14 disproportionate number of women with substance use and other
15 disorders who need residential treatment. Priority shall be
16 given to women who:

17 (A) are pregnant, especially if they are intravenous
18 drug users,

19 (B) have minor children,

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

21 (D) are referred by medical personnel because they
22 either have given birth to a baby with a substance use
23 disorder, or will give birth to a baby with a substance use
24 disorder.

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

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

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

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

6 (D) comprehensive and coordinated social services,
7 including therapy groups for the treatment of substance
8 use disorders; family therapy groups; programs to develop
9 positive self-awareness; parent-child therapy; and
10 residential support groups.

11 (5) (Blank).

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

13 (20 ILCS 301/35-10)

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

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

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

19 (2) A substantial percentage of pregnant adolescents
20 have substance use disorders or live in environments in
21 which substance use disorders occur and thus are at risk
22 of exposing their infants to dangerous and harmful
23 circumstances.

24 (3) It is difficult to provide substance use disorder
25 counseling for adolescents in settings designed to serve

1 adults.

2 (b) To address the findings set forth in subsection (a),
3 and subject to appropriation, the Department may establish and
4 fund treatment strategies to meet the developmental, social,
5 and educational needs of high-risk pregnant adolescents and
6 shall do the following:

7 (1) To the maximum extent feasible and appropriate,
8 utilize existing services and funding rather than create
9 new, duplicative services.

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

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

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

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

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

21 (c) (Blank).

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

23 (20 ILCS 301/50-40)

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

25 (a) There is hereby established the Group Home Loan

1 Revolving Fund, referred to in this Section as the "fund", to
2 be held as a separate fund within the State Treasury. Monies in
3 this fund shall be appropriated to the Department on a
4 continuing annual basis. With these funds, the Department
5 shall, directly or through subcontract, make loans to assist
6 in underwriting the costs of housing in which there may reside
7 individuals who are recovering from substance use or gambling
8 disorders, and who are seeking an alcohol-free, gambling-free,
9 or drug-free environment in which to live. Consistent with
10 federal law and regulation, the Department may establish
11 guidelines for approving the use and management of monies
12 loaned from the fund, the operation of group homes receiving
13 loans under this Section and the repayment of monies loaned.

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

16 (1) All receipts, including principal and interest
17 payments and royalties, from any applicable loan agreement
18 made from the fund.

19 (2) All proceeds of assets of whatever nature received
20 by the Department as a result of default or delinquency
21 with respect to loan agreements made from the fund,
22 including proceeds from the sale, disposal, lease or
23 rental of real or personal property that the Department
24 may receive as a result thereof.

25 (3) Any direct appropriations made by the General
26 Assembly, or any gifts or grants made by any person to the

1 fund.

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

4 (c) The Treasurer may invest monies in the fund in
5 securities constituting obligations of the United States
6 government, or in obligations the principal of and interest on
7 which are guaranteed by the United States government, or in
8 certificates of deposit of any State or national bank which
9 are fully secured by obligations guaranteed as to principal
10 and interest by the United States government.

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

12 (20 ILCS 301/55-30)

13 Sec. 55-30. Rate increase.

14 (a) The Department shall by rule develop the increased
15 rate methodology and annualize the increased rate beginning
16 with State fiscal year 2018 contracts to licensed providers of
17 community-based substance use and gambling disorders ~~disorder~~
18 intervention or treatment, based on the additional amounts
19 appropriated for the purpose of providing a rate increase to
20 licensed providers. The Department shall adopt rules,
21 including emergency rules under subsection (y) of Section 5-45
22 of the Illinois Administrative Procedure Act, to implement the
23 provisions of this Section.

24 (b) Within 30 days after June 4, 2018 (the effective date
25 of Public Act 100-587), the Division of Substance Use

1 Prevention and Recovery shall apply an increase in rates of 3%
2 above the rate paid on June 30, 2017 to all Medicaid and
3 non-Medicaid reimbursable service rates. The Department shall
4 adopt rules, including emergency rules under subsection (bb)
5 of Section 5-45 of the Illinois Administrative Procedure Act,
6 to implement the provisions of this subsection (b).

7 (Source: P.A. 100-23, eff. 7-6-17; 100-587, eff. 6-4-18;
8 100-759, eff. 1-1-19; 101-81, eff. 7-12-19.)

9 (20 ILCS 301/55-40)

10 Sec. 55-40. Recovery residences.

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

18 (b) The Department shall develop and maintain an online
19 registry for recovery residences that operate in Illinois to
20 serve as a resource for individuals seeking continued recovery
21 assistance.

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

25 (d) The registry shall indicate any accreditation,

1 certification, or licensure that each recovery residence has
2 received from an entity that has developed uniform national
3 standards. The registry shall also indicate each recovery
4 residence's location in order to assist providers and
5 individuals in finding alcohol, gambling, and drug free
6 housing options with like-minded residents who are committed
7 to alcohol, gambling, and drug free living.

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

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

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