



Rep. La Shawn K. Ford

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1 AMENDMENT TO HOUSE BILL 5868

2 AMENDMENT NO. _____. Amend House Bill 5868 by replacing
3 lines 7 through 24 on page 1 and lines 1 through 23 on page 2
4 with the following:

5 "affected by costs and increasing rates of recidivism due to an
6 increase in the need for additional comprehensive
7 community-based continuum of care services for persons with
8 opioid and other substance use disorders. According to the
9 Centers for Disease Control and Prevention, there has been a
10 600% increase in the incidence of opioid use disorders since
11 1999, creating an increased need for treatment and other
12 recovery support services. Most persons with substance use
13 disorders also face co-existing social and economic challenges
14 including poverty, job insecurity, and a lack of safe and sober
15 living environments. The current health care system is often
16 too expensive, fragmented, and disjointed to sufficiently
17 address the needs of persons with substance use disorders.
18 Consequently, we are at a pivotal time in history when

1 insurance companies are having to become more innovative in
2 their approaches to contain costs and improve the outcomes of
3 those persons with substance use disorders. Hospitals are also
4 contemplating new and innovative ways to reduce their costs and
5 rates of recidivism, improve the outcomes of those persons with
6 substance use disorders, and monitor these persons with a
7 greater level of care in order to achieve the highest level of
8 multiple performance outcomes at a time when performance
9 metrics matter more than ever. The State of Illinois has the
10 opportunity to lead the nation by supporting and amplifying the
11 most comprehensive and vertically integrated approach to
12 recovery that can effectively address the root causes of
13 substance use disorders, while stabilizing other co-existing
14 social, economic, and housing conditions that can impair a
15 person's long-term recovery. In addition to helping persons
16 achieve physical recovery from a substance use disorder, it is
17 also important to help them find new meaning in their personal
18 lives by rebuilding and strengthening their family
19 relationships, community ties, and spiritual development.
20 Recovery housing can facilitate this holistic approach to
21 recovery and help persons replace their need for substances
22 with more meaningful elements of life. Therefore, it is the
23 purpose of this Act to provide Illinois citizens with greater
24 access to a more robust and holistic continuum of behavioral
25 health care services and supports by providing health care
26 coverage for recovery housing for persons with substance use

1 disorders."; and

2 on page 3, lines 2 and 3, by changing "Residential extended
3 care services and supports for drug addicted persons" to
4 "Recovery housing for persons with substance use disorders";
5 and

6 on page 3, by replacing lines 5 through 7 with the following:

7 "Substance use disorder" and "case management" have the
8 meanings ascribed to those terms in Section 1-10 of the
9 Substance Use Disorder Act."; and

10 on page 3, by inserting after line 12 the following:

11 "Recovery housing" means a residential extended care
12 treatment facility or a recovery home as defined and licensed
13 in 77 Illinois Administrative Code, Part 2060, by the Illinois
14 Department of Human Services, Division of Substance Use
15 Prevention and Recovery."; and

16 by replacing lines 17 through 25 on page 3 and all of pages 4
17 and 5 with the following:

18 "recovery housing for persons with substance use disorders who
19 are at risk of a relapse following discharge from a health care
20 clinic, federally qualified health center, hospital withdrawal
21 management program or any other licensed withdrawal management
22 program, or hospital emergency department so long as all of the

1 following conditions are met:

2 (1) A health care clinic, federally qualified health
3 center, hospital withdrawal management program or any
4 other licensed withdrawal management program, or hospital
5 emergency department has conducted an individualized
6 assessment, using criteria established by the American
7 Society of Addiction Medicine, of the person's condition
8 prior to discharge and has identified the person as being
9 at risk of a relapse and in need of supportive services,
10 including employment and training and case management, to
11 maintain long-term recovery. A determination of whether a
12 person is in need of supportive services shall also be
13 based on whether the person has a history of poverty, job
14 insecurity, and lack of a safe and sober living
15 environment.

16 (2) The recovery housing is administered by a
17 community-based agency that is licensed by or under
18 contract with the Department of Human Services, Division of
19 Substance Use Prevention and Recovery.

20 (3) The recovery housing is administered by a
21 community-based agency as described in paragraph (2) upon
22 the referral of a health care clinic, federally qualified
23 health center, hospital withdrawal management program or
24 any other licensed withdrawal management program, or
25 hospital emergency department.

26 (c) Based on the individualized needs assessment, any

1 coverage provided in accordance with this Section may include,
2 but not be limited to, the following:

3 (1) Substance use disorder treatment services that are
4 in accordance with licensure standards promulgated by the
5 Department of Human Services, Division of Substance Use
6 Prevention and Recovery.

7 (2) Transitional housing services, including food or
8 meal plans.

9 (3) Individualized case management and referral
10 services, including case management and social services
11 for the families of persons who are seeking treatment for a
12 substance use disorder.

13 (4) Job training or placement services.

14 (d) The insurer may rate each community-based agency that
15 is licensed by or under contract with the Department of Human
16 Services, Division of Substance Use Prevention and Recovery to
17 provide recovery housing based on an evaluation of each
18 agency's ability to:

19 (1) reduce health care costs;

20 (2) reduce recidivism rates for persons suffering from
21 a substance use disorder;

22 (3) improve outcomes;

23 (4) track persons with substance use disorders; and

24 (5) improve the quality of life of persons with
25 substance use disorders through the utilization of
26 sustainable recovery, education, employment, and housing

1 services.

2 The insurer may publish the results of the ratings on its
3 official website and shall, on an annual basis, update the
4 posted results."; and

5 by deleting lines 7 through 24 on page 6 and all of pages 7
6 through 9.