

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 Substance Use Disorder Act is amended by  
5 changing Sections 1-5, 1-10, 5-5, 5-10, 5-20, 10-10, 10-15,  
6 15-10, 15-20, 20-5, 25-5, 30-5, 35-5, 35-10, 40-10, 50-5,  
7 50-25, 50-30, 50-35, 50-40, 55-30, and 55-40 as follows:

8 (20 ILCS 301/1-5)

9 Sec. 1-5. Legislative declaration. Substance use and  
10 gambling disorders, as defined in this Act, constitute a  
11 serious public health problem. The effects on public safety  
12 and the criminal justice system cause serious social and  
13 economic losses, as well as great human suffering. It is  
14 imperative that a comprehensive and coordinated strategy be  
15 developed under the leadership of a State agency. This  
16 strategy should be implemented through the facilities of  
17 federal and local government and community-based agencies  
18 (which may be public or private, volunteer or professional).  
19 Through local prevention, early intervention, treatment, and  
20 other recovery support services, this strategy should empower  
21 those struggling with substance use and gambling disorders  
22 (and, when appropriate, the families of those persons) to lead  
23 healthy lives.

1       The human, social, and economic benefits of preventing  
2 these ~~substance use~~ disorders are great, and it is imperative  
3 that there be interagency cooperation in the planning and  
4 delivery of prevention, early intervention, treatment, and  
5 other recovery support services in Illinois.

6       The provisions of this Act shall be liberally construed to  
7 enable the Department to carry out these objectives and  
8 purposes.

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

10       (20 ILCS 301/1-10)

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

14       "Case management" means a coordinated approach to the  
15 delivery of health and medical treatment, substance use and  
16 gambling disorder treatment, mental health treatment, and  
17 social services, linking patients with appropriate services to  
18 address specific needs and achieve stated goals. In general,  
19 case management assists patients with other disorders and  
20 conditions that require multiple services over extended  
21 periods of time and who face difficulty in gaining access to  
22 those services.

23       "Crime of violence" means any of the following crimes:  
24 murder, voluntary manslaughter, criminal sexual assault,  
25 aggravated criminal sexual assault, predatory criminal sexual

1 assault of a child, armed robbery, robbery, arson, kidnapping,  
2 aggravated battery, aggravated arson, or any other felony that  
3 involves the use or threat of physical force or violence  
4 against another individual.

5 "Department" means the Department of Human Services.

6 "DUI" means driving under the influence of alcohol or  
7 other drugs.

8 "Designated program" means a category of service  
9 authorized by an intervention license issued by the Department  
10 for delivery of all services as described in Article 40 in this  
11 Act.

12 "Early intervention" means services, authorized by a  
13 treatment license, that are sub-clinical and pre-diagnostic  
14 and that are designed to screen, identify, and address risk  
15 factors that may be related to problems associated with  
16 substance use and gambling disorders and to assist individuals  
17 in recognizing harmful consequences. Early intervention  
18 services facilitate emotional and social stability and involve  
19 ~~involves~~ referrals for treatment, as needed.

20 "Facility" means the building or premises are used for the  
21 provision of licensable services, including support services,  
22 as set forth by rule.

23 "Gambling" means the activity of betting or wagering on  
24 uncertain outcomes, including, but not limited to, betting or  
25 wagering activity regulated by the Illinois Gaming Board.

26 "Gambling disorder" means a condition characterized by a

1 persistent and recurring pattern of problematic ~~maladaptive~~  
2 gambling behavior, leading to significant psychological  
3 distress and impairment in health and mental functioning.  
4 Classified under substance use disorders in the Diagnostic and  
5 Statistical Manual of Mental Disorders, Fifth Edition (DSM-5),  
6 gambling disorder shares similarities with drug abuse, as both  
7 activate reward systems in the brain and produce comparable  
8 behavioral symptoms ~~that disrupts personal, family, or~~  
9 ~~vocational pursuits.~~

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

19 "Informed consent" means legally valid written consent,  
20 given by a client, patient, or legal guardian, that authorizes  
21 intervention or treatment services from a licensed  
22 organization and that documents agreement to participate in  
23 those services and knowledge of the consequences of withdrawal  
24 from such services. Informed consent also acknowledges the  
25 client's or patient's right to a conflict-free choice of  
26 services from any licensed organization and the potential

1 risks and benefits of selected services.

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

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

13 ~~"Off-site services" means licensable services are~~  
14 ~~conducted at a location separate from the licensed location of~~  
15 ~~the provider, and services are operated by an entity licensed~~  
16 ~~under this Act and approved in advance by the Department.~~

17 "Person" means any individual, firm, group, association,  
18 partnership, corporation, trust, government or governmental  
19 subdivision or agency.

20 "Prevention" means an interactive process of individuals,  
21 families, schools, religious organizations, communities and  
22 regional, state and national organizations whose goals are to  
23 reduce the prevalence of substance use and gambling disorders,  
24 prevent the use of illegal drugs and the abuse of legal drugs  
25 by persons of all ages, prevent the use of alcohol by minors,  
26 reduce the severity of harm in gambling by persons of all ages,

1 build the capacities of individuals and systems, and promote  
2 healthy environments, lifestyles, and behaviors.

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

6 "Recovery support" means services designed to support  
7 individual recovery from a substance use or gambling disorder  
8 that may be delivered pre-treatment, during treatment, or post  
9 treatment. These services may be delivered in a wide variety  
10 of settings for the purpose of supporting the individual in  
11 meeting his or her recovery support goals.

12 "Secretary" means the Secretary of the Department of Human  
13 Services or his or her designee.

14 "Substance use disorder" means a spectrum of persistent  
15 and recurring problematic behavior that encompasses 10  
16 separate classes of drugs: alcohol; caffeine; cannabis;  
17 hallucinogens; inhalants; opioids; sedatives, hypnotics and  
18 anxiolytics; stimulants; and tobacco; and other unknown  
19 substances leading to clinically significant impairment or  
20 distress.

21 "Treatment" means the broad range of emergency,  
22 outpatient, and residential care (including assessment,  
23 diagnosis, case management, treatment, and recovery support  
24 planning) may be extended to individuals with substance use  
25 disorders and co-occurring substance use and gambling  
26 disorders or to the families of those persons.

1       "Video gaming" means the action or practice of playing  
2       video games.

3       "Withdrawal management" means services designed to manage  
4       intoxication or withdrawal episodes (previously referred to as  
5       detoxification), interrupt the momentum of habitual,  
6       compulsive substance use and begin the initial engagement in  
7       medically necessary substance use disorder treatment.  
8       Withdrawal management allows patients to safely withdraw from  
9       substances in a controlled medically-structured environment.

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

11      (20 ILCS 301/5-5)

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

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

17      (b) It is declared to be the public policy of this State,  
18      pursuant to paragraphs (h) and (i) of Section 6 of Article VII  
19      of the Illinois Constitution of 1970, that the powers and  
20      functions set forth in this Act and expressly delegated to the  
21      Department are exclusive State powers and functions. Nothing  
22      herein prohibits the exercise of any power or the performance  
23      of any function, including the power to regulate, for the  
24      protection of the public health, safety, morals and welfare,  
25      by any unit of local government, other than the powers and

1 functions set forth in this Act and expressly delegated to the  
2 Department to be exclusive State powers and functions.

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

7 (1) Fostering public understanding of substance use  
8 and gambling disorders and how they affect individuals,  
9 families, and communities.

10 (2) Promoting healthy lifestyles.

11 (3) Promoting understanding and support for sound  
12 public policies.

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

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

18 (20 ILCS 301/5-10)

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

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

23 (1) Design, coordinate and fund comprehensive  
24 community-based and culturally and gender-appropriate  
25 services throughout the State. These services must include



1 prevention, early intervention, treatment, and other  
2 recovery support services ~~for substance use disorders~~ that  
3 are accessible and address the needs of at-risk  
4 individuals and their families.

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

12 (2.5) In partnership with the Department of Healthcare  
13 and Family Services, act as one of the principal State  
14 agencies for the sole purpose of calculating the  
15 maintenance of effort requirement under Section 1930 of  
16 Title XIX, Part B, Subpart II of the Public Health Service  
17 Act (42 U.S.C. 300x-30) and the Interim Final Rule (45 CFR  
18 96.134).

19 (3) Coordinate a statewide strategy for the  
20 prevention, early intervention, treatment, and recovery  
21 support of substance use and gambling disorders. This  
22 strategy shall include the development of a comprehensive  
23 plan, submitted annually with the application for federal  
24 substance use disorder block grant funding, for the  
25 provision of an array of such services. The plan shall be  
26 based on local community-based needs and upon data

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

22 The plan developed under this Section shall include an  
23 explanation of the rationale to be used in ensuring that  
24 funding shall be based upon local community needs,  
25 including, but not limited to, the incidence and  
26 prevalence of, and costs associated with, substance use

1       and gambling disorders, as well as upon demonstrated  
2       program performance.

3       The plan developed under this Section shall also  
4       contain a report detailing the activities of and progress  
5       made through services for the care and treatment of  
6       substance use and gambling disorders among pregnant women  
7       and mothers and their children established under  
8       subsection (j) of Section 35-5.

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

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

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

25           (B) Cooperate with and assist the Illinois  
26           Department of Public Health in the establishment,

1 funding and support of programs and services for the  
2 promotion of maternal and child health and the  
3 prevention and treatment of infectious diseases,  
4 including, but not limited to, HIV infection,  
5 especially with respect to those persons who are high  
6 risk due to intravenous injection of illegal drugs, or  
7 who may have been sexual partners of these  
8 individuals, or who may have impaired immune systems  
9 as a result of a substance use disorder.

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

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

20 (E) Cooperate with and assist DCFS in carrying out  
21 its mandates to:

22 (i) identify substance use disorders among its  
23 clients and their families; and

24 (ii) develop services to deal with such  
25 disorders.

26 These services may include, but shall not be limited

1 to, programs to prevent or treat substance use and  
2 gambling disorders with DCFS clients and their  
3 families, identifying child care needs within such  
4 treatment, and assistance with other issues as  
5 required.

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

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

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

24 (H-5) Collaborate with the State Board of  
25 Education to the extent the Board develops  
26 instructional resources for substance use or gambling

1           disorder prevention and awareness that may be used by  
2           school districts.

3           (I) (Blank).

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

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

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

25          (8) Receive data and assistance from federal, State  
26          and local governmental agencies, and obtain copies of

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

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

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

15 (11) (Blank).

16 (12) Make grants with funds appropriated from the Drug  
17 Treatment Fund in accordance with Section 7 of the  
18 Controlled Substance and Cannabis Nuisance Act, or in  
19 accordance with Section 80 of the Methamphetamine Control  
20 and Community Protection Act, or in accordance with  
21 subsections (h) and (i) of Section 411.2 of the Illinois  
22 Controlled Substances Act, or in accordance with Section  
23 6z-107 of the State Finance ~~50-35 of this Act.~~

24 (13) Encourage all health and disability insurance  
25 programs to include substance use and gambling disorder  
26 treatment as ~~a~~ covered services ~~service~~ and to use

1 evidence-based best practice criteria as maintained in  
2 administrative rule and as required in Public Act 99-0480  
3 in determining the necessity for such services and  
4 continued stay.

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

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

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

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

25 (2) Review all State agency applications for federal  
26 funds that include provisions relating to the prevention,



1 early intervention and treatment of substance use and  
2 gambling disorders in order to ensure consistency.

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

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

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

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

25 (7) Promote, conduct, assist or sponsor basic  
26 clinical, epidemiological and statistical research into

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

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

9 (9) (Blank).

10 (10) (Blank).

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

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

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

22 (14) Provide funding to help parents be effective in  
23 preventing substance use and gambling disorders by  
24 building an awareness of the family's role in preventing  
25 substance use and gambling problems ~~disorders~~ through  
26 adjusting expectations, developing new skills, and setting

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

12 (15) Establish an Opioid Remediation Services Capital  
13 Investment Grant Program. The Department may, subject to  
14 appropriation and approval through the Opioid Overdose  
15 Prevention and Recovery Steering Committee, after  
16 recommendation by the Illinois Opioid Remediation Advisory  
17 Board, and certification by the Office of the Attorney  
18 General, make capital improvement grants to units of local  
19 government and substance use prevention, treatment, and  
20 recovery service providers addressing opioid remediation  
21 in the State for approved abatement uses under the  
22 Illinois Opioid Allocation Agreement. The Illinois Opioid  
23 Remediation State Trust Fund shall be the source of  
24 funding for the program. Eligible grant recipients shall  
25 be units of local government and substance use prevention,  
26 treatment, and recovery service providers that offer

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

1 Capital Development Board, the Department of Commerce and  
2 Economic Opportunity, and the Illinois Housing Development  
3 Authority shall act in a consulting role only for the  
4 evaluation of applicants, scoring of applicants, or  
5 administration of the grant program.

6 (c) There is created within the Department of Human  
7 Services an Office of Opioid Settlement Administration. The  
8 Office shall be responsible for implementing and administering  
9 approved abatement programs as described in Exhibit B of the  
10 Illinois Opioid Allocation Agreement, effective December 30,  
11 2021. The Office may also implement and administer other  
12 opioid-related programs, including, but not limited to,  
13 prevention, treatment, and recovery services from other funds  
14 made available to the Department of Human Services. The  
15 Secretary of Human Services shall appoint or assign staff as  
16 necessary to carry out the duties and functions of the Office.  
17 (Source: P.A. 103-8, eff. 6-7-23; 104-2, eff. 6-16-25.)

18 (20 ILCS 301/5-20)

19 Sec. 5-20. Gambling disorders.

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

1           (1) Establishment and maintenance of a toll-free  
2 hotline and website ~~"800" telephone number~~ to provide  
3 crisis counseling and referral services for ~~to~~ families  
4 experiencing difficulty related to ~~as a result of~~ gambling  
5 disorders.

6           (2) Promotion of public awareness regarding the  
7 recognition and prevention of gambling disorders.  
8 Promotion of public awareness regarding the impact of  
9 gambling disorders on individuals, families, and  
10 communities and the stigma that surrounds gambling  
11 disorders.

12           (3) Facilitation, through in-service training,  
13 promotion of professional staff credentials, and other  
14 innovative means, of the availability of effective  
15 assistance programs for gambling disorders.

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

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

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

1 program. Subject to appropriation, either the Department or  
2 the private or public entity shall implement the hotline and  
3 website ~~toll-free telephone number~~, promote public awareness,  
4 conduct research, support treatment and recovery services, and  
5 conduct in-service training concerning gambling disorders.

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

19 (d) Programs; gambling disorder prevention.

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

1       the prevention of gambling disorders.

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

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

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

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

25       (B) Collaborating with other community-based  
26       organizations, gambling treatment centers, or other



1 health care providers engaged in treating individuals  
2 who are experiencing gambling disorder.

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

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

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

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

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

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

23 (e) Grants.

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

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

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

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

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

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

1 (20 ILCS 301/10-10)

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

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

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

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

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

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

26 (f) Perform other duties as requested by the

1 Secretary.

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

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

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

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

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

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

24 (20 ILCS 301/10-15)

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

1 membership of the Illinois Advisory Council may, as needed,  
2 consist of:

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

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

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

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

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

12 (f) An educator appointed by the Governor.

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

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

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

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

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

26 (l) The President of the Illinois State Medical

1 Society or his or her designee.

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

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

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

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

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

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

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

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

25 (t) The Director, Secretary, or other chief  
26 administrative officer, ex officio, or his or her

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

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

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

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

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

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

15 (20 ILCS 301/15-10)

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

23 (a) Treatment: Categories of service authorized by a  
24 treatment license are Early Intervention, Outpatient,  
25 Intensive Outpatient/Partial Hospitalization, Subacute



1 Residential/Inpatient, and Withdrawal Management.  
2 Medication assisted treatment that includes methadone used  
3 for an opioid use disorder can be licensed as an adjunct to  
4 any of the treatment levels of care specified in this  
5 Section. Treatment for a gambling disorder, as defined in  
6 Section 1-10 and in accordance with standards developed by  
7 the Department may also be added as an adjunct to any of  
8 the treatment levels of care as defined in this Section.

9 (b) Intervention: Categories of service authorized by  
10 an intervention license are DUI Evaluation, DUI Risk  
11 Education, Designated Program, and Recovery Homes for  
12 persons in any stage of recovery from a substance use  
13 disorder. Gambling disorder, as defined in Section 1-10  
14 and in accordance with standards developed by the  
15 Department, may also be added as an adjunct to a recovery  
16 home intervention license. Harm reduction is another  
17 service authorized by an intervention licensure that can  
18 be issued if and when legal authorization is adopted to  
19 allow for this service and upon adoption of administrative  
20 or funding rules that govern the delivery of the service.

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

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

1 (20 ILCS 301/15-20)

2 Sec. 15-20. Fees. The Department shall charge a reasonable  
3 fee, ~~as~~ determined by rule, for each licensure category at  
4 each site at which activities requiring licensure are to be  
5 conducted. No fee shall be required for off-site services, or  
6 for services provided by a unit of government. The Department  
7 may, under procedures developed by rule, waive all or part of  
8 the licensure fee which would otherwise be due from providers  
9 funded by the Department. All license fees collected under  
10 this Act shall be deposited into the General Revenue Fund.

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

12 (20 ILCS 301/20-5)

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

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

23 (b) The statewide system developed under this Section may  
24 be adopted by administrative rule or funded as a grant award  
25 condition and shall 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 that  
8           have an interest in substance use disorder prevention.

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

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

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

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

24           (4) Encouraging, supporting, and advocating for  
25           programs and activities that emphasize alcohol-free and  
26           other drug-free lifestyles.

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

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

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

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

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

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

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

2 (20 ILCS 301/25-5)

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

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

14 (20 ILCS 301/30-5)

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

16 (a) For purposes of this Section, "patient" means any  
17 person who is receiving or has received early intervention,  
18 treatment, or other recovery support services under this Act  
19 or any category of service licensed as "intervention" under  
20 this Act.

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

1           (c) Persons who have substance use and gambling disorders  
2 who are also suffering from medical conditions shall not be  
3 discriminated against in admission or treatment by any  
4 hospital that receives support in any form supported in whole  
5 or in part by funds appropriated to any State department or  
6 agency.

7           (d) Every patient shall have impartial access to services  
8 without regard to race, religion, sex, ethnicity, age, sexual  
9 orientation, gender identity, marital status, or other  
10 disability.

11          (e) Patients shall be permitted the free exercise of  
12 religion.

13          (f) Every patient's personal dignity shall be recognized  
14 in the provision of services, and a patient's personal privacy  
15 shall be assured and protected within the constraints of his  
16 or her individual treatment.

17          (g) Treatment services shall be provided in the least  
18 restrictive environment possible.

19          (h) Each patient receiving treatment services shall be  
20 provided an individual treatment plan, which shall be  
21 periodically reviewed and updated as mandated by  
22 administrative rule.

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

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

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

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

10          (m) A patient in residential treatment shall be permitted  
11 to send and receive mail without hindrance, unless clinically  
12 contraindicated.

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

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

22          (p) Unless otherwise prohibited by State or federal law,  
23 every patient shall be permitted to obtain from his or her own  
24 physician, the treatment provider, or the treatment provider's  
25 consulting physician complete and current information  
26 concerning the nature of care, procedures, and treatment that

1 he or she will receive.

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

10 (r) All medical treatment and procedures shall be  
11 administered as ordered by a physician and in accordance with  
12 all Department rules.

13 (s) Every patient in treatment shall be permitted to  
14 refuse medical treatment and to know the consequences of such  
15 action. Such refusal by a patient shall free the treatment  
16 licensee from the obligation to provide the treatment.

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

24 (u) No owner, licensee, administrator, employee, or agent  
25 of a licensed intervention or treatment program shall abuse or  
26 neglect a patient. It is the duty of any individual who becomes



1     aware of such abuse or neglect to report it to the Department  
2     immediately.

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

7           (w) All patients admitted to community-based treatment  
8     facilities shall be considered voluntary treatment patients  
9     and such patients shall not be contained within a locked  
10    setting.

11          (x) Patients and their families or legal guardians shall  
12    have the right to present complaints to the provider or the  
13    Department concerning the quality of care provided to the  
14    patient, without threat of discharge or reprisal in any form  
15    or manner whatsoever. The complaint process and procedure  
16    shall be adopted by the Department by rule. The treatment  
17    provider shall have in place a mechanism for receiving and  
18    responding to such complaints, and shall inform the patient  
19    and the patient's family or legal guardian of this mechanism  
20    and how to use it. The provider shall analyze any complaint  
21    received and, when indicated, take appropriate corrective  
22    action. Every patient and his or her family member or legal  
23    guardian who makes a complaint shall receive a timely response  
24    from the provider that substantively addresses the complaint.  
25    The provider shall inform the patient and the patient's family  
26    or legal guardian about other sources of assistance if the

1 provider has not resolved the complaint to the satisfaction of  
2 the patient or the patient's family or legal guardian.

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

6 (z) A person who is in need of services may apply for  
7 voluntary admission in the manner and with the rights provided  
8 for under regulations promulgated by the Department. If a  
9 person is refused admission, then staff, subject to rules  
10 promulgated by the Department, shall refer the person to  
11 another facility or to other appropriate services.

12 (aa) No patient shall be denied services based solely on  
13 HIV status. Further, records and information governed by the  
14 AIDS Confidentiality Act and the AIDS Confidentiality and  
15 Testing Code (77 Ill. Adm. Code 697) shall be maintained in  
16 accordance therewith.

17 (bb) Records of the identity, diagnosis, prognosis or  
18 treatment of any patient maintained in connection with the  
19 performance of any service or activity relating to substance  
20 use and gambling disorder education, early intervention,  
21 intervention, training, or treatment that is regulated,  
22 authorized, or directly or indirectly assisted by any  
23 Department or agency of this State or under any provision of  
24 this Act shall be confidential and may be disclosed only in  
25 accordance with the provisions of federal law and regulations  
26 concerning the confidentiality of substance use and gambling

1 disorder patient records as contained in 42 U.S.C. Sections  
2 290dd-2 and 42 CFR Part 2, or any successor federal statute or  
3 regulation.

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

6 (A) Veteran's Administration records.

7 (B) Information obtained by the Armed Forces.

8 (C) Information given to qualified service  
9 organizations.

10 (D) Communications within a program or between a  
11 program and an entity having direct administrative  
12 control over that program.

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

16 (F) Reports under State law of incidents of  
17 suspected child abuse and neglect; however,  
18 confidentiality restrictions continue to apply to the  
19 records and any follow-up information for disclosure  
20 and use in civil or criminal proceedings arising from  
21 the report of suspected abuse or neglect.

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

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

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

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

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

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

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

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

26 (5) Any person who discloses the content of any record

1 referred to in this Section except as authorized shall,  
2 upon conviction, be guilty of a Class A misdemeanor.

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

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

21 (dd) The program shall ensure that its staff is familiar  
22 with and observes the rights and responsibilities enumerated  
23 in this Section.

24 (ee) Licensed organizations shall comply with the right of  
25 any adolescent to consent to treatment without approval of the  
26 parent or legal guardian in accordance with the Consent by

1 Minors to Health Care Services Act.

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

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

7 (20 ILCS 301/35-5)

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

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

15 (1) those who provide medical and social services to  
16 pregnant women, mothers and their children, whether or not  
17 there exists evidence of a substance use and gambling  
18 disorder. These include any other State-funded medical or  
19 social services to pregnant women.

20 (2) providers of treatment services to women affected  
21 by substance use and gambling disorders.

22 (b) (Blank).

23 (c) (Blank).

24 (d) (Blank).

25 (e) (Blank).

1           (f) The Department shall develop and maintain an updated  
2 and comprehensive directory of licensed providers that deliver  
3 treatment and intervention services. The Department shall post  
4 on its website a licensed provider directory updated at least  
5 quarterly.

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

11               (1) coordination with any program providing case  
12 management services to ensure ongoing monitoring and  
13 coordination of services after the addicted woman has  
14 returned home.

15               (2) coordination with medical services for individual  
16 medical care of pregnant women, including prenatal care  
17 under the supervision of a physician.

18               (3) coordination with child care services.

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

26           (i)(1) From funds appropriated expressly for the purposes

1 of this Section, the Department shall create or contract with  
2 licensed, certified agencies to develop a program for the care  
3 and treatment of pregnant women, mothers and their children.  
4 The program shall be in Cook County in an area of high density  
5 population having a disproportionate number of women with  
6 substance use, gambling, and other disorders and a high infant  
7 mortality rate.

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

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

21 (A) are pregnant, especially if they are intravenous  
22 drug users,

23 (B) have minor children,

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

25 (D) are referred by medical personnel because they  
26 either have given birth to a baby with a substance use



1 disorder, or will give birth to a baby with a substance use  
2 disorder.

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

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

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

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

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

15 (5) (Blank).

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

17 (20 ILCS 301/35-10)

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

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

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

23 (2) A substantial percentage of pregnant adolescents  
24 have substance use disorders or live in environments in  
25 which substance use disorders occur and thus are at risk

1 of exposing their infants to dangerous and harmful  
2 circumstances.

3 (3) It is difficult to provide substance use disorder  
4 counseling for adolescents in settings designed to serve  
5 adults.

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

11 (1) To the maximum extent feasible and appropriate,  
12 utilize existing services and funding rather than create  
13 new, duplicative services.

14 (2) Include plans for coordination and collaboration  
15 with existing perinatal substance use, gambling, and other  
16 disorder services.

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

19 (4) Be culturally and linguistically appropriate to  
20 the population being served.

21 (5) Include staff development training by substance  
22 use, gambling, and other disorder counselors.

23 As used in this Section, "high-risk pregnant adolescent"  
24 means a person at least 12 but not more than 18 years of age  
25 with a substance use and gambling disorder who is pregnant.

26 (c) (Blank).

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

2 (20 ILCS 301/40-10)

3 Sec. 40-10. Treatment as a condition of probation.

4 (a) If a court has reason to believe that an individual who  
5 is charged with or convicted of a crime suffers from a  
6 substance use or gambling disorder and the court finds that he  
7 or she is eligible to make the election provided for under  
8 Section 40-5, the court shall advise the individual that he or  
9 she may be sentenced to probation and shall be subject to terms  
10 and conditions of probation under Section 5-6-3 of the Unified  
11 Code of Corrections if he or she elects to participate in  
12 treatment and is accepted for services by a designated  
13 program. The court shall further advise the individual that:

14 (1) If he or she elects to participate in treatment  
15 and is accepted he or she shall be sentenced to probation  
16 and placed under the supervision of the designated program  
17 for a period not to exceed the maximum sentence that could  
18 be imposed for his or her conviction or 5 years, whichever  
19 is less.

20 (2) During probation he or she may be treated at the  
21 discretion of the designated program.

22 (3) If he or she adheres to the requirements of the  
23 designated program and fulfills the other conditions of  
24 probation ordered by the court, he or she will be  
25 discharged, but any failure to adhere to the requirements

1 of the designated program is a breach of probation.

2 The court may require an individual to obtain treatment  
3 while on probation under the supervision of a designated  
4 program and probation authorities regardless of the election  
5 of the individual if the assessment, as specified in  
6 subsection (b), indicates that such treatment is medically  
7 necessary.

8 (b) If the individual elects to undergo treatment or is  
9 required to obtain treatment, the court shall order an  
10 assessment by a designated program to determine whether he or  
11 she suffers from a substance use or gambling disorder and is  
12 likely to be rehabilitated through treatment. The designated  
13 program shall report to the court the results of the  
14 assessment and, if treatment is determined medically  
15 necessary, indicate the diagnosis and the recommended initial  
16 level of care. If the court, on the basis of the report and  
17 other information, finds that such an individual suffers from  
18 a substance use disorder and is likely to be rehabilitated  
19 through treatment, the individual shall be placed on probation  
20 and under the supervision of a designated program for  
21 treatment and under the supervision of the proper probation  
22 authorities for probation supervision unless, giving  
23 consideration to the nature and circumstances of the offense  
24 and to the history, character, and condition of the  
25 individual, the court is of the opinion that no significant  
26 relationship exists between the substance use disorder of the

1 individual and the crime committed, or that his or her  
2 imprisonment or periodic imprisonment is necessary for the  
3 protection of the public, and the court specifies on the  
4 record the particular evidence, information, or other reasons  
5 that form the basis of such opinion. However, under no  
6 circumstances shall the individual be placed under the  
7 supervision of a designated program for treatment before the  
8 entry of a judgment of conviction.

9 (c) If the court, on the basis of the report or other  
10 information, finds that the individual suffering from a  
11 substance use disorder is not likely to be rehabilitated  
12 through treatment, or that his or her substance use disorder  
13 and the crime committed are not significantly related, or that  
14 his or her imprisonment or periodic imprisonment is necessary  
15 for the protection of the public, the court shall impose  
16 sentence as in other cases. The court may require such  
17 progress reports on the individual from the probation officer  
18 and designated program as the court finds necessary. Case  
19 management services, as defined in this Act and as further  
20 described by rule, shall also be delivered by the designated  
21 program. No individual may be placed under treatment  
22 supervision unless a designated program accepts him or her for  
23 treatment.

24 (d) Failure of an individual placed on probation and under  
25 the supervision of a designated program to observe the  
26 requirements set down by the designated program shall be

1 considered a probation violation. Such failure shall be  
2 reported by the designated program to the probation officer in  
3 charge of the individual and treated in accordance with  
4 probation regulations.

5 (e) Upon successful fulfillment of the terms and  
6 conditions of probation the court shall discharge the person  
7 from probation. If the person has not previously been  
8 convicted of any felony offense and has not previously been  
9 granted a vacation of judgment under this Section, upon  
10 motion, the court shall vacate the judgment of conviction and  
11 dismiss the criminal proceedings against him or her unless,  
12 having considered the nature and circumstances of the offense  
13 and the history, character and condition of the individual,  
14 the court finds that the motion should not be granted. Unless  
15 good cause is shown, such motion to vacate must be filed at any  
16 time from the date of the entry of the judgment to a date that  
17 is not more than 60 days after the discharge of the probation.

18 (Source: P.A. 99-574, eff. 1-1-17; 100-759, eff. 1-1-19.)

19 (20 ILCS 301/50-5)

20 Sec. 50-5. Prevention and Treatment of Alcoholism and  
21 Substance Abuse Block Grant Fund. Monies received from the  
22 federal government under the Block Grant for the Prevention  
23 and Treatment of Alcoholism and Substance Abuse shall be  
24 deposited into the Prevention and Treatment of Alcoholism and  
25 Substance Abuse Block Grant Fund which is hereby created as a

1 ~~special federal trust~~ fund in the State treasury. Monies in  
2 this fund shall be appropriated to the Department and expended  
3 for the purposes and activities specified by federal law or  
4 regulation.

5 (Source: P.A. 104-2, eff. 6-16-25.)

6 (20 ILCS 301/50-25)

7 (Section scheduled to be repealed on January 1, 2027)

8 Sec. 50-25. Youth Alcoholism and Substance Abuse  
9 Prevention Fund. There is hereby created in the State treasury  
10 a special Fund to be known as the Youth Alcoholism and  
11 Substance Abuse Prevention Fund. Monies in this Fund shall be  
12 appropriated to the Department and expended for the purpose of  
13 helping support and establish community-based alcohol and  
14 other drug abuse prevention programs. ~~On June 30, 2026, or as~~  
15 ~~soon thereafter as practical, the State Comptroller shall~~  
16 ~~direct and the State Treasurer shall transfer the remaining~~  
17 ~~balance from the Youth Alcoholism and Substance Abuse~~  
18 ~~Prevention Fund into the General Revenue Fund. Upon completion~~  
19 ~~of the transfer, the Youth Alcoholism and Substance Abuse~~  
20 ~~Prevention Fund is dissolved, and any future deposits due to~~  
21 ~~that Fund and any outstanding obligations or liabilities of~~  
22 ~~that Fund shall pass to the General Revenue Fund. This Section~~  
23 ~~is repealed on January 1, 2027.~~

24 (Source: P.A. 104-2, eff. 6-16-25.)

1 (20 ILCS 301/50-30)

2 (Section scheduled to be repealed on January 1, 2027)

3 Sec. 50-30. Youth Drug Abuse Prevention Fund.

4 (a) There is hereby established the Youth Drug Abuse  
5 Prevention Fund, to be held as a separate fund in the State  
6 treasury. Monies in this fund shall be appropriated to the  
7 Department and expended for grants to community-based agencies  
8 or non-profit organizations providing residential or  
9 nonresidential treatment or prevention programs or any  
10 combination thereof.

11 (b) (Blank).

12 (b-5) There shall be deposited into the Youth Drug Abuse  
13 Prevention Fund such monies as may be received under the  
14 income tax checkoff provided for in subsection (b) of this  
15 Section. There shall also be deposited into this fund such  
16 monies as may be received under:

17 (1) subsection (a) of Section 10.2 of the Cannabis  
18 Control Act;

19 (2) subsection (a) of Section 413 of the Illinois  
20 Controlled Substances Act;

21 (3) subsection (a) of Section 5.2 of the Narcotics  
22 Profit Forfeiture Act; or

23 (4) Section 5-9-1.2 of the Unified Code of  
24 Corrections.

25 (c) (Blank). ~~On June 30, 2026, or as soon thereafter as~~  
26 ~~practical, the State Comptroller shall direct and the State~~



~~Treasurer shall transfer the remaining balance from the Youth Drug Abuse Prevention Fund into the Drug Treatment Fund. Upon completion of the transfer, the Youth Drug Abuse Prevention Fund is dissolved, and any future deposits due to that Fund and any outstanding obligations or liabilities of that Fund shall pass to the Drug Treatment Fund.~~

~~(d) (Blank). This Section is repealed on January 1, 2027.~~

~~(Source: P.A. 104-2, eff. 6-16-25.)~~

(20 ILCS 301/50-35)

Sec. 50-35. Drug Treatment Fund.

(a) There is hereby established the Drug Treatment Fund, to be held as a separate fund in the State treasury. There shall be deposited into this fund such amounts as may be received under subsections (h) and (i) of Section 411.2 of the Illinois Controlled Substances Act, under Section 80 of the Methamphetamine Control and Community Protection Act, and under Section 7 of the Controlled Substance and Cannabis Nuisance Act, or under Section 6z-107 of the State Finance Act. ~~The Drug Treatment Fund is hereby established as a special fund within the State treasury. There shall be deposited into this fund such amounts as may be provided by law.~~

(b) Monies in this fund shall be appropriated to the Department for the purposes and activities set forth in subsections (h) and (i) of Section 411.2 of the Illinois

1 Controlled Substances Act, or in Section 7 of the Controlled  
2 Substance and Cannabis Nuisance Act, or in Section 6z-107 of  
3 the State Finance Act. Moneys in this fund shall be  
4 appropriated to the Department for grants to community-based  
5 agencies or nonprofit organizations providing residential or  
6 nonresidential treatment or prevention programs or any  
7 combination of these programs or as otherwise provided by law.  
8 (Source: P.A. 104-2, eff. 6-16-25.)

9 (20 ILCS 301/50-40)

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

11 (a) There is hereby established the Group Home Loan  
12 Revolving Fund, referred to in this Section as the "fund", to  
13 be held as a separate fund within the State Treasury. Monies in  
14 this fund shall be appropriated to the Department on a  
15 continuing annual basis. With these funds, the Department  
16 shall, directly or through subcontract, make loans to assist  
17 in underwriting the costs of housing in which there may reside  
18 individuals who are recovering from substance use or gambling  
19 disorders, and who are seeking an alcohol-free or drug-free or  
20 gambling free environment in which to live. Consistent with  
21 federal law and regulation, the Department may establish  
22 guidelines for approving the use and management of monies  
23 loaned from the fund, the operation of group homes receiving  
24 loans under this Section and the repayment of monies loaned.

25 (b) There shall be deposited into the fund such amounts

1 including, but not limited to:

2 (1) All receipts, including principal and interest  
3 payments and royalties, from any applicable loan agreement  
4 made from the fund.

5 (2) All proceeds of assets of whatever nature received  
6 by the Department as a result of default or delinquency  
7 with respect to loan agreements made from the fund,  
8 including proceeds from the sale, disposal, lease or  
9 rental of real or personal property that the Department  
10 may receive as a result thereof.

11 (3) Any direct appropriations made by the General  
12 Assembly, or any gifts or grants made by any person to the  
13 fund.

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

16 (c) The Treasurer may invest monies in the fund in  
17 securities constituting obligations of the United States  
18 government, or in obligations the principal of and interest on  
19 which are guaranteed by the United States government, or in  
20 certificates of deposit of any State or national bank which  
21 are fully secured by obligations guaranteed as to principal  
22 and interest by the United States government.

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

24 (20 ILCS 301/55-30)

25 Sec. 55-30. Rate increase.

1           (a) The Department shall by rule develop the increased  
2 rate methodology and annualize the increased rate beginning  
3 with State fiscal year 2018 contracts to licensed providers of  
4 community-based substance use disorder intervention or  
5 treatment, based on the additional amounts appropriated for  
6 the purpose of providing a rate increase to licensed  
7 providers. The Department shall adopt rules, including  
8 emergency rules under subsection (y) of Section 5-45 of the  
9 Illinois Administrative Procedure Act, to implement the  
10 provisions of this Section.

11           (b) (Blank).

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

- 17           (1) Admission and Discharge Assessment.
- 18           (2) Level 1 (Individual).
- 19           (3) Level 1 (Group).
- 20           (4) Level 2 (Individual).
- 21           (5) Level 2 (Group).
- 22           (6) Case Management.
- 23           (7) Psychiatric Evaluation.
- 24           (8) Medication Assisted Recovery.
- 25           (9) Community Intervention.
- 26           (10) Early Intervention (Individual).

1 (11) Early Intervention (Group).

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

13 As used in this Section, "Consumer Price Index-U" means  
14 the index published by the Bureau of Labor Statistics of the  
15 United States Department of Labor that measures the average  
16 change in prices of goods and services purchased by all urban  
17 consumers, United States city average, all items, 1982-84 =  
18 100.

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

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

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

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

5           (4) ASAM level 3.7 Medically Monitored Intensive  
6       Inpatient Services for adults and Medically Monitored  
7       High-Intensity Inpatient Services for adolescents; and

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

10       (e) Beginning in State fiscal year 2025, and every State  
11       fiscal year thereafter, reimbursement rates for licensed or  
12       certified substance use disorder treatment providers of ASAM  
13       Level 3 residential/inpatient services for persons with  
14       substance use disorders shall be adjusted upward by an amount  
15       equal to the Consumer Price Index-U from the previous year,  
16       not to exceed 2% in any State fiscal year. If there is a  
17       decrease in the Consumer Price Index-U, rates shall remain  
18       unchanged for that State fiscal year. The Department shall  
19       adopt rules, including emergency rules, in accordance with the  
20       Illinois Administrative Procedure Act, to implement the  
21       provisions of this Section.

22       (Source: P.A. 102-699, eff. 4-19-22; 103-102, eff. 6-16-23;  
23       103-588, eff. 6-5-24.)

24       (20 ILCS 301/55-40)

25       Sec. 55-40. Recovery residences.

1 (a) As used in this Section, "recovery residence" means a  
2 recovery-oriented, gambling free ~~sober~~, safe, and healthy  
3 living environment that promotes recovery from alcohol and  
4 other drug use, gambling disorder, and associated problems.  
5 These residences are not subject to Department licensure as  
6 they are viewed as independent living residences that only  
7 provide peer support and a lengthened exposure to the culture  
8 of recovery.

9 (b) The Department shall develop and maintain an online  
10 registry for recovery residences that operate in Illinois to  
11 serve as a resource for individuals seeking continued recovery  
12 assistance.

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

16 (d) The registry shall indicate any accreditation,  
17 certification, or licensure that each recovery residence has  
18 received from an entity that has developed uniform national  
19 standards. The registry shall also indicate each recovery  
20 residence's location in order to assist providers and  
21 individuals in finding ~~alcohol and drug free housing options~~  
22 ~~with~~ like-minded residents who are committed to a  
23 recovery-oriented life ~~alcohol and drug free living~~.

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

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

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

6           Section 99. Effective date. This Act takes effect upon  
7 becoming law.