



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

SB1896

Introduced 2/10/2011, by Sen. Mattie Hunter

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 02968 KTG 46092 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; education
24 and counseling for children or other co-dependents of
25 alcoholics or other drug abusers or addicts. Such services may
26 include telecounseling, telepsychiatry, computer based

1 services, and other services provided with the aid of
2 electronic technology.

3 "ASAM" means the American Society of Addiction Medicine, a
4 professional organization for physicians who specialize in the
5 treatment of addiction. ASAM's Patient Placement Criteria
6 (ASAM PPC-2R) is the most widely used and comprehensive
7 national guidelines for placement, continued stay, and
8 discharge of patients with alcohol and other drug problems.

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

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

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

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

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

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

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

26 "Designated program" means a program designated by the

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

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

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

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

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

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

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

25 "Intermediary person" means a person with expertise
26 relative to addiction, alcoholism, and the abuse of alcohol or

1 other drugs who may be called on to assist the police in
2 carrying out enforcement or other activities with respect to
3 persons who abuse or are dependent on alcohol or other drugs.

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

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

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

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

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 to reduce
3 alcoholism, prevent and eliminate the use of alcohol by minors,
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 build the capacities of individuals and systems, and promote
7 healthy environments, lifestyles, and behaviors.

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

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

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

1 provided directly to the individual in one-on-one or group
2 settings; or they may be provided on behalf of the individual
3 to assist them in obtaining services that will support their
4 recovery. The length and frequency of such services varies
5 according to the individual's needs. Examples of such services
6 include: recovery support groups; individual recovery
7 checkups; follow-up contacts; and recovery support service
8 coordination which might include transportation and assistance
9 in obtaining services to meet substance abuse treatment,
10 health, employment, education, legal, housing, and other
11 needs.

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

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

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

25 "Substance abuse" or "abuse" shall have the meaning set
26 forth in the most current edition of the Diagnostic and

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

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

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

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

23 (20 ILCS 301/5-10)

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

25 (a) In addition to the powers, duties and functions vested

1 in the Department by this Act, or by other laws of this State,
2 the Department shall carry out the following activities:

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

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

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

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

25 Beginning with State fiscal year 1996, the annual
26 comprehensive State plan developed under this Section

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

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

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

23 (4) Lead, foster and develop cooperation, coordination
24 and agreements among federal and State governmental
25 agencies and local providers that provide assistance,
26 services, funding or other functions, peripheral or

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

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

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

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

25 (D) Assist in the placement of child abuse or
26 neglect perpetrators (identified by the Illinois

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

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

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

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

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

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

23 (G) Cooperate with and assist the State
24 Superintendent of Education, boards of education,
25 schools, police departments, the Illinois Department
26 of State Police, courts and other public and private

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

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

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

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

24 (6) Promulgate regulations to provide appropriate
25 standards for publicly and privately funded programs as
26 well as for levels of payment to government funded programs

1 which provide an array of services for prevention,
2 intervention, treatment and rehabilitation for alcoholism
3 and other drug abuse or dependency.

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

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

11 (20 ILCS 301/10-10)

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

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

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

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

23 (d) Advise the Department on implementation of
24 alcoholism and other drug abuse and dependency education
25 and prevention programs throughout the State.

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

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

20 (g) Advise the Department in the planning,
21 development, and coordination of programs among all
22 agencies and departments of State government, including
23 programs to reduce alcoholism and drug addiction, prevent
24 the use of illegal drugs and abuse of legal drugs by
25 persons of all ages, and prevent the use of alcohol by
26 minors.

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

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

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

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

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

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

24 (20 ILCS 301/10-15)

25 Sec. 10-15. Qualification and appointment of members. The

1 membership of the Illinois Advisory Council shall consist of:

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

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

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

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

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

11 (f) An educator appointed by the Governor.

12 (g) A physician licensed to practice medicine in all
13 its branches appointed by the Governor with due regard for
14 the appointee's knowledge of the field of alcoholism and
15 other drug abuse and dependency.

16 (h) 4 members of the Illinois House of Representatives,
17 2 each appointed by the Speaker and 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 ~~President~~ of the
21 Illinois Alcoholism and Drug Dependence Association or his
22 or her designee.

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

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

1 (m) The President of the Illinois Hospital Association
2 or his or her designee.

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

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

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

11 (p-1) The President of the Community Behavioral
12 Healthcare Association of Illinois or his or 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 alcoholism or other
17 drug abuse and dependency treatment programs and one of
18 whom shall be a representative of a manufacturer or
19 importing distributor of alcoholic liquor licensed by the
20 State of Illinois, and 3 public members appointed by each
21 of the 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 designee,
25 of each of the following: the Department on Aging, the
26 Department of Children and Family Services, the Department

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

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

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

26 Each non-appointive member may designate a representative

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

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

12 (20 ILCS 301/10-25)

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

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

20 (b) To advise the Council and the Secretary in the
21 formulation, preparation and implementation of a State
22 plan for intervention, prevention and treatment of
23 alcoholism and other drug abuse and dependency targeted to
24 women.

25 (c) To advise the Council and the Secretary regarding

1 strategies to enhance service delivery to women.

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

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

22 (f) perform other duties as requested by the Council or
23 the Secretary.

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

25 (20 ILCS 301/10-55)

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

20 Members shall serve 3-year terms and until their successors
21 are appointed and qualified, except that of the initial
22 appointments, one-third of the members shall be appointed for
23 one year, one-third shall be appointed for 2 years, and
24 one-third shall be appointed for 3 years and until their
25 successors are appointed and qualified. Appointments to fill
26 vacancies shall be made in the same manner as the original

1 appointments, for the unexpired portion of the vacated term.
2 Initial terms shall begin on January 1, 1994. Members shall
3 elect a chairperson annually from among their membership.
4 (Source: P.A. 88-80; 89-507, eff. 7-1-97.)

5 (20 ILCS 301/15-10)

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

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

16 (b) Outpatient treatment for alcoholism and other drug
17 abuse and dependency.

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

22 (d) D.U.I. evaluation services for Illinois courts and
23 the Secretary of State.

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

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

5 With respect to substance use disorders, coverage for
6 inpatient treatment shall include coverage for treatment in a
7 residential treatment center licensed by the Department.

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

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

13 (20 ILCS 301/20-5)

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

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

24 (b) The statewide system developed under this Section shall
25 be responsible for:

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

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

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

13 (1) establishing and conducting programs to provide
14 awareness and knowledge of the nature and extent of alcohol
15 and other drug use, abuse and dependency and their effects
16 on individuals, families and communities.

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

19 (3) developing, ~~or~~ supporting, and advocating with new
20 and existing local community coalitions or
21 neighborhood-based grassroots networks using action
22 planning and collaborative systems to initiate change
23 regarding alcohol and other drug use and abuse in their
24 community.

25 (4) encouraging, ~~and~~ supporting, and advocating for
26 programs and activities that emphasize alcohol and other

1 drug-free lifestyles ~~socialization~~.

2 (5) drafting and implementing efficient plans for the
3 use of available resources to address issues of alcohol and
4 other drug abuse prevention.

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

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

9 (8) encouraging and supporting programs, practices,
10 policies, and activities that emphasize environmental
11 strategies impacting norms, availability, and regulations
12 around alcohol and other drug abuse.

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

25 (e) Prevention programs funded in whole or in part by the
26 Department shall maintain staff whose skills, training,

1 experiences and cultural awareness demonstrably match the
2 needs of the people they are serving.

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

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

7 (20 ILCS 301/25-5)

8 Sec. 25-5. Establishment of comprehensive treatment
9 system. The Department shall develop, annually fund, and
10 implement a comprehensive, statewide, community-based system
11 for the provision of a full array of intervention, treatment,
12 and recovery support ~~aftercare~~ for persons suffering from
13 alcohol and other drug abuse and dependency sufficient to meet
14 at least 15% of the need as defined by annual studies published
15 by the U.S. Department of Health and Human Services. Commencing
16 in State fiscal year 2012, the State shall increase system
17 capacity by a minimum of 1% per year until the system is
18 capable of serving 15% of the need in any given State fiscal
19 year. The system created under this Section shall be based on
20 the premise that coordination among and integration between all
21 community and governmental systems will facilitate effective
22 and efficient program implementation and utilization of
23 existing resources.

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

1 (20 ILCS 301/25-10)

2 Sec. 25-10. Promulgation of regulations. The Department
3 shall adopt regulations for the licensure of treatment and
4 intervention services ~~acceptance of persons for treatment,~~
5 taking into consideration available resources and facilities,
6 for the purpose of early and effective treatment of alcoholism
7 and other drug abuse and dependency.

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

9 (20 ILCS 301/25-20)

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

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

15 (20 ILCS 301/30-5)

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

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

21 (b) No patient who is receiving or who has received
22 intervention, treatment, or recovery support ~~aftercare~~
23 services under this Act shall be deprived of any rights,
24 benefits, or privileges guaranteed by law, the Constitution of

1 the United States of America, or the Constitution of the State
2 of Illinois solely because of his status as a patient of a
3 program.

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

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

16 (e) Patients shall be permitted the free exercise of
17 religion.

18 (e-5) Nondiscrimination.

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

1 adjusting the premium rates) of an individual on the basis
2 of the contents of such records.

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

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

22 (g) Treatment services shall be provided in the least
23 restrictive environment possible.

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

1 (i) Every patient shall be permitted to participate in the
2 planning of his total care and medical treatment to the extent
3 that his condition permits.

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

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

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

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

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

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

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

1 every patient shall be permitted to obtain from his own
2 physician, the treatment provider or the treatment provider's
3 consulting physician complete and current information
4 concerning the nature of care, procedures and treatment which
5 he will receive.

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

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

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

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

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

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

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

23 (w) (Blank) ~~A patient may be discharged from a program~~
24 ~~after he gives the administrator written notice of his desire~~
25 ~~to be discharged or upon completion of his prescribed course of~~
26 ~~treatment. No patient shall be discharged or transferred~~

1 ~~without the preparation of a post-treatment aftercare plan by~~
2 ~~the program.~~

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

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

22 (z) A person who is in need of treatment may apply for
23 voluntary admission to a treatment program in the manner and
24 with the rights provided for under regulations promulgated by
25 the Department. If a person is refused admission to a licensed
26 treatment program, the staff of the program, subject to rules

1 promulgated by the Department, shall refer the person to
2 another treatment or other appropriate program.

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

8 (bb) Records of the identity, diagnosis, prognosis or
9 treatment of any patient maintained in connection with the
10 performance of any program or activity relating to alcohol or
11 other drug abuse or dependency education, early intervention,
12 intervention, training, treatment or rehabilitation which is
13 regulated, authorized, or directly or indirectly assisted by
14 any Department or agency of this State or under any provision
15 of this Act shall be confidential and may be disclosed only in
16 accordance with the provisions of federal law and regulations
17 concerning the confidentiality of alcohol and drug abuse
18 patient records as contained in 42 U.S.C. Section 290dd-2
19 ~~Sections 290dd-3 and 290ee-3~~ and 42 C.F.R. Part 2.

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

22 (A) Veteran's Administration records.

23 (B) Information obtained by the Armed Forces.

24 (C) Information given to qualified service
25 organizations.

26 (D) Communications within a program or between a

1 program and an entity having direct administrative
2 control over that program.

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

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

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

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

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

26 (C) For research activities as set forth in 42

1 C.F.R. Sections 2.1(b) (2) and 2.52.

2 (D) For audit evaluation activities as set forth in
3 42 C.F.R. Section 2.53.

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

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

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

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

25 (6) The Department shall prescribe regulations to
26 carry out the purposes of this subsection. These

1 regulations may contain such definitions, and may provide
2 for such safeguards and procedures, including procedures
3 and criteria for the issuance and scope of court orders, as
4 in the judgment of the Department are necessary or proper
5 to effectuate the purposes of this Section, to prevent
6 circumvention or evasion thereof, or to facilitate
7 compliance therewith.

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

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

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

19 (20 ILCS 301/35-5)

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

21 (a) In order to promote a comprehensive, statewide and
22 multidisciplinary approach to serving addicted pregnant women
23 and mothers, including those who are minors, and their children
24 who are affected by alcoholism and other drug abuse or
25 dependency, the Department shall have responsibility for an

1 ongoing exchange of referral information, as set forth in
2 subsections (b) and (c) of this Section, among the following:

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

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

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

1 services available to recipients, but may not order ~~require~~
2 recipients to specific sources of care.

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

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

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

22 (f) The Department shall develop and maintain an updated
23 and comprehensive directory of service providers that provide
24 treatment services to pregnant women, mothers, and their
25 children in this State. The Department shall disseminate an
26 updated directory as often as is necessary to the list of

1 medical and social service providers compiled under subsection
2 (b) of this Section. The Department shall obtain the specific
3 consent of each provider of services before publishing,
4 distributing, verbally making information available for
5 purposes of referral or otherwise using or publicizing the
6 availability of services from a provider. The Department may
7 make information concerning availability of services available
8 to recipients, but may not require recipients to use specific
9 sources of care.

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

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

20 (2) coordination with medical services for individual
21 medical care of addicted pregnant women, including
22 prenatal care under the supervision of a physician.

23 (3) coordination with child care services under any
24 State plan developed pursuant to subsection (e) of Section
25 10-25 of this Act.

26 (h) As a condition of any State grant or contract, the

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

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

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

21 (3) In implementing the programs established under this
22 subsection, the Department shall contract with existing
23 residencies or recovery homes in areas having a
24 disproportionate number of women who abuse alcohol or other
25 drugs and need residential treatment and counseling. Priority
26 shall be given to addicted and abusing women who:

- 1 (A) are pregnant,
2 (B) have minor children,
3 (C) are both pregnant and have minor children, or
4 (D) are referred by medical personnel because they
5 either have given birth to a baby addicted to a controlled
6 substance, or will give birth to a baby addicted to a
7 controlled substance.

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

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

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

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

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

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

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

25 Section 99. Effective date. This Act takes effect upon
26 becoming law.