



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB5329

Introduced 2/10/2026, by Rep. Lindsey LaPointe

SYNOPSIS AS INTRODUCED:

405 ILCS 5/1-103.5 new	
405 ILCS 5/1-109	from Ch. 91 1/2, par. 1-109
405 ILCS 5/1-129	
405 ILCS 5/2-107	from Ch. 91 1/2, par. 2-107
405 ILCS 5/2-107.1	from Ch. 91 1/2, par. 2-107.1
405 ILCS 5/3-611	from Ch. 91 1/2, par. 3-611
405 ILCS 5/3-807	from Ch. 91 1/2, par. 3-807

Amends the Mental Health and Developmental Disabilities Code. Provides that whenever psychotropic medication or electroconvulsive therapy is refused under a specified provision at least once that day, the psychiatrist or advanced practice psychiatric nurse (instead of the physician) shall determine and state in writing the reasons why the recipient did not meet the criteria for the administration of medication or electroconvulsive therapy and whether the recipient meets the standard for administration of psychotropic medication or electroconvulsive therapy under a provision concerning the administration of psychotropic medication and electroconvulsive therapy upon application to a court. Provides that a petition requesting that the court authorize treatment with psychotropic medication shall specify the full names of the medications and anticipated range of dosage that comprise such treatment. Provides that no administration of psychotropic medication or electroconvulsive therapy without the informed consent of the recipient may be authorized unless at least one psychiatrist or advanced practice psychiatric nurse who has examined the recipient testifies in person at the hearing. Makes other changes to definitions and provisions concerning administration of psychotropic medication and electroconvulsive therapy upon application to a court.

LRB104 20662 KTG 34160 b

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Mental Health and Developmental
5 Disabilities Code is amended by changing Sections 1-109,
6 1-129, 2-107, 2-107.1, 3-611, and 3-807 and by adding Section
7 1-103.5 as follows:

8 (405 ILCS 5/1-103.5 new)

9 Sec. 1-103.5. Confinement. "Confinement", with respect to
10 a mental health facility, means that an individual is
11 prevented or otherwise not permitted to leave the facility.

12 (405 ILCS 5/1-109) (from Ch. 91 1/2, par. 1-109)

13 Sec. 1-109. "Discharge" means the full and physical
14 release of any person admitted or otherwise detained under
15 this Act from treatment, habilitation, or care and custody.

16 (Source: P.A. 80-1414.)

17 (405 ILCS 5/1-129)

18 Sec. 1-129. Mental illness. "Mental illness" means a
19 mental, or emotional disorder that substantially impairs a
20 person's thought, perception of reality, emotional process,
21 judgment, behavior, or ability to cope with the ordinary

1 demands of life, but does not include a developmental
2 disability, a neurocognitive disorder ~~dementia or Alzheimer's~~
3 ~~disease~~ absent psychosis, a substance use disorder, or an
4 abnormality manifested only by repeated criminal or otherwise
5 antisocial conduct.

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

7 (405 ILCS 5/2-107) (from Ch. 91 1/2, par. 2-107)

8 Sec. 2-107. Refusal of services; informing of risks.

9 (a) An adult recipient of services or the recipient's
10 guardian, if the recipient is under guardianship, and the
11 recipient's substitute decision maker, if any, must be
12 informed of the recipient's right to refuse medication or
13 electroconvulsive therapy. The recipient and the recipient's
14 guardian or substitute decision maker shall be given the
15 opportunity to refuse generally accepted mental health or
16 developmental disability services, including but not limited
17 to medication or electroconvulsive therapy. If such services
18 are refused, they shall not be given unless such services are
19 necessary to prevent the recipient from causing serious and
20 imminent physical harm to the recipient or others and no less
21 restrictive alternative is available. The facility director
22 shall inform a recipient, guardian, or substitute decision
23 maker, if any, who refuses such services of alternate services
24 available and the risks of such alternate services, as well as
25 the possible consequences to the recipient of refusal of such

1 services.

2 (b) Psychotropic medication or electroconvulsive therapy
3 may be administered under this Section for up to 24 hours only
4 if the circumstances leading up to the need for emergency
5 treatment are set forth in writing in the recipient's record.

6 (c) Administration of medication or electroconvulsive
7 therapy may not be continued unless the need for such
8 treatment is redetermined at least every 24 hours based upon a
9 personal examination of the recipient by a physician or a
10 nurse under the supervision of a physician and the
11 circumstances demonstrating that need are set forth in writing
12 in the recipient's record.

13 (d) Neither psychotropic medication nor electroconvulsive
14 therapy may be administered under this Section for a period in
15 excess of 72 hours, excluding Saturdays, Sundays, and
16 holidays, unless a petition is filed under Section 2-107.1 and
17 the treatment continues to be necessary under subsection (a)
18 of this Section. Once the petition has been filed, treatment
19 may continue in compliance with subsections (a), (b), and (c)
20 of this Section until the final outcome of the hearing on the
21 petition.

22 (e) The Department shall issue rules designed to ensure
23 ~~insure~~ that in State-operated mental health facilities
24 psychotropic medication and electroconvulsive therapy are
25 administered in accordance with this Section and only when
26 appropriately authorized and monitored by a physician or a

1 nurse under the supervision of a physician in accordance with
2 accepted medical practice. The facility director of each
3 mental health facility not operated by the State shall issue
4 rules designed to ensure ~~insure~~ that in that facility
5 psychotropic medication and electroconvulsive therapy are
6 administered in accordance with this Section and only when
7 appropriately authorized and monitored by a physician or a
8 nurse under the supervision of a physician in accordance with
9 accepted medical practice. Such rules shall be available for
10 public inspection and copying during normal business hours.

11 (f) The provisions of this Section with respect to the
12 emergency administration of psychotropic medication and
13 electroconvulsive therapy do not apply to facilities licensed
14 under the Nursing Home Care Act, the Specialized Mental Health
15 Rehabilitation Act of 2013, the ID/DD Community Care Act, or
16 the MC/DD Act.

17 (g) Under no circumstances may long-acting psychotropic
18 medications be administered under this Section.

19 (h) Whenever psychotropic medication or electroconvulsive
20 therapy is refused pursuant to subsection (a) of this Section
21 at least once that day, the psychiatrist or advanced practice
22 psychiatric nurse ~~physician~~ shall determine and state in
23 writing the reasons why the recipient did not meet the
24 criteria for administration of medication or electroconvulsive
25 therapy under subsection (a) and whether the recipient meets
26 the standard for administration of psychotropic medication or

1 electroconvulsive therapy under Section 2-107.1 of this Code.
2 If the psychiatrist or advanced practice psychiatric nurse
3 ~~physician~~ determines that the recipient meets the standard for
4 administration of psychotropic medication or electroconvulsive
5 therapy under Section 2-107.1, the facility director or his or
6 her designee shall petition the court for administration of
7 psychotropic medication or electroconvulsive therapy pursuant
8 to that Section unless the facility director or his or her
9 designee states in writing in the recipient's record why the
10 filing of such a petition is not warranted. This subsection
11 (h) applies only to State-operated mental health facilities.

12 (i) The Department shall conduct annual trainings for all
13 physicians and registered nurses working in State-operated
14 mental health facilities on the appropriate use of emergency
15 administration of psychotropic medication and
16 electroconvulsive therapy, standards for their use, and the
17 methods of authorization under this Section.

18 (Source: P.A. 98-104, eff. 7-22-13; 99-180, eff. 7-29-15.)

19 (405 ILCS 5/2-107.1) (from Ch. 91 1/2, par. 2-107.1)

20 Sec. 2-107.1. Administration of psychotropic medication
21 and electroconvulsive therapy upon application to a court.

22 (a) (Blank).

23 (a-5) Notwithstanding the provisions of Section 2-107 of
24 this Code, psychotropic medication and electroconvulsive
25 therapy may be administered to an adult recipient of services

1 on an inpatient or outpatient basis without the informed
2 consent of the recipient under the following standards:

3 (1) Any person 18 years of age or older, including any
4 guardian, may petition the circuit court for an order
5 authorizing the administration of psychotropic medication
6 and electroconvulsive therapy to a recipient of services.
7 The petition shall state that the petitioner has made a
8 good faith attempt to determine whether the recipient has
9 executed a power of attorney for health care under the
10 Powers of Attorney for Health Care Law or a declaration
11 for mental health treatment under the Mental Health
12 Treatment Preference Declaration Act and to obtain copies
13 of these instruments if they exist. If either of the
14 above-named instruments is available to the petitioner,
15 the instrument or a copy of the instrument shall be
16 attached to the petition as an exhibit. The petitioner
17 shall deliver a copy of the petition~~7~~ and notice of the
18 time and place of the hearing~~7~~ to the respondent, his or
19 her attorney, any known agent or attorney-in-fact, if any,
20 and the guardian, if any, no later than 3 days prior to the
21 date of the hearing. Service of the petition and notice of
22 the time and place of the hearing may be made by
23 transmitting them via facsimile machine or secured
24 electronic mail to the respondent or other party. Upon
25 receipt of the petition and notice, the party served~~7~~~~or~~
26 ~~the person delivering the petition and notice to the party~~

1 ~~served,~~ shall acknowledge service. If the party sending
2 the petition and notice does not receive acknowledgement
3 of service within 24 hours, service must be made by
4 personal service. A petition requesting that the court
5 authorize treatment with psychotropic medication shall
6 specify the full names of the medications and anticipated
7 range of dosage that comprise such treatment. The petition
8 also may include a request that the court authorize
9 alternative or alternate treatments with psychotropic
10 medications, but only where the petition sets forth the
11 psychotropic medications and the anticipated range of
12 dosages for each alternative or alternate and each
13 combination of psychotropic medications that may be
14 administered simultaneously.

15 The petition may include a request that the court
16 authorize such testing and procedures as may be essential
17 for the safe and effective administration of the
18 psychotropic medication or electroconvulsive therapy
19 sought to be administered, but only where the petition
20 sets forth the specific testing and procedures sought to
21 be administered.

22 If a hearing is requested to be held immediately
23 following the hearing on a petition for involuntary
24 admission, then the notice requirement shall be the same
25 as that for the hearing on the petition for involuntary
26 admission, and the petition filed pursuant to this Section

1 shall be filed with the petition for involuntary
2 admission.

3 (2) The court shall hold a hearing within 7 days of the
4 filing of the petition. The People, the petitioner, or the
5 respondent shall be entitled to a continuance of up to 7
6 days as of right. An additional continuance of not more
7 than 7 days may be granted to any party (i) upon a showing
8 that the continuance is needed in order to adequately
9 prepare for or present evidence in a hearing under this
10 Section or (ii) under exceptional circumstances. The court
11 may grant an additional continuance not to exceed 21 days
12 when, in its discretion, the court determines that such a
13 continuance is necessary in order to provide the recipient
14 with an examination pursuant to Section 3-803 or 3-804 of
15 this Act, to provide the recipient with a trial by jury as
16 provided in Section 3-802 of this Act, or to arrange for
17 the substitution of counsel as provided for by the
18 Illinois Supreme Court Rules. The hearing shall be
19 separate from a judicial proceeding held to determine
20 whether a person is subject to involuntary admission but
21 may be heard immediately preceding or following such a
22 judicial proceeding and may be heard by the same trier of
23 fact or law as in that judicial proceeding.

24 (3) Unless otherwise provided herein, the procedures
25 set forth in Article VIII of Chapter III of this Act,
26 including the provisions regarding appointment of counsel,

1 shall govern hearings held under this subsection (a-5).

2 (4) Psychotropic medication and electroconvulsive
3 therapy may be administered to the recipient if and only
4 if it has been determined by clear and convincing evidence
5 that: ~~all of the following factors are present. In~~
6 ~~determining whether a person meets the criteria specified~~
7 ~~in the following paragraphs (A) through (G), the court may~~
8 ~~consider evidence of the person's history of serious~~
9 ~~violence, repeated past pattern of specific behavior,~~
10 ~~actions related to the person's illness, or past outcomes~~
11 ~~of various treatment options.~~

12 (A) ~~That~~ the recipient has a serious mental
13 illness or developmental disability;~~;~~

14 (B) ~~That~~ because of said mental illness or
15 developmental disability, the recipient currently
16 exhibits any one of the following: (i) deterioration
17 of his or her ability to function, as compared to the
18 recipient's ability to function prior to the current
19 onset of symptoms of the mental illness or disability
20 for which treatment is presently sought, (ii)
21 suffering, or (iii) threatening behavior;~~;~~

22 (C) ~~That~~ the illness or disability has existed for
23 a period marked by the continuing presence of the
24 symptoms set forth in item (B) of this subdivision (4)
25 or the repeated episodic occurrence of these
26 symptoms;~~;~~

1 (D) ~~That~~ the benefits of the treatment outweigh
2 the harm;~~:-~~

3 (E) ~~That~~ the recipient lacks the capacity to make
4 a reasoned decision about the treatment;~~:-~~

5 (F) ~~That~~ other less restrictive services have been
6 explored and found inappropriate; ~~and-~~

7 (G) if ~~If~~ the petition seeks authorization for
8 testing and other procedures, ~~that~~ such testing and
9 procedures are essential for the safe and effective
10 administration of the treatment.

11 (4.5) In determining whether there is clear and
12 convincing evidence, the court may consider evidence
13 presented, if any, about a recipient's history of serious
14 violence, repeated past pattern of specific behavior
15 related to the recipient's illness, or outcomes of past
16 treatments.

17 (5) In no event shall an order issued under this
18 Section be effective for more than 90 days. A second
19 90-day period of involuntary treatment may be authorized
20 pursuant to a hearing that complies with the standards and
21 procedures of this subsection (a-5). Thereafter,
22 additional 180-day periods of involuntary treatment may be
23 authorized pursuant to the standards and procedures of
24 this Section without limit. If a new petition to authorize
25 the administration of psychotropic medication or
26 electroconvulsive therapy is filed at least 15 days prior

1 to the expiration of the prior order, and if any
2 continuance of the hearing is agreed to by the recipient,
3 the administration of the treatment may continue in
4 accordance with the prior order pending the completion of
5 a hearing under this Section.

6 (6) An order issued under this subsection (a-5) shall
7 designate the persons authorized to administer the
8 treatment under the standards and procedures of this
9 subsection (a-5). Those persons shall have complete
10 discretion not to administer any treatment authorized
11 under this Section. The order shall also specify the
12 medications and the anticipated range of dosages that have
13 been authorized ~~and may include a list of any alternative~~
14 ~~medications and range of dosages deemed necessary.~~ In
15 addition, the order may authorize the administration of
16 any alternative or alternate treatment that is requested
17 in the petition and for which the court finds clear and
18 convincing evidence that the benefits of the alternative
19 or alternate treatment outweigh the harm and the recipient
20 lacks the capacity to make a reasoned decision about the
21 treatment. The medications and the anticipated range of
22 dosages for any alternative or alternate treatment that
23 the court authorizes shall be included in the order. Where
24 the simultaneous use of multiple psychotropic medications
25 is authorized, the order shall specify the combinations
26 that are authorized.

1 (a-10) The court may, in its discretion, appoint a
2 guardian ad litem for a recipient before the court or
3 authorize an existing guardian of the person to monitor
4 treatment and compliance with court orders under this Section.

5 (b) A guardian may be authorized to consent to the
6 administration of psychotropic medication or electroconvulsive
7 therapy to an objecting recipient only under the standards and
8 procedures of subsection (a-5).

9 (c) Notwithstanding any other provision of this Section, a
10 guardian may consent to the administration of psychotropic
11 medication or electroconvulsive therapy to a non-objecting
12 recipient under Article XIa of the Probate Act of 1975.

13 (d) Nothing in this Section shall prevent the
14 administration of psychotropic medication ~~or electroconvulsive~~
15 ~~therapy~~ to recipients in an emergency under Section 2-107 of
16 this Act.

17 (e) Notwithstanding any of the provisions of this Section,
18 psychotropic medication or electroconvulsive therapy may be
19 administered pursuant to a power of attorney for health care
20 under the Powers of Attorney for Health Care Law or a
21 declaration for mental health treatment under the Mental
22 Health Treatment Preference Declaration Act over the objection
23 of the recipient if the recipient has not revoked the power of
24 attorney or declaration for mental health treatment as
25 provided in the relevant statute.

26 (f) The Department shall conduct annual trainings for

1 physicians and registered nurses working in State-operated
2 mental health facilities on the appropriate use of
3 psychotropic medication and electroconvulsive therapy,
4 standards for their use, and the preparation of court
5 petitions under this Section before any such psychiatrists or
6 advanced practice psychiatric nurses may petition the court or
7 testify at a hearing under this Section.

8 (Source: P.A. 100-710, eff. 8-3-18.)

9 (405 ILCS 5/3-611) (from Ch. 91 1/2, par. 3-611)

10 Sec. 3-611. Filing petition, first certificate, and proof
11 of service.

12 (a) Within 24 hours, excluding Saturdays, Sundays and
13 holidays, after the respondent's admission under this Article,
14 the facility director of the facility shall file 2 copies of
15 the petition, the first certificate, and proof of service of
16 the petition and statement of rights upon the respondent with
17 the court in the county in which the facility is located.

18 (b) Upon completion of the second certificate, the
19 facility director shall promptly file it with the court and
20 provide a copy to the respondent.

21 (c) The facility director shall make copies of the
22 certificates available to the attorneys for the parties upon
23 request.

24 (d) Upon the filing of the petition and first certificate,
25 the court shall set a hearing to be held within 5 days,

1 excluding Saturdays, Sundays and holidays, after receipt of
2 the petition. The court shall direct that notice of the time
3 and place of the hearing be served upon the respondent, his
4 responsible relatives, and the persons entitled to receive a
5 copy of the petition pursuant to Section 3-609.

6 (e) For purposes of this Section, (1) a respondent is
7 admitted to a mental health facility at the earlier of the
8 respondent's confinement or receipt of treatment and (2) a
9 respondent who is ordered discharged in accordance with
10 Section 3-809 or subsection (b) of Section 3-901, or
11 discharged upon notice by the facility director as provided by
12 subsection (a) of Section 3-903, remains admitted to a mental
13 health facility until the respondent is physically released
14 from the mental health facility and thereafter physically
15 enters a mental health facility.

16 (Source: P.A. 98-865, eff. 8-8-14.)

17 (405 ILCS 5/3-807) (from Ch. 91 1/2, par. 3-807)

18 Sec. 3-807. Testimony. No respondent may be found subject
19 to involuntary admission on an inpatient or outpatient basis
20 unless at least one psychiatrist, clinical social worker,
21 clinical psychologist, advanced practice psychiatric nurse, or
22 qualified examiner who has examined the respondent testifies
23 in person at the hearing. No administration of psychotropic
24 medication or electroconvulsive therapy without the informed
25 consent of the recipient may be authorized unless at least one

1 psychiatrist or advanced practice psychiatric nurse who has
2 examined the recipient testifies in person at the hearing. The
3 respondent may waive the requirement of the testimony subject
4 to the approval of the court.

5 (Source: P.A. 101-587, eff. 1-1-20.)