



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB5165

Introduced 2/8/2012, by Rep. Greg Harris

SYNOPSIS AS INTRODUCED:

20 ILCS 301/1-10
20 ILCS 301/5-10
20 ILCS 301/5-20
20 ILCS 301/10-10
20 ILCS 301/10-15
20 ILCS 301/10-25
20 ILCS 301/10-55
20 ILCS 301/15-10
20 ILCS 301/20-5
20 ILCS 301/25-5
20 ILCS 301/25-10
20 ILCS 301/25-20
20 ILCS 301/30-5
20 ILCS 301/35-5

Amends the Alcoholism and Other Drug Abuse and Dependency Act. Makes changes to various provisions concerning the Department of Human Services' functions under the Act; reporting deadlines; licensure requirements; the development of a statewide prevention system; comprehensive treatment services; discrimination in health coverage and the provision of health care services; and other matters. Defines terms. Renames the Compulsive Gambling Program the Disordered Gambling Program. Effective immediately.

LRB097 18265 KTG 63491 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

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 Alcoholism and Other Drug Abuse and
5 Dependency Act is amended by changing Sections 1-10, 5-5, 5-10,
6 5-20, 10-10, 10-15, 10-25, 10-55, 15-10, 20-5, 25-5, 25-10,
7 25-20, 30-5, and 35-5 as follows:

8 (20 ILCS 301/1-10)

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

12 "Act" means the Alcoholism and Other Drug Abuse and
13 Dependency Act.

14 "Addict" means a person who exhibits the disease known as
15 "addiction".

16 "Addiction" means a disease process characterized by the
17 continued use of a specific psycho-active substance despite
18 physical, psychological or social harm. The term also describes
19 the advanced stages of chemical dependency.

20 "Administrator" means a person responsible for
21 administration of a program.

22 "Alcoholic" means a person who exhibits the disease known
23 as "alcoholism".

1 "Alcoholism" means a chronic and progressive disease or
2 illness characterized by preoccupation with and loss of control
3 over the consumption of alcohol, and the use of alcohol despite
4 adverse consequences. Typically, combinations of the following
5 tendencies are also present: periodic or chronic intoxication;
6 physical disability; impaired emotional, occupational or
7 social adjustment; tendency toward relapse; a detrimental
8 effect on the individual, his family and society; psychological
9 dependence; and physical dependence. Alcoholism is also known
10 as addiction to alcohol. Alcoholism is described and further
11 categorized in clinical detail in the DSM and the ICD.

12 "Array of services" means assistance to individuals,
13 families and communities in response to alcohol or other drug
14 abuse or dependency. The array of services includes, but is not
15 limited to: prevention assistance for communities and schools;
16 case finding, assessment and intervention to help individuals
17 stop abusing alcohol or other drugs; case management;
18 detoxification to aid individuals in physically withdrawing
19 from alcohol or other drugs; short-term and long-term treatment
20 and recovery support services to help individuals and family
21 members begin the process of recovery; prescription and
22 dispensing of the drug methadone or other medications as an
23 adjunct to treatment; relapse prevention services;
24 co-occurring mental health and substance use disorder
25 treatment; education and counseling for children or other
26 co-dependents of alcoholics or other drug abusers or addicts.

1 Such services may include telecounseling, telepsychiatry,
2 computer based services, and other services provided with the
3 aid of electronic technology.

4 "ASAM" means the American Society of Addiction Medicine, a
5 professional organization for physicians who specialize in the
6 treatment of addiction, and ASAM's Patient Placement Criteria
7 (ASAM PPC-2R).

8 "Case management" means those services which will assist
9 individuals in gaining access to needed social, educational,
10 medical, treatment and other services.

11 "Children of alcoholics or drug addicts or abusers of
12 alcohol and other drugs" means the minor or adult children of
13 individuals who have abused or been dependent upon alcohol or
14 other drugs. These children may or may not become dependent
15 upon alcohol or other drugs themselves; however, they are
16 physically, psychologically, and behaviorally at high risk of
17 developing the illness. Children of alcoholics and other drug
18 abusers experience emotional and other problems, and benefit
19 from prevention and treatment services provided by funded and
20 non-funded agencies licensed by the Department.

21 "Coalitions" means a formal arrangement for cooperation
22 and collaboration among groups or sectors of a community, in
23 which each group retains its identity, but all agree to work
24 together toward a common goal of building a safe, healthy, and
25 drug-free community.

26 "Co-dependents" means individuals who are involved in the

1 lives of and are affected by people who are dependent upon
2 alcohol and other drugs. Co-dependents compulsively engage in
3 behaviors that cause them to suffer adverse physical,
4 emotional, familial, social, behavioral, vocational, and legal
5 consequences as they attempt to cope with the alcohol or drug
6 dependent person. People who become co-dependents include
7 spouses, parents, siblings, and friends of alcohol or drug
8 dependent people. Co-dependents benefit from prevention and
9 treatment services provided by agencies licensed by the
10 Department.

11 "Controlled substance" means any substance or immediate
12 precursor which is enumerated in the schedules of Article II of
13 the Illinois Controlled Substances Act or the Cannabis Control
14 Act.

15 "Crime of violence" means any of the following crimes:
16 murder, voluntary manslaughter, criminal sexual assault,
17 aggravated criminal sexual assault, predatory criminal sexual
18 assault of a child, armed robbery, robbery, arson, kidnapping,
19 aggravated battery, aggravated arson, or any other felony which
20 involves the use or threat of physical force or violence
21 against another individual.

22 "Department" means the Illinois Department of Human
23 Services as successor to the former Department of Alcoholism
24 and Substance Abuse.

25 "Designated program" means a program designated by the
26 Department to provide services described in subsection (c) or

1 (d) of Section 15-10 of this Act. A designated program's
2 primary function is screening, assessing, referring and
3 tracking clients identified by the criminal justice system, and
4 the program agrees to apply statewide the standards, uniform
5 criteria and procedures established by the Department pursuant
6 to such designation.

7 "Detoxification" means the process of allowing an
8 individual to safely withdraw from a drug in a controlled
9 environment.

10 "DSM" means the most current edition of the Diagnostic and
11 Statistical Manual of Mental Disorders.

12 "D.U.I." means driving under the influence of alcohol or
13 other substances which may cause impairment of driving ability.

14 "Facility" means the building or premises which are used
15 for the provision of licensable program services, including
16 support services, as set forth by rule.

17 "ICD" means the most current edition of the International
18 Classification of Diseases.

19 "Incapacitated" means that a person is unconscious or
20 otherwise exhibits, by overt behavior or by extreme physical
21 debilitation, an inability to care for his own needs or to
22 recognize the obvious danger of his situation or to make
23 rational decisions with respect to his need for treatment.

24 "Intermediary person" means a person with expertise
25 relative to addiction, alcoholism, and the abuse of alcohol or
26 other drugs who may be called on to assist the police in

1 carrying out enforcement or other activities with respect to
2 persons who abuse or are dependent on alcohol or other drugs.

3 "Intervention" means readily accessible activities which
4 assist individuals and their partners or family members in
5 coping with the immediate problems of alcohol and other drug
6 abuse or dependency, and in reducing their alcohol and other
7 drug use. Intervention can facilitate emotional and social
8 stability, and involves referring people for further treatment
9 as needed.

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

13 "Local advisory council" means an alcohol and substance
14 abuse body established in a county, township or community area,
15 which represents public and private entities having an interest
16 in the prevention and treatment of alcoholism or other drug
17 abuse.

18 "Off-site services" means licensable program services or
19 activities which are conducted at a location separate from the
20 primary service location of the provider, and which services
21 are operated by a program or entity licensed under this Act.

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

25 "Prevention" means an interactive process of individuals,
26 families, schools, religious organizations, communities and

1 regional, state and national organizations to reduce
2 alcoholism, prevent and eliminate the use of alcohol by minors,
3 prevent the use of illegal drugs and the abuse of legal drugs
4 by persons of all ages, ~~prevent the use of alcohol by minors,~~
5 build the capacities of individuals and systems, and promote
6 healthy environments, lifestyles, and behaviors.

7 "Program" means a licensable or fundable activity or
8 service, or a coordinated range of such activities or services,
9 as the Department may establish by rule.

10 "Recovery" means the long-term, often life-long, process
11 in which an addicted person changes the way in which he makes
12 decisions and establishes personal and life priorities. The
13 evolution of this decision-making and priority-setting process
14 is generally manifested by an obvious improvement in the
15 individual's life and lifestyle and by his overcoming the abuse
16 of or dependence on alcohol or other drugs. Recovery is also
17 generally manifested by prolonged periods of abstinence from
18 addictive chemicals which are not medically supervised.
19 Recovery is the goal of treatment.

20 "Recovery support" means an organized recovery maintenance
21 service, delivered in a wide variety of settings, for
22 individuals (adult or adolescent) with a substance use disorder
23 diagnosis who are either in treatment or have been discharged
24 from treatment. Recovery Support services are designed to
25 support an individual's recovery. These services may be
26 provided directly to the individual in one-on-one or group

1 settings; or they may be provided on behalf of the individual
2 to assist them in obtaining services that will support their
3 recovery. The length and frequency of such services varies
4 according to the individual's needs. Examples of such services
5 include, but are not limited to: recovery support groups;
6 individual recovery checkups; follow-up contacts; and recovery
7 support service coordination which might include
8 transportation and assistance in obtaining services to meet
9 substance abuse treatment, health, employment, education,
10 legal, housing, and other needs.

11 "Rehabilitation" means a process whereby those clinical
12 services necessary and appropriate for improving an
13 individual's life and lifestyle and for overcoming his or her
14 abuse of or dependency upon alcohol or other drugs, or both,
15 are delivered in an appropriate setting and manner as defined
16 in rules established by the Department.

17 "Relapse" means a process which is manifested by a
18 progressive pattern of behavior that reactivates the symptoms
19 of a disease or creates debilitating conditions in an
20 individual who has experienced remission from addiction or
21 alcoholism.

22 "Secretary" means the Secretary of Human Services or his or
23 her designee.

24 "Substance abuse" or "abuse" shall have the meaning set
25 forth in the most current edition of the Diagnostic and
26 Statistical Manual (DSM), published by the American

1 ~~Psychiatric Association. means a pattern of use of alcohol or~~
2 ~~other drugs with the potential of leading to immediate~~
3 ~~functional problems or to alcoholism or other drug dependency,~~
4 ~~or to the use of alcohol and/or other drugs solely for purposes~~
5 ~~of intoxication. The term also means the use of illegal drugs~~
6 ~~by persons of any age, and the use of alcohol by persons under~~
7 ~~the age of 21.~~

8 "Substance use disorder" shall have the meaning set forth
9 in the most current edition of the Diagnostic and Statistical
10 Manual (DSM), published by the American Psychiatric
11 Association.

12 "Treatment" means the broad range of emergency,
13 outpatient, intermediate, and sub-acute inpatient or
14 residential services and care (including assessment,
15 diagnosis, medical, psychiatric, psychological and social
16 services, care and counseling, ~~and aftercare~~) which may be
17 extended to individuals who abuse or are dependent on alcohol
18 or other drugs or families of those persons.

19 (Source: P.A. 89-202, eff. 7-21-95; 89-428, eff. 12-13-95;
20 89-462, eff. 5-29-96; 89-507, eff. 7-1-97; 90-14, eff. 7-1-97;
21 90-135, eff. 7-22-97.)

22 (20 ILCS 301/5-10)

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

24 (a) In addition to the powers, duties and functions vested
25 in the Department by this Act, or by other laws of this State,

1 the Department shall carry out the following activities:

2 (1) Design, coordinate, and sufficiently fund a
3 comprehensive and coordinated community-based and
4 culturally and gender-appropriate array of services
5 throughout the State for the prevention, intervention,
6 treatment and rehabilitation of alcohol and other drug
7 abuse and dependency that is accessible and addresses the
8 needs of at-risk or addicted individuals and their
9 families.

10 (2) Act as the exclusive State agency to accept,
11 receive and expend, pursuant to appropriation, any public
12 or private monies, grants or services, including those
13 received from the federal government or from other State
14 agencies, for the purpose of providing an array of services
15 for the prevention, intervention, treatment and
16 rehabilitation of alcoholism or other drug abuse or
17 dependency. Monies received by the Department shall be
18 deposited into appropriate funds as may be created by State
19 law or administrative action.

20 (3) Coordinate a statewide strategy among State
21 agencies for the prevention, intervention, treatment and
22 rehabilitation of alcohol and other drug abuse and
23 dependency. This strategy shall include the development of
24 an annual comprehensive State plan for the provision of an
25 array of services for education, prevention, intervention,
26 treatment, relapse prevention and other services and

1 activities to alleviate alcoholism and other drug abuse and
2 dependency. The plan shall be based on local
3 community-based needs and upon data including, but not
4 limited to, that which defines the prevalence of and costs
5 associated with the abuse of and dependency upon alcohol
6 and other drugs. This comprehensive State plan shall
7 include identification of problems, needs, priorities,
8 services and other pertinent information, including the
9 needs of minorities and other specific populations in the
10 State, and shall describe how the identified problems and
11 needs will be addressed. For purposes of this paragraph,
12 the term "minorities and other specific populations" may
13 include, but shall not be limited to, groups such as women,
14 children, intravenous drug users, persons with AIDS or who
15 are HIV infected, African-Americans, Puerto Ricans,
16 Hispanics, Asian Americans, the elderly, persons in the
17 criminal justice system, persons who are clients of
18 services provided by other State agencies, persons with
19 disabilities and such other specific populations as the
20 Department may from time to time identify. In developing
21 the plan, the Department shall seek input from providers,
22 the Illinois Alcoholism and Drug Dependence Association,
23 the Community Behavioral Healthcare Association of
24 Illinois, parent groups, associations, and interested
25 citizens.

26 Beginning with State fiscal year 1996, the annual

1 comprehensive State plan developed under this Section
2 shall include an explanation of the rationale to be used in
3 ensuring that funding shall be based upon local community
4 needs, including, but not limited to, the incidence and
5 prevalence of, and costs associated with, the abuse of and
6 dependency upon alcohol and other drugs, as well as upon
7 demonstrated program performance.

8 The annual comprehensive State plan developed under
9 this Section shall contain a report detailing the
10 activities of and progress made by the programs for the
11 care and treatment of addicted pregnant women, addicted
12 mothers and their children established under subsection
13 (j) of Section 35-5 of this Act.

14 Each State agency which provides or funds alcohol or
15 drug prevention, intervention and treatment services shall
16 annually prepare an agency plan for providing such
17 services, and these shall be used by the Department in
18 preparing the annual comprehensive statewide plan. Each
19 agency's annual plan for alcohol and drug abuse services
20 shall contain a report on the activities and progress of
21 such services in the prior year. The Department may provide
22 technical assistance to other State agencies, as required,
23 in the development of their agency plans.

24 (4) Lead, foster and develop cooperation, coordination
25 and agreements among federal and State governmental
26 agencies and local providers that provide assistance,

1 services, funding or other functions, peripheral or
2 direct, in the prevention, intervention, treatment or
3 rehabilitation of alcoholism and other drug abuse and
4 dependency. This shall include, but shall not be limited
5 to, the following:

6 (A) Cooperate with and assist the Department of
7 Corrections and the Department on Aging in
8 establishing and conducting programs relating to
9 alcoholism and other drug abuse and dependency among
10 those populations which they respectively serve.

11 (B) Cooperate with and assist the Illinois
12 Department of Public Health in the establishment,
13 funding and support of programs and services for the
14 promotion of maternal and child health and the
15 prevention and treatment of infectious diseases,
16 including but not limited to HIV infection, especially
17 with respect to those persons who may abuse drugs by
18 intravenous injection, or may have been sexual
19 partners of drug abusers, or may have abused substances
20 so that their immune systems are impaired, causing them
21 to be at high risk.

22 (C) Supply to the Department of Public Health and
23 prenatal care providers a list of all alcohol and other
24 drug abuse service providers for addicted pregnant
25 women in this State.

26 (D) Assist in the placement of child abuse or

1 neglect perpetrators (identified by the Illinois
2 Department of Children and Family Services) who have
3 been determined to be in need of alcohol or other drug
4 abuse services pursuant to Section 8.2 of the Abused
5 and Neglected Child Reporting Act.

6 (E) Cooperate with and assist the Illinois
7 Department of Children and Family Services in carrying
8 out its mandates to:

9 (i) identify alcohol and other drug abuse
10 issues among its clients and their families; and

11 (ii) develop programs and services to deal
12 with such problems.

13 These programs and services may include, but shall not
14 be limited to, programs to prevent the abuse of alcohol
15 or other drugs by DCFS clients and their families,
16 rehabilitation services, identifying child care needs
17 within the array of alcohol and other drug abuse
18 services, and assistance with other issues as
19 required.

20 (F) Cooperate with and assist the Illinois
21 Criminal Justice Information Authority with respect to
22 statistical and other information concerning drug
23 abuse incidence and prevalence.

24 (G) Cooperate with and assist the State
25 Superintendent of Education, boards of education,
26 schools, police departments, the Illinois Department

1 of State Police, courts and other public and private
2 agencies and individuals in establishing prevention
3 programs statewide and preparing curriculum materials
4 for use at all levels of education. An agreement shall
5 be entered into with the State Superintendent of
6 Education to assist in the establishment of such
7 programs.

8 (H) Cooperate with and assist the Illinois
9 Department of Healthcare and Family Services in the
10 development and provision of services offered to
11 recipients of public assistance for the treatment and
12 prevention of alcoholism and other drug abuse and
13 dependency.

14 (I) Provide training recommendations to other
15 State agencies funding alcohol or other drug abuse
16 prevention, intervention, treatment or rehabilitation
17 services.

18 (5) From monies appropriated to the Department from the
19 Drunk and Drugged Driving Prevention Fund, make grants to
20 reimburse DUI evaluation and remedial education programs
21 licensed by the Department for the costs of providing
22 indigent persons with free or reduced-cost services
23 relating to a charge of driving under the influence of
24 alcohol or other drugs.

25 (6) Promulgate regulations to provide appropriate
26 standards for publicly and privately funded programs as

1 well as for levels of payment to government funded programs
2 which provide an array of services for prevention,
3 intervention, treatment and rehabilitation for alcoholism
4 and other drug abuse or dependency.

5 (7) In consultation with local service providers and
6 applicable trade associations, specify a uniform
7 statistical methodology for use by agencies,
8 organizations, individuals, and the Department for
9 collection and dissemination of statistical information
10 regarding services related to alcoholism and other drug use
11 and abuse. This shall include prevention services
12 delivered, the number of persons treated, frequency of
13 admission and readmission, and duration of treatment.

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

19 (9) Designate and license providers to conduct
20 screening, assessment, referral and tracking of clients
21 identified by the criminal justice system as having
22 indications of alcoholism or other drug abuse or dependency
23 and being eligible to make an election for treatment under
24 Section 40-5 of this Act, and assist in the placement of
25 individuals who are under court order to participate in
26 treatment.

1 (10) Designate medical examination and other programs
2 for determining alcoholism and other drug abuse and
3 dependency.

4 (11) Encourage service providers who receive financial
5 assistance in any form from the State to assess and collect
6 fees for services rendered.

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

14 (13) Encourage all health and disability insurance
15 programs to include alcoholism and other drug abuse and
16 dependency as a covered illness.

17 (14) Make such agreements, grants-in-aid and
18 purchase-care arrangements with any other department,
19 authority or commission of this State, or any other state
20 or the federal government or with any public or private
21 agency, including the disbursement of funds and furnishing
22 of staff, to effectuate the purposes of this Act.

23 (15) Conduct a public information campaign to inform
24 the State's Hispanic residents regarding the prevention
25 and treatment of alcoholism.

26 (b) In addition to the powers, duties and functions vested

1 in it by this Act, or by other laws of this State, the
2 Department may undertake, but shall not be limited to, the
3 following activities:

4 (1) Require all programs funded by the Department to
5 include an education component to inform participants
6 regarding the causes and means of transmission and methods
7 of reducing the risk of acquiring or transmitting HIV
8 infection, and to include funding for such education
9 component in its support of the program.

10 (2) Review all State agency applications for federal
11 funds which include provisions relating to the prevention,
12 early intervention and treatment of alcoholism and other
13 drug abuse and dependency in order to ensure consistency
14 with the comprehensive statewide plan developed pursuant
15 to this Act.

16 (3) In conjunction with any public or private agency,
17 prepare ~~Prepare~~, publish, evaluate, disseminate, and serve
18 as a central repository for educational materials dealing
19 with the nature and effects of alcoholism and other drug
20 abuse and dependency. Such materials may deal with the
21 educational needs of the citizens of Illinois, and may
22 include at least pamphlets which describe the causes and
23 effects of Fetal Alcohol Spectrum Disorders (FASD) ~~fetal~~
24 ~~alcohol syndrome~~, which the Department may distribute free
25 of charge to each county clerk in sufficient quantities
26 that the county clerk may provide a pamphlet to the

1 recipients of all marriage licenses issued in the county.

2 (4) Develop and coordinate, with regional and local
3 agencies, education and training programs for persons
4 engaged in providing the array of services for persons
5 having alcoholism or other drug abuse and dependency
6 problems, which programs may include specific HIV
7 education and training for program personnel.

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

11 (6) Utilize the support and assistance of interested
12 persons in the community, including recovering addicts and
13 alcoholics, to assist individuals and communities in
14 understanding the dynamics of addiction, and to encourage
15 individuals with alcohol or other drug abuse or dependency
16 problems to voluntarily undergo treatment.

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

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

26 (9) Publish or provide for the publishing of a manual

1 to assist medical and social service providers in
2 identifying alcoholism and other drug abuse and dependency
3 and coordinating the multidisciplinary delivery of
4 services to addicted pregnant women, addicted mothers and
5 their children. The manual may be used only to provide
6 information and may not be used by the Department to
7 establish practice standards. The Department may not
8 require recipients to use specific providers nor may they
9 require providers to refer recipients to specific
10 providers. The manual may include, but need not be limited
11 to, the following:

12 (A) Information concerning risk assessments of
13 women seeking prenatal, natal, and postnatal medical
14 care.

15 (B) Information concerning risk assessments of
16 infants who may be substance-affected.

17 (C) Protocols that have been adopted by the
18 Illinois Department of Children and Family Services
19 for the reporting and investigation of allegations of
20 child abuse or neglect under the Abused and Neglected
21 Child Reporting Act.

22 (D) Summary of procedures utilized in juvenile
23 court in cases of children alleged or found to be
24 abused or neglected as a result of being born to
25 addicted women.

26 (E) Information concerning referral of addicted

1 pregnant women, addicted mothers and their children by
2 medical, social service, and substance abuse treatment
3 providers, by the Departments of Children and Family
4 Services, Healthcare and Family Services ~~Public Aid~~,
5 Public Health, and Human Services.

6 (F) Effects of substance abuse on infants and
7 guidelines on the symptoms, care, and comfort of
8 drug-withdrawing infants.

9 (G) Responsibilities of the Illinois Department of
10 Public Health to maintain statistics on the number of
11 children in Illinois addicted at birth.

12 (10) To the extent permitted by federal law or
13 regulation, establish and maintain a clearinghouse and
14 central repository for the development and maintenance of a
15 centralized data collection and dissemination system and a
16 management information system for all alcoholism and other
17 drug abuse prevention, early intervention and treatment
18 services.

19 (11) Fund, promote or assist programs, services,
20 demonstrations or research dealing with addictive or
21 habituating behaviors detrimental to the health of
22 Illinois citizens.

23 (12) With monies appropriated from the Group Home Loan
24 Revolving Fund, make loans, directly or through
25 subcontract, to assist in underwriting the costs of housing
26 in which individuals recovering from alcohol or other drug

1 abuse or dependency may reside in groups of not less than 6
2 persons, pursuant to Section 50-40 of this Act.

3 (13) Promulgate such regulations as may be necessary
4 for the administration of grants or to otherwise carry out
5 the purposes and enforce the provisions of this Act.

6 (14) Fund programs to help parents be effective in
7 preventing substance abuse by building an awareness of
8 drugs and alcohol and the family's role in preventing abuse
9 through adjusting expectations, developing new skills, and
10 setting positive family goals. The programs shall include,
11 but not be limited to, the following subjects: healthy
12 family communication; establishing rules and limits; how
13 to reduce family conflict; how to build self-esteem,
14 competency, and responsibility in children; how to improve
15 motivation and achievement; effective discipline; problem
16 solving techniques; and how to talk about drugs and
17 alcohol. The programs shall be open to all parents.

18 (Source: P.A. 94-556, eff. 9-11-05; 95-331, eff. 8-21-07.)

19 (20 ILCS 301/5-20)

20 Sec. 5-20. Disordered ~~Compulsive~~ gambling program.

21 (a) Subject to appropriation, the Department shall
22 establish a program for public education, research, and
23 training regarding disordered ~~problem and compulsive~~ gambling
24 and the treatment and prevention of disordered ~~problem and~~
25 ~~compulsive~~ gambling.

1 (b) Disordered gambling shall have the meaning set forth in
2 the most current edition of the Diagnostic and Statistical
3 Manual (DSM), published by the American Psychiatric
4 Association.

5 Subject to specific appropriation for these stated
6 purposes, the program must include all of the following:

7 (1) Establishment and maintenance of a toll-free "800"
8 telephone number to provide crisis counseling and referral
9 services to families experiencing difficulty as a result of
10 problem or disordered ~~compulsive~~ gambling.

11 (2) Promotion of public awareness regarding the
12 recognition and prevention of problem and disordered
13 ~~compulsive~~ gambling.

14 (3) Facilitation, through in-service training and
15 other means, of the availability of effective assistance
16 programs for problem and disordered ~~compulsive~~ gamblers.

17 (4) Conducting studies to identify adults and
18 juveniles in this State who are, or who are at risk of
19 becoming, problem or disordered ~~compulsive~~ gamblers.

20 (b) Subject to appropriation, the Department shall either
21 establish and maintain the program or contract with a private
22 or public entity for the establishment and maintenance of the
23 program. Subject to appropriation, either the Department or the
24 private or public entity shall implement the toll-free
25 telephone number, promote public awareness, and conduct
26 in-service training concerning problem and disordered

1 ~~compulsive~~ gambling.

2 (c) Subject to appropriation, the Department shall produce
3 and supply the signs specified in Section 10.7 of the Illinois
4 Lottery Law, Section 34.1 of the Illinois Horse Racing Act of
5 1975, Section 4.3 of the Bingo License and Tax Act, Section 8.1
6 of the Charitable Games Act, and Section 13.1 of the Riverboat
7 Gambling Act.

8 (d) The Department shall fund programs for the treatment of
9 disordered gambling within the available funds appropriated by
10 the General Assembly and approved by the Governor.

11 (Source: P.A. 89-374, eff. 1-1-96; 89-626, eff. 8-9-96.)

12 (20 ILCS 301/10-10)

13 Sec. 10-10. Powers and duties of the Council. The Council
14 shall:

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

17 (b) Advise the Department on regulations and licensure
18 proposed by the Department.

19 (c) Advise the Department in the formulation,
20 preparation and implementation of the comprehensive State
21 plan for prevention, intervention, treatment and relapse
22 prevention of alcoholism and other drug abuse and
23 dependency.

24 (d) Advise the Department on implementation of
25 alcoholism and other drug abuse and dependency education

1 and prevention programs throughout the State.

2 (e) By January 1, 2011 ~~1995~~, and by January 1 of every
3 third year thereafter, in cooperation with entities
4 including but not limited to the Advisory Council and the
5 Committee on Women's Alcohol and Substance Abuse
6 Treatment, submit to the Governor and General Assembly a
7 planning document, ~~specific to Illinois' female~~
8 ~~population~~. The document shall contain, but need not be
9 limited to, interagency information concerning the types
10 of services funded, the client population served, the
11 support services available and provided during the
12 preceding 3 year period, and the goals, objectives,
13 proposed methods of achievement, client projections and
14 cost estimate for the upcoming 3 year period. The document
15 may include, if deemed necessary and appropriate,
16 recommendations regarding the reorganization of the
17 Department to enhance and increase prevention, treatment,
18 and recovery support services available to sufficiently
19 meet 15% of the annual need as defined by annual studies
20 published by the U.S. Department of Health and Human
21 Services ~~women~~.

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

23 (g) Advise the Department in the planning,
24 development, and coordination of programs among all
25 agencies and departments of State government, including
26 programs to reduce alcoholism and drug addiction, prevent

1 the use of illegal drugs and abuse of legal drugs by
2 persons of all ages, and prevent the use of alcohol by
3 minors.

4 (h) Promote and encourage participation by the private
5 sector, including business, industry, labor, and the
6 media, in programs to prevent alcoholism and other drug
7 abuse and dependency.

8 (i) Encourage the implementation of programs to
9 prevent alcoholism and other drug abuse and dependency in
10 the public and private schools and educational
11 institutions, including establishment of alcoholism and
12 other drug abuse and dependency programs.

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

17 (k) Report annually to the General Assembly regarding
18 the activities and recommendations made by the Council.

19 With the advice and consent of the Secretary, the presiding
20 officer shall annually appoint a Special Committee on
21 Licensure, which shall advise the Secretary on particular cases
22 on which the Department intends to take action that is adverse
23 to an applicant or license holder, and shall review an annual
24 report submitted by the Secretary summarizing all licensure
25 sanctions imposed by the Department.

26 (Source: P.A. 94-1033, eff. 7-1-07.)

1 (20 ILCS 301/10-15)

2 Sec. 10-15. Qualification and appointment of members. The
3 membership of the Illinois Advisory Council shall 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 the
9 Illinois Public Defenders 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 alcoholism and
17 other drug abuse and dependency.

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

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

22 (j) The Chief Executive Officer ~~President~~ of the
23 Illinois Alcoholism and Drug Dependence Association or his
24 or her designee.

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

1 Governor.

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

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

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

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

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

14 (p-1) The President of the Community Behavioral
15 Healthcare Association of Illinois or his or 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 alcoholism or other
20 drug abuse and dependency treatment programs and one of
21 whom shall be a representative of a manufacturer or
22 importing distributor of alcoholic liquor licensed by the
23 State of Illinois, and 3 public members appointed by each
24 of the 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 designee,
2 of each of the following: the Department on Aging, the
3 Department of Children and Family Services, the Department
4 of Corrections, the Department of Juvenile Justice, the
5 Department of Healthcare and Family Services, the
6 Department of Revenue, the Department of Public Health, the
7 Department of Financial and Professional Regulation, the
8 Department of State Police, the Administrative Office of
9 the Illinois Courts, the Criminal Justice Information
10 Authority, and the Department of Transportation.

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

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

1 the leader of the same house and of the same political party as
2 the leader who originally appointed the member.

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

14 (Source: P.A. 94-1033, eff. 7-1-07.)

15 (20 ILCS 301/10-25)

16 Sec. 10-25. Powers and duties of the Committee. The
17 Committee shall have the following powers and duties:

18 (a) To advise the Council and the Secretary in the
19 development of intervention, prevention and treatment
20 objectives and standards, educational and outreach
21 programs, and support services specific to the needs of
22 women.

23 (b) To advise the Council and the Secretary in the
24 formulation, preparation and implementation of a State
25 plan for intervention, prevention and treatment of

1 alcoholism and other drug abuse and dependency targeted to
2 women.

3 (c) To advise the Council and the Secretary regarding
4 strategies to enhance service delivery to women.

5 (d) To advise the Council and the Secretary in the
6 development and implementation of a State plan, in
7 conjunction with the Department of Children and Family
8 Services, to provide child care services, at no or low
9 cost, to addicted mothers with children who are receiving
10 substance abuse treatment services.

11 (e) By January ~~December~~ 1, 1994, and by January
12 ~~December~~ 1 of every third year thereafter, to prepare and
13 submit to the Council for approval a planning document
14 specific to Illinois' female population. The document
15 shall contain, but need not be limited to, interagency
16 information concerning the types of services funded, the
17 client population served, the support services available
18 and provided during the preceding 3 year period, and the
19 goals, objectives, proposed methods of achievement, client
20 projections and cost estimate for the upcoming 3 year
21 period. The document may include, if deemed necessary and
22 appropriate, recommendations regarding the reorganization
23 of the Department to enhance and increase prevention,
24 treatment and support services available to women.

25 (f) perform other duties as requested by the Council or
26 the Secretary.

1 (Source: P.A. 88-80; 89-507, eff. 7-1-97.)

2 (20 ILCS 301/10-55)

3 Sec. 10-55. Medical Advisory Committee. The Secretary
4 shall appoint a Medical Advisory Committee to the Department,
5 consisting of up to 15 physicians licensed to practice medicine
6 in all of its branches in Illinois who shall serve in an
7 advisory capacity to the Secretary. The membership of the
8 Medical Advisory Committee shall reasonably reflect
9 representation from the geographic areas and the range of
10 alcoholism and other drug abuse and dependency service
11 providers in the State. In making appointments, the Secretary
12 shall give consideration to recommendations made by the
13 Illinois State Medical Society, the Illinois Society of
14 Addiction Medicine, and other appropriate professional
15 organizations. All appointments shall be made with regard to
16 the interest and expertise of the individual with regard to
17 alcoholism and other drug abuse and dependency services. At a
18 minimum, those appointed to the Committee shall include
19 representatives of Board-certified psychiatrists,
20 community-based and hospital-based alcoholism or other drug
21 dependency treatment programs, and Illinois medical schools.

22 Members shall serve 3-year terms and until their successors
23 are appointed and qualified, except that of the initial
24 appointments, one-third of the members shall be appointed for
25 one year, one-third shall be appointed for 2 years, and

1 one-third shall be appointed for 3 years and until their
2 successors are appointed and qualified. Appointments to fill
3 vacancies shall be made in the same manner as the original
4 appointments, for the unexpired portion of the vacated term.
5 Initial terms shall begin on January 1, 1994. Members shall
6 elect a chairperson annually from among their membership.

7 (Source: P.A. 88-80; 89-507, eff. 7-1-97.)

8 (20 ILCS 301/15-10)

9 Sec. 15-10. Licensure categories. No person or program may
10 provide the services or conduct the activities described in
11 this Section without first obtaining a license therefor from
12 the Department. The Department shall, by rule, provide
13 licensure requirements, including, but not limited to, ~~for each~~
14 ~~of the following categories of service:~~

15 (a) Residential treatment for alcoholism and other
16 drug dependency, sub-acute inpatient treatment, clinically
17 managed or medically monitored detoxification, and
18 residential extended care (formerly halfway house).

19 (b) Outpatient treatment for alcoholism and other drug
20 abuse and dependency.

21 (c) The screening, assessment, referral, and ~~or~~
22 tracking of clients identified by the criminal justice
23 system as having indications of alcoholism or other drug
24 abuse or dependency.

25 (d) D.U.I. evaluation services for Illinois courts and

1 the Secretary of State.

2 (e) D.U.I. remedial education services for Illinois
3 courts or the Secretary of State.

4 (f) Recovery home services for persons in early
5 recovery from substance abuse or for persons who have
6 recently completed or who may still be receiving substance
7 abuse treatment services.

8 With respect to substance use disorders, coverage for
9 inpatient treatment shall include coverage for treatment in a
10 sub-acute inpatient residential treatment center licensed by
11 the Department.

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

16 (Source: P.A. 94-1033, eff. 7-1-07.)

17 (20 ILCS 301/20-5)

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

19 (a) The Department shall develop and implement a
20 comprehensive, statewide, community-based strategy to reduce
21 alcoholism and alcohol abuse, prevent the use of illegal drugs
22 and the abuse of legal drugs by persons of all ages, and to
23 prevent the use of alcohol by minors. The system created to
24 implement this strategy shall be based on the premise that
25 coordination among and integration between all community and

1 governmental systems will facilitate effective and efficient
2 program implementation and utilization of existing resources.

3 (b) The statewide system developed under this Section shall
4 be responsible for:

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

8 (2) initiating and fostering continuing cooperation
9 among the Department, Department-funded prevention
10 programs, other community-based prevention providers and
11 other State, regional, or local systems or agencies which
12 have an interest in alcohol and other drug use or abuse
13 prevention.

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

17 (1) establishing and conducting programs to provide
18 awareness and knowledge of the nature and extent of alcohol
19 and other drug use, abuse and dependency and their effects
20 on individuals, families and communities.

21 (2) conducting or providing prevention skill building
22 or education through the use of structured experiences.

23 (3) developing, ~~or~~ supporting, and advocating with new
24 and existing local community coalitions or
25 neighborhood-based grassroots networks using action
26 planning and collaborative systems to initiate change

1 regarding alcohol and other drug use and abuse in their
2 community.

3 (4) encouraging, ~~and~~ supporting, and advocating for
4 programs and activities that emphasize alcohol and other
5 drug-free lifestyles ~~socialization~~.

6 (5) drafting and implementing efficient plans for the
7 use of available resources to address issues of alcohol and
8 other drug abuse prevention.

9 (6) coordinating local programs of alcoholism, alcohol
10 abuse, and other drug abuse education and prevention.

11 (7) encouraging the development of local advisory
12 councils.

13 (8) encouraging and supporting programs, practices,
14 policies, and activities that emphasize environmental
15 strategies impacting norms, availability, and regulations
16 around alcohol and other drug abuse.

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

1 effort shall be taken into account by the Department in making
2 decisions regarding the allocation of prevention resources.

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

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

10 (Source: P.A. 88-80.)

11 (20 ILCS 301/25-5)

12 Sec. 25-5. Establishment of comprehensive treatment
13 system. The Department shall develop, fund, and implement a
14 comprehensive, statewide, community-based system for the
15 provision of a full array of intervention, treatment, and
16 recovery support ~~aftercare~~ for persons suffering from alcohol
17 and other drug abuse and dependency. The system created under
18 this Section shall be based on the premise that coordination
19 among and integration between all community and governmental
20 systems will facilitate effective and efficient program
21 implementation and utilization of existing resources.

22 (Source: P.A. 88-80.)

23 (20 ILCS 301/25-10)

24 Sec. 25-10. Promulgation of regulations. The Department

1 shall adopt regulations for the licensure of programs
2 ~~acceptance of persons for treatment~~, taking into consideration
3 available resources and facilities, for the purpose of early
4 and effective treatment of alcoholism and other drug abuse and
5 dependency.

6 (Source: P.A. 88-80.)

7 (20 ILCS 301/25-20)

8 Sec. 25-20. Applicability of patients' rights. All persons
9 who are receiving or who have received intervention, treatment,
10 or recovery support ~~aftercare~~ services under this Act shall be
11 afforded those rights enumerated in Article 30.

12 (Source: P.A. 88-80.)

13 (20 ILCS 301/30-5)

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

15 (a) For purposes of this Section, "patient" means any
16 person who is receiving or has received intervention,
17 treatment, or recovery support ~~aftercare~~ services under this
18 Act.

19 (b) No patient who is receiving or who has received
20 intervention, treatment, or recovery support ~~aftercare~~
21 services under this Act shall be deprived of any rights,
22 benefits, or privileges guaranteed by law, the Constitution of
23 the United States of America, or the Constitution of the State
24 of Illinois solely because of his status as a patient of a

1 program.

2 (c) Persons who abuse or are dependent on alcohol or other
3 drugs who are also suffering from medical conditions shall not
4 be discriminated against in admission or treatment by any
5 hospital which receives support in any form from any program
6 supported in whole or in part by funds appropriated to any
7 State department or agency, or by any health plan or health
8 insurer required to comply with the federal parity requirements
9 or the State parity requirements set forth in the Illinois
10 Insurance Code.

11 (d) Every patient shall have impartial access to services
12 without regard to race, religion, sex, ethnicity, age, sexual
13 orientation, marital status, or handicap.

14 (e) Patients shall be permitted the free exercise of
15 religion.

16 (e-5) Nondiscrimination.

17 (1) Discrimination in health coverage. It shall be
18 unlawful for any health plan or health insurance program to
19 use records described in subsection (bb) of this Section to
20 deny or condition the issuance or effectiveness of a plan,
21 policy, or coverage (including the imposition of any
22 exclusion of benefits under the plan, policy, or coverage
23 based on a preexisting condition) or to discriminate in the
24 pricing of the plan, policy, or coverage (including
25 adjusting the premium rates) of an individual on the basis
26 of the contents of such records.

1 (2) Discrimination in the provision of health care
2 services. It shall be unlawful for any health care provider
3 to deny access to or discriminate in the provision of
4 medically necessary health care services to an individual
5 who is the subject of a record described in subsection (a)
6 of this Section on the basis of the contents of such
7 record. Nothing in this subsection is intended to require a
8 health care provider to deliver a service which is
9 clinically inappropriate or which the health care provider
10 does not ordinarily provide to the general public. Nor is
11 anything in this Section intended to prevent a substance
12 abuse recovery program, residential program, or other
13 program from conditioning access to and continuing
14 participation in the program on maintenance of sobriety or
15 non-possession of alcohol or drugs.

16 (f) Every patient's personal dignity shall be recognized in
17 the provision of services, and a patient's personal privacy
18 shall be assured and protected within the constraints of his
19 individual treatment plan.

20 (g) Treatment services shall be provided in the least
21 restrictive environment possible.

22 (h) Each patient shall be provided an individual treatment
23 plan, which shall be periodically reviewed and updated as
24 necessary.

25 (i) Every patient shall be permitted to participate in the
26 planning of his total care and medical treatment to the extent

1 that his condition permits.

2 (j) A person shall not be denied treatment solely because
3 he has withdrawn from treatment against medical advice on a
4 prior occasion or because he has relapsed after earlier
5 treatment or, when in medical crisis, because of inability to
6 pay.

7 (k) The patient in treatment shall be permitted visits by
8 family and significant others, unless such visits are
9 clinically contraindicated.

10 (l) A patient in treatment shall be allowed to conduct
11 private telephone conversations with family and friends unless
12 clinically contraindicated.

13 (m) A patient shall be permitted to send and receive mail
14 without hindrance, unless clinically contraindicated.

15 (n) A patient shall be permitted to manage his own
16 financial affairs unless he or his guardian, or if the patient
17 is a minor, his parent, authorizes another competent person to
18 do so.

19 (o) A patient shall be permitted to request the opinion of
20 a consultant at his own expense, or to request an in-house
21 review of a treatment plan, as provided in the specific
22 procedures of the provider. A treatment provider is not liable
23 for the negligence of any consultant.

24 (p) Unless otherwise prohibited by State or federal law,
25 every patient shall be permitted to obtain from his own
26 physician, the treatment provider or the treatment provider's

1 consulting physician complete and current information
2 concerning the nature of care, procedures and treatment which
3 he will receive.

4 (q) A patient shall be permitted to refuse to participate
5 in any experimental research or medical procedure without
6 compromising his access to other, non-experimental services.
7 Before a patient is placed in an experimental research or
8 medical procedure, the provider must first obtain his informed
9 written consent or otherwise comply with the federal
10 requirements regarding the protection of human subjects
11 contained in 45 C.F.R. Part 46.

12 (r) All medical treatment and procedures shall be
13 administered as ordered by a physician. In order to assure
14 compliance by the treatment program with all physician orders,
15 all new physician orders shall be reviewed by the treatment
16 program's staff within a reasonable period of time after such
17 orders have been issued. "Medical treatment and procedures"
18 means those services that can be ordered only by a physician
19 licensed to practice medicine in all of its branches in
20 Illinois.

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

25 (t) Unless otherwise prohibited by State or federal law,
26 every patient, patient's guardian, or parent, if the patient is

1 a minor, shall be permitted to inspect and copy all clinical
2 and other records kept by the treatment program or by his
3 physician concerning his care and maintenance. The treatment
4 program or physician may charge a reasonable fee for the
5 duplication of a record.

6 (u) No owner, licensee, administrator, employee, or agent
7 of a treatment program shall abuse or neglect a patient. If
8 staff is aware of abuse of a client, then it is their duty to
9 report abuse consistent with State and federal statutes. ~~It is~~
10 ~~the duty of any program employee or agent who becomes aware of~~
11 ~~such abuse or neglect to report it to the Department~~
12 ~~immediately.~~

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

18 (v-5) All patients admitted to community-based treatment
19 facilities shall be considered voluntary treatment patients
20 and such patients will not be contained within a locked
21 setting.

22 (w) When possible, upon receipt of the patient's request,
23 the provider shall work with a patient to be discharged to
24 develop a post-treatment or aftercare plan. Should the patient
25 be unavailable or refuse, this information shall be documented
26 in the client's record. ~~A patient may be discharged from a~~

1 ~~program after he gives the administrator written notice of his~~
2 ~~desire to be discharged or upon completion of his prescribed~~
3 ~~course of treatment. No patient shall be discharged or~~
4 ~~transferred without the preparation of a post-treatment~~
5 ~~aftercare plan by the program.~~

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

22 (y) A resident may refuse to perform labor at a program
23 unless such labor is a part of his individual treatment program
24 as documented in his clinical record.

25 (z) A person who is in need of treatment may apply for
26 voluntary admission to a treatment program in the manner and

1 with the rights provided for under regulations promulgated by
2 the Department. If a person is refused admission to a licensed
3 treatment program, the staff of the program, subject to rules
4 promulgated by the Department, shall refer the person to
5 another treatment or other appropriate program.

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 program or activity relating to alcohol or
14 other drug abuse or dependency education, early intervention,
15 intervention, training, treatment or rehabilitation which is
16 regulated, authorized, or directly or indirectly assisted by
17 any Department or agency of this State or under any provision
18 of 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 alcohol and drug abuse
21 patient records as contained in 42 U.S.C. Section 290dd-2
22 ~~Sections 290dd-3 and 290ee-3~~ and 42 C.F.R. Part 2.

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

25 (A) Veteran's Administration records.

26 (B) Information obtained by the Armed Forces.

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

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

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

9 (F) Reports under State law of incidents of
10 suspected child abuse and neglect; however,
11 confidentiality restrictions continue to apply to the
12 records ~~and any follow-up information~~ for disclosure
13 and use in civil or criminal proceedings arising from
14 the report of suspected abuse or neglect.
15 Notwithstanding the foregoing, the program's
16 cooperation with the Department of Children and Family
17 Services by allowing access to the patient involved in
18 the mandated report or to staff members for interviews,
19 shall be deemed part of the mandated reporting
20 responsibilities under State law and permissible for
21 disclosure under 42 C.F.R. Part 2.

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

24 (A) With patient consent as set forth in 42 C.F.R.
25 Sections 2.1(b)(1) and 2.31, and as consistent with
26 pertinent State law.

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

3 (C) For research activities as set forth in 42
4 C.F.R. Sections 2.1(b) (2) and 2.52.

5 (D) For audit evaluation activities as set forth in
6 42 C.F.R. Section 2.53.

7 (E) With a court order as set forth in 42 C.F.R.
8 Sections 2.61 through 2.67.

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

22 (4) The prohibitions of this subsection shall apply to
23 records concerning any person who has been a patient,
24 regardless of whether or when he ceases to be a patient.

25 (5) Any person who discloses the content of any record
26 referred to in this Section except as authorized shall,

1 upon conviction, be guilty of a Class A misdemeanor.

2 (6) The Department shall prescribe regulations to
3 carry out the purposes of this subsection. These
4 regulations may contain such definitions, and may provide
5 for such safeguards and procedures, including procedures
6 and criteria for the issuance and scope of court orders, as
7 in the judgment of the Department are necessary or proper
8 to effectuate the purposes of this Section, to prevent
9 circumvention or evasion thereof, or to facilitate
10 compliance therewith.

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

18 (dd) The program shall ensure that its staff is familiar
19 with and observes the rights and responsibilities enumerated in
20 this Section.

21 (Source: P.A. 90-655, eff. 7-30-98.)

22 (20 ILCS 301/35-5)

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

24 (a) In order to promote a comprehensive, statewide and
25 multidisciplinary approach to serving addicted pregnant women

1 and mothers, including those who are minors, and their children
2 who are affected by alcoholism and other drug abuse or
3 dependency, the Department shall have responsibility for an
4 ongoing exchange of referral information, as set forth in
5 subsections (b) and (c) of this Section, among the following:

6 (1) those who provide medical and social services to
7 pregnant women, mothers and their children, whether or not
8 there exists evidence of alcoholism or other drug abuse or
9 dependency. These include providers in the Healthy
10 Moms/Healthy Kids program, the Drug Free Families With a
11 Future program, the Parents Too Soon program, and any other
12 State-funded medical or social service programs which
13 provide services to pregnant women.

14 (2) providers of treatment services to women affected
15 by alcoholism or other drug abuse or dependency.

16 (b) The Department may, in conjunction with the Departments
17 of Children and Family Services, Public Health, and Healthcare
18 and Family Services ~~Public Aid~~, develop and maintain an updated
19 and comprehensive list of medical and social service providers
20 by geographic region. The Department may periodically send this
21 comprehensive list of medical and social service providers to
22 all providers of treatment for alcoholism and other drug abuse
23 and dependency, identified under subsection (f) of this
24 Section, so that appropriate referrals can be made. The
25 Department shall obtain the specific consent of each provider
26 of services before publishing, distributing, verbally making

1 information available for purposes of referral, or otherwise
2 publicizing the availability of services from a provider. The
3 Department may make information concerning availability of
4 services available to recipients, but may not order ~~require~~
5 recipients to specific sources of care.

6 (c) The Department may, on an ongoing basis, keep all
7 medical and social service providers identified under
8 subsection (b) of this Section informed about any relevant
9 changes in any laws relating to alcoholism and other drug abuse
10 and dependency, about services that are available from any
11 State agencies for addicted pregnant women and addicted mothers
12 and their children, and about any other developments that the
13 Department finds to be informative.

14 (d) All providers of treatment for alcoholism and other
15 drug abuse and dependency may receive information from the
16 Department on the availability of services under the Drug Free
17 Families with a Future or any comparable program providing case
18 management services for alcoholic or addicted women, including
19 information on appropriate referrals for other services that
20 may be needed in addition to treatment.

21 (e) The Department may implement the policies and programs
22 set forth in this Section with the advice of the Committee on
23 Women's Alcohol and Substance Abuse Treatment created under
24 Section 10-20 of this Act.

25 (f) The Department shall develop and maintain an updated
26 and comprehensive directory of service providers that provide

1 treatment services to pregnant women, mothers, and their
2 children in this State. The Department shall disseminate an
3 updated directory as often as is necessary to the list of
4 medical and social service providers compiled under subsection
5 (b) of this Section. The Department shall obtain the specific
6 consent of each provider of services before publishing,
7 distributing, verbally making information available for
8 purposes of referral or otherwise using or publicizing the
9 availability of services from a provider. The Department may
10 make information concerning availability of services available
11 to recipients, but may not require recipients to use specific
12 sources of care.

13 (g) As a condition of any State grant or contract, the
14 Department shall require that any treatment program for
15 addicted women provide services, either by its own staff or by
16 agreement with other agencies or individuals, which include but
17 need not be limited to the following:

18 (1) coordination with the Healthy Moms/Healthy Kids
19 program, the Drug Free Families with a Future program, or
20 any comparable program providing case management services
21 to assure ongoing monitoring and coordination of services
22 after the addicted woman has returned home.

23 (2) coordination with medical services for individual
24 medical care of addicted pregnant women, including
25 prenatal care under the supervision of a physician.

26 (3) coordination with child care services under any

1 State plan developed pursuant to subsection (e) of Section
2 10-25 of this Act.

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

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

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

24 (3) In implementing the programs established under this
25 subsection, the Department shall contract with existing
26 residencies or recovery homes in areas having a

1 disproportionate number of women who abuse alcohol or other
2 drugs and need residential treatment and counseling. Priority
3 shall be given to addicted and abusing women who:

4 (A) are pregnant,

5 (B) have minor children,

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

7 (D) are referred by medical personnel because they
8 either have given birth to a baby addicted to a controlled
9 substance, or will give birth to a baby addicted to a
10 controlled substance.

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

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

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

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

18 (D) comprehensive and coordinated social services,
19 including substance abuse therapy groups for the treatment
20 of alcoholism and other drug abuse and dependency; family
21 therapy groups; programs to develop positive
22 self-awareness; parent-child therapy; and residential
23 support groups.

24 (5) No services that require a license shall be provided
25 until and unless the recovery home or other residence obtains
26 and maintains the requisite license.

1 (Source: P.A. 88-80.)

2 Section 99. Effective date. This Act takes effect upon
3 becoming law.