



## 102ND GENERAL ASSEMBLY

### State of Illinois

2021 and 2022

SB4197

Introduced 3/22/2022, by Sen. Mattie Hunter

#### SYNOPSIS AS INTRODUCED:

See Index

Amends the Substance Use Disorder Act. In provisions requiring the Department of Human Services to establish a public education program regarding gambling disorders, requires the program to (i) promote public awareness to create a gambling informed State regarding the impact of gambling disorders on individuals, families, and communities and the stigma that surrounds gambling disorders and (ii) use screening, crisis intervention, treatment, public awareness, prevention, in-service training, and other innovative means to decrease the incidents of suicide attempts related to a gambling disorder or gambling issues. Requires the Department to determine a statement regarding obtaining assistance with a gambling disorder, which each licensed gambling establishment owner shall post and each master sports wagering licensee shall include on the master sports wagering licensee's portal, Internet website, or computer or mobile application. Permits the Department: to provide advice to State and local officials on gambling disorders; to support gambling disorder prevention, recognition, treatment, and recovery projects; to collaborate with other community-based organizations, substance use disorder treatment centers, or other health care providers engaged in treating individuals who are experiencing gambling disorder; and to perform other actions. Permits the Department to award grants to create or support local gambling prevention, recognition, and response projects. Makes other changes.

LRB102 24221 KTG 33450 b

1 AN ACT concerning State government.

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

4 Section 5. The 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 10-20, 10-25, 10-30, 10-35, 10-40, 10-45, 10-50, 10-55, 10-60,  
7 15-10, 20-5, 25-5, 25-10, 30-5, 35-5, 35-10, 40-5, 40-10,  
8 40-15, 40-20, 45-5, 45-10, 45-15, 45-20, 45-25, 45-30, 45-35,  
9 45-40, 45-45, 45-50, 45-55, 50-5, 50-10, 50-20, 50-25, 50-30,  
10 50-40, 55-30, 55-35, and 55-40, as follows:

11 (20 ILCS 301/1-5)

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

1 those struggling with these ~~substance use~~ disorders (and, when  
2 appropriate, the families of those persons) to lead healthy  
3 lives.

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

9 The provisions of this Act shall be liberally construed to  
10 enable the Department to carry out these objectives and  
11 purposes.

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

13 (20 ILCS 301/1-10)

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

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

1 "Crime of violence" means any of the following crimes:  
2 murder, voluntary manslaughter, criminal sexual assault,  
3 aggravated criminal sexual assault, predatory criminal sexual  
4 assault of a child, armed robbery, robbery, arson, kidnapping,  
5 aggravated battery, aggravated arson, or any other felony that  
6 involves the use or threat of physical force or violence  
7 against another individual.

8 "Department" means the Department of Human Services.

9 "DUI" means driving under the influence of alcohol or  
10 other drugs.

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

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

24 "Facility" means the building or premises are used for the  
25 provision of licensable services, including support services,  
26 as set forth by rule.

1       ~~"Gambling disorder" means persistent and recurring~~  
2       ~~maladaptive gambling behavior that disrupts personal, family,~~  
3       ~~or vocational pursuits.~~

4       "Gambling" means the risking of money or other items of  
5       value in games of chance, including video gaming, sports  
6       betting, and other games of chance.

7       "Gaming" means the action or practice of playing video  
8       games.

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

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

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

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

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

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

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

1 healthy environments, lifestyles, and behaviors.

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

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

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

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

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

25 "Withdrawal management" means services designed to manage  
26 intoxication or withdrawal episodes (previously referred to as

1 detoxification), interrupt the momentum of habitual,  
2 compulsive substance use and begin the initial engagement in  
3 medically necessary substance use disorder treatment.  
4 Withdrawal management allows patients to safely withdraw from  
5 substances in a controlled medically-structured environment.  
6 (Source: P.A. 100-759, eff. 1-1-19.)

7 (20 ILCS 301/5-5)

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

9 (a) The Department of Human Services, as successor to the  
10 Department of Alcoholism and Substance Abuse, shall assume the  
11 various rights, powers, duties, and functions provided for in  
12 this Act.

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

24 (c) The Department shall, through accountable and  
25 efficient leadership, example and commitment to excellence,



1 strive to reduce the incidence of substance use or gambling  
2 disorders by:

3 (1) Fostering public understanding of substance use  
4 disorders and how they affect individuals, families, and  
5 communities.

6 (2) Promoting healthy lifestyles.

7 (3) Promoting understanding and support for sound  
8 public policies.

9 (4) Ensuring quality prevention, early intervention,  
10 treatment, and other recovery support services that are  
11 accessible and responsive to the diverse needs of  
12 individuals, families, and communities.

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

14 (20 ILCS 301/5-10)

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

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

19 (1) Design, coordinate and fund comprehensive  
20 community-based and culturally and gender-appropriate  
21 services throughout the State. These services must include  
22 prevention, early intervention, treatment, and other  
23 recovery support services ~~for substance use disorders~~ that  
24 are accessible and address ~~addresses~~ the needs of at-risk  
25 individuals and their families.

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

8           (2.5) In partnership with the Department of Healthcare  
9 and Family Services, act as one of the principal State  
10 agencies for the sole purpose of calculating the  
11 maintenance of effort requirement under Section 1930 of  
12 Title XIX, Part B, Subpart II of the Public Health Service  
13 Act (42 U.S.C. 300x-30) and the Interim Final Rule (45 CFR  
14 96.134).

15           (3) Coordinate a statewide strategy for the  
16 prevention, early intervention, treatment, and recovery  
17 support of substance use or gambling disorders. This  
18 strategy shall include the development of a comprehensive  
19 plan, submitted annually with the application for federal  
20 substance use disorder block grant funding, for the  
21 provision of an array of such services. The plan shall be  
22 based on local community-based needs and upon data  
23 including, but not limited to, that which defines the  
24 prevalence of and costs associated with these substance  
25 ~~use~~ disorders. This comprehensive plan shall include  
26 identification of problems, needs, priorities, services

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

18 The plan developed under this Section shall include an  
19 explanation of the rationale to be used in ensuring that  
20 funding shall be based upon local community needs,  
21 including, but not limited to, the incidence and  
22 prevalence of, and costs associated with, these substance  
23 ~~use~~ disorders, as well as upon demonstrated program  
24 performance.

25 The plan developed under this Section shall also  
26 contain a report detailing the activities of and progress

1 made through services for the care and treatment of these  
2 ~~substance use~~ disorders among pregnant women and mothers  
3 and their children established under subsection (j) of  
4 Section 35-5.

5 As applicable, the plan developed under this Section  
6 shall also include information about funding by other  
7 State agencies for prevention, early intervention,  
8 treatment, and other recovery support services.

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

17 (A) Cooperate with and assist other State  
18 agencies, as applicable, in establishing and  
19 conducting these ~~substance use disorder~~ services among  
20 the populations they respectively serve.

21 (B) Cooperate with and assist the Illinois  
22 Department of Public Health in the establishment,  
23 funding and support of programs and services for the  
24 promotion of maternal and child health and the  
25 prevention and treatment of infectious diseases,  
26 including but not limited to HIV infection, especially

1 with respect to those persons who are high risk due to  
2 intravenous injection of illegal drugs, or who may  
3 have been sexual partners of these individuals, or who  
4 may have impaired immune systems as a result of a  
5 substance use disorder.

6 (C) Supply to the Department of Public Health and  
7 prenatal care providers a list of all providers who  
8 are licensed to provide substance use disorder  
9 treatment for pregnant women in this State.

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

16 (E) Cooperate with and assist DCFS in carrying out  
17 its mandates to:

18 (i) identify substance use and gambling  
19 disorders among its clients and their families;  
20 and

21 (ii) develop services to deal with such  
22 disorders.

23 These services may include, but shall not be limited  
24 to, programs to prevent or treat substance use or  
25 gambling disorders with DCFS clients and their  
26 families, identifying child care needs within such

1 treatment, and assistance with other issues as  
2 required.

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

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

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

21 (I) (Blank).

22 (5) From monies appropriated to the Department from  
23 the Drunk and Drugged Driving Prevention Fund, reimburse  
24 DUI evaluation and risk education programs licensed by the  
25 Department for providing indigent persons with free or  
26 reduced-cost evaluation and risk education services

1 relating to a charge of driving under the influence of  
2 alcohol or other drugs.

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

11 (7) In consultation with providers and related trade  
12 associations, specify a uniform methodology for use by  
13 funded providers and the Department for billing and  
14 collection and dissemination of statistical information  
15 regarding services related to substance use or gambling  
16 disorders.

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

22 (9) Designate and license providers to conduct  
23 screening, assessment, referral and tracking of clients  
24 identified by the criminal justice system as having  
25 indications of substance use disorders and being eligible  
26 to make an election for treatment under Section 40-5 of

1           this Act, and assist in the placement of individuals who  
2           are under court order to participate in treatment.

3           (10) Identify and disseminate evidence-based best  
4           practice guidelines as maintained in administrative rule  
5           that can be utilized to determine a substance use or  
6           gambling disorder diagnosis.

7           (11) (Blank).

8           (12) Make grants with funds appropriated from the Drug  
9           Treatment Fund in accordance with Section 7 of the  
10          Controlled Substance and Cannabis Nuisance Act, or in  
11          accordance with Section 80 of the Methamphetamine Control  
12          and Community Protection Act, or in accordance with  
13          subsections (h) and (i) of Section 411.2 of the Illinois  
14          Controlled Substances Act, or in accordance with Section  
15          6z-107 of the State Finance Act.

16          (13) Encourage all health and disability insurance  
17          programs to include substance use and gambling disorder  
18          treatment as ~~a~~ covered services ~~service~~ and to use  
19          evidence-based best practice criteria as maintained in  
20          administrative rule and as required in Public Act 99-0480  
21          in determining the necessity for such services and  
22          continued stay.

23          (14) Award grants and enter into fixed-rate and  
24          fee-for-service arrangements with any other department,  
25          authority or commission of this State, or any other state  
26          or the federal government or with any public or private



1 agency, including the disbursement of funds and furnishing  
2 of staff, to effectuate the purposes of this Act.

3 (15) Conduct a public information campaign to inform  
4 the State's Hispanic residents regarding the prevention  
5 and treatment of substance use or gambling disorders.

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

10 (1) Require all organizations licensed or funded by  
11 the Department to include an education component to inform  
12 participants regarding the causes and means of  
13 transmission and methods of reducing the risk of acquiring  
14 or transmitting HIV infection and other infectious  
15 diseases, and to include funding for such education  
16 component in its support of the program.

17 (2) Review all State agency applications for federal  
18 funds that include provisions relating to the prevention,  
19 early intervention and treatment of substance use or  
20 gambling disorders in order to ensure consistency.

21 (3) Prepare, publish, evaluate, disseminate and serve  
22 as a central repository for educational materials dealing  
23 with the nature and effects of substance use or gambling  
24 disorders. Such materials may deal with the educational  
25 needs of the citizens of Illinois, and may include at  
26 least pamphlets that describe the causes and effects of

1 fetal alcohol spectrum disorders.

2 (4) Develop and coordinate, with regional and local  
3 agencies, education and training programs for persons  
4 engaged in providing services for persons with substance  
5 use or gambling disorders, which programs may include  
6 specific HIV education and training for program personnel.

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

11 (6) Utilize the support and assistance of interested  
12 persons in the community, including recovering persons, to  
13 assist individuals and communities in understanding the  
14 dynamics of substance use or gambling disorders, and to  
15 encourage individuals with these ~~substance use~~ disorders  
16 to voluntarily undergo treatment.

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

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

1 (9) (Blank).

2 (10) (Blank).

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

5 (12) With monies appropriated from the Group Home Loan  
6 Revolving Fund, make loans, directly or through  
7 subcontract, to assist in underwriting the costs of  
8 housing in which individuals recovering from substance use  
9 or gambling disorders may reside, pursuant to Section  
10 50-40 of this Act.

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

14 (14) Provide funding to help parents be effective in  
15 preventing substance use or gambling disorders by building  
16 an awareness of the family's role in preventing these  
17 ~~substance use~~ disorders through adjusting expectations,  
18 developing new skills, and setting positive family goals.  
19 The programs shall include, but not be limited to, the  
20 following subjects: healthy family communication;  
21 establishing rules and limits; how to reduce family  
22 conflict; how to build self-esteem, competency, and  
23 responsibility in children; how to improve motivation and  
24 achievement; effective discipline; problem solving  
25 techniques; healthy gaming and play habits; appropriate  
26 financial planning and investment strategies; how to talk

1        about gambling and related activities; and how to talk  
2        about substance use or gambling ~~drugs and alcohol~~. The  
3        programs shall be open to all parents.

4        (Source: P.A. 101-10, eff. 6-5-19; 102-538, eff. 8-20-21.)

5                (20 ILCS 301/5-20)

6                Sec. 5-20. Gambling disorders.

7                (a) Subject to appropriation, the Department shall  
8        establish a program for public education, research, and  
9        training regarding gambling disorders and the treatment and  
10       prevention of gambling disorders. Subject to specific  
11       appropriation for these stated purposes, the program must  
12       include all of the following:

13                (1) Establishment and maintenance of a toll-free  
14       hotline and website ~~"800" telephone number~~ to provide  
15       crisis counseling and referral services for ~~to~~ families  
16       experiencing difficulty related to a ~~as a result of~~  
17       gambling disorder ~~disorders~~.

18                (2) Promotion of public awareness regarding the  
19       recognition and prevention of gambling disorders.  
20       Promotion of public awareness to create a gambling  
21       informed State regarding the impact of gambling disorders  
22       on individuals, families, and communities and the stigma  
23       that surrounds gambling disorders.

24                (3) Facilitation, through in-service training,  
25       certification promotion, and other innovative means, of

1 the availability of effective assistance programs for  
2 gambling disorders.

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

7 (5) Utilize screening, crisis intervention, treatment,  
8 public awareness, prevention, in-service training, and  
9 other innovative means, to decrease the incidents of  
10 suicide attempts related to a gambling disorder or  
11 gambling issues.

12 (b) Subject to appropriation, the Department shall either  
13 establish and maintain the program or contract with a private  
14 or public entity for the establishment and maintenance of the  
15 program. Subject to appropriation, either the Department or  
16 the private or public entity shall implement the hotline and  
17 website ~~toll-free telephone number~~, promote public awareness,  
18 conduct research, fund treatment and recovery services, and  
19 conduct in-service training concerning gambling disorders.

20 (c) The Department shall determine a statement regarding  
21 obtaining assistance with a gambling disorder which each  
22 licensed gambling establishment owner shall post and each  
23 master sports wagering licensee shall include on the master  
24 sports wagering licensee's portal, Internet website, or  
25 computer or mobile application. Subject to appropriation, the  
26 Department shall produce and supply the signs with the

1 statement as specified in Section 10.7 of the Illinois Lottery  
2 Law, Section 34.1 of the Illinois Horse Racing Act of 1975,  
3 Section 4.3 of the Bingo License and Tax Act, Section 8.1 of  
4 the Charitable Games Act, Section 25.95 of the Sports Wagering  
5 Act, and Section 13.1 of the Illinois Gambling Act, and the  
6 Video Gaming Act.

7 (d) Programs; gambling disorder prevention.

8 (1) The Department may establish a program to provide  
9 for the production and publication, in electronic and  
10 other formats, of gambling prevention, recognition,  
11 treatment, and recovery literature and other public  
12 education methods. The Department may develop and  
13 disseminate curricula for use by professionals,  
14 organizations, individuals, or committees interested in  
15 the prevention of gambling disorders.

16 (2) The Department may provide advice to State and  
17 local officials on gambling disorders, including the  
18 prevalence of gambling disorders, programs treating or  
19 promoting prevention of gambling disorders, trends in  
20 gambling disorder prevalence, and the relationship between  
21 gaming and gambling disorders.

22 (3) The Department may support gambling disorder  
23 prevention, recognition, treatment, and recovery projects  
24 by facilitating the acquisition of gambling prevention  
25 curriculums, providing trainings in gambling disorder  
26 prevention best practices, connecting programs to health

1 care resources, establishing learning collaboratives  
2 between localities and programs, and assisting programs in  
3 navigating any regulatory requirements for establishing or  
4 expanding such programs.

5 (4) In supporting best practices in gambling disorder  
6 prevention programming, the Department may promote the  
7 following programmatic elements:

8 (A) Providing funding for community-based  
9 organizations to employ community health workers or  
10 peer recovery specialists who are familiar with the  
11 communities served and can provide culturally  
12 competent services.

13 (B) Collaborating with other community-based  
14 organizations, substance use disorder treatment  
15 centers, or other health care providers engaged in  
16 treating individuals who are experiencing gambling  
17 disorder.

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

20 (D) Engaging individuals exiting jails or prisons  
21 who are at a high risk of developing a gambling  
22 disorder.

23 (E) Providing education and training to  
24 community-based organizations who work directly with  
25 individuals who are experiencing gambling disorders  
26 and those individuals' families and communities.

1           (F) Providing education and training on gambling  
2           disorder prevention and response to the judicial  
3           system.

4           (G) Informing communities of the impact gambling  
5           disorder has on suicidal ideation and suicide attempts  
6           and the role health care professionals can have in  
7           identifying appropriate treatment.

8           (H) Producing and distributing targeted mass media  
9           materials on gambling disorder prevention and  
10           response, and the potential dangers of gambling  
11           related stigma.

12       (e) Grants.

13           (1) The Department may award grants, in accordance  
14           with this subsection, to create or support local gambling  
15           prevention, recognition, and response projects. Local  
16           health departments, correctional institutions, hospitals,  
17           universities, community-based organizations, and  
18           faith-based organizations may apply to the Department for  
19           a grant under this subsection at the time and in the manner  
20           the Department prescribes.

21           (2) In awarding grants, the Department shall consider  
22           the necessity for gambling disorder prevention projects in  
23           various settings and shall encourage all grant applicants  
24           to develop interventions that will be effective and viable  
25           in their local areas.

26           (3) In addition to moneys appropriated by the General



1 Assembly, the Department may seek grants from private  
2 foundations, the federal government, and other sources to  
3 fund the grants under this Section and to fund an  
4 evaluation of the programs supported by the grants.

5 (4) The Department may award grants to create or  
6 support local gambling treatment programs. Such programs  
7 may include prevention, early intervention, residential  
8 and outpatient treatment, and recovery support services  
9 for gambling disorders. Local health departments,  
10 hospitals, universities, community-based organizations,  
11 and faith-based organizations may apply to the Department  
12 for a grant under this subsection at the time and in the  
13 manner the Department prescribes.

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

15 (20 ILCS 301/10-10)

16 Sec. 10-10. Powers and duties of the Council. The Council  
17 shall:

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

20 (b) Advise the Department on regulations and licensure  
21 proposed by the Department.

22 (c) Advise the Department in the formulation,  
23 preparation, and implementation of the annual plan  
24 submitted with the federal Substance Use Disorder Block  
25 Grant application for prevention, early intervention,

1 treatment, and other recovery support services for  
2 substance use disorders.

3 (d) Advise the Department on implementation of  
4 substance use and gambling disorder education and  
5 prevention programs throughout the State.

6 (e) Assist with incorporating into the annual plan  
7 submitted with the federal Substance Use Disorder Block  
8 Grant application, planning information specific to  
9 Illinois' female population. The information shall  
10 contain, but need not be limited to, the types of services  
11 funded, the population served, the support services  
12 available, and the goals, objectives, proposed methods of  
13 achievement, service projections and cost estimate for the  
14 upcoming year.

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

17 (g) Advise the Department in the planning,  
18 development, and coordination of programs among all  
19 agencies and departments of State government, including  
20 programs to reduce substance use and gambling disorders,  
21 prevent the misuse of illegal and legal drugs by persons  
22 of all ages, prevent gambling and gaming by minors, and  
23 prevent the use of alcohol by minors.

24 (h) Promote and encourage participation by the private  
25 sector, including business, industry, labor, and the  
26 media, in programs to prevent substance use and gambling

1 disorders.

2 (i) Encourage the implementation of programs to  
3 prevent substance use and gambling disorders in the public  
4 and private schools and educational institutions.

5 (j) Gather information, conduct hearings, and make  
6 recommendations to the Secretary concerning additions,  
7 deletions, or rescheduling of substances under the  
8 Illinois Controlled Substances Act.

9 (k) Report as requested to the General Assembly  
10 regarding the activities and recommendations made by the  
11 Council.

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

13 (20 ILCS 301/10-15)

14 Sec. 10-15. Qualification and appointment of members. The  
15 membership of the Illinois Advisory Council may, as needed,  
16 consist of:

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

19 (b) A judge designated by the Chief Justice of the  
20 Illinois Supreme Court.

21 (c) A Public Defender appointed by the President of  
22 the Illinois Public Defender Association.

23 (d) A local law enforcement officer appointed by the  
24 Governor.

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

1 (f) An educator appointed by the Governor.

2 (g) A physician licensed to practice medicine in all  
3 its branches appointed by the Governor with due regard for  
4 the appointee's knowledge of the field of substance use  
5 disorders.

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

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

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

13 (k) An advocate for the needs of youth appointed by  
14 the Governor.

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

17 (m) The President of the Illinois Hospital Association  
18 or his or her designee.

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

21 (o) The President of the Illinois Pharmacists  
22 Association or a licensed pharmacist designated by the  
23 President.

24 (p) The President of the Illinois Chapter of the  
25 Association of Labor-Management Administrators and  
26 Consultants on Alcoholism.

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

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

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

6           (s) 20 public members, 8 appointed by the Governor, 3  
7 of whom shall be representatives of substance use or  
8 gambling disorder treatment programs and one of whom shall  
9 be a representative of a manufacturer or importing  
10 distributor of alcoholic liquor licensed by the State of  
11 Illinois, and 3 public members appointed by each of the  
12 President and Minority Leader of the Senate and the  
13 Speaker and Minority Leader of the House.

14           (t) The Director, Secretary, or other chief  
15 administrative officer, ex officio, or his or her  
16 designee, of each of the following: the Department on  
17 Aging, the Department of Children and Family Services, the  
18 Department of Corrections, the Department of Juvenile  
19 Justice, the Department of Healthcare and Family Services,  
20 the Department of Revenue, the Department of Public  
21 Health, the Department of Financial and Professional  
22 Regulation, the Illinois State Police, the Administrative  
23 Office of the Illinois Courts, the Criminal Justice  
24 Information Authority, and the Department of  
25 Transportation.

26           (u) Each of the following, ex officio, or his or her

1           designee: the Secretary of State, the State Superintendent  
2           of Education, and the Chairman of the Board of Higher  
3           Education.

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

18          Each non-appointive member may designate a representative  
19          to serve in his place by written notice to the Department. All  
20          General Assembly members shall serve until their respective  
21          successors are appointed or until termination of their  
22          legislative service, whichever occurs first. The terms of  
23          office for each of the members appointed by the Governor shall  
24          be for 3 years, except that of the members first appointed, 3  
25          shall be appointed for a term of one year, and 4 shall be  
26          appointed for a term of 2 years. The terms of office of each of

1 the public members appointed by the legislative leaders shall  
2 be for 2 years.

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

4 (20 ILCS 301/15-10)

5 Sec. 15-10. Licensure categories and services. No person  
6 or program may provide the services or conduct the activities  
7 described in this Section without first obtaining a license  
8 therefor from the Department, unless otherwise exempted under  
9 this Act. The Department shall, by rule, provide requirements  
10 for each of the following types of licenses and categories of  
11 service:

12 (a) Treatment: Categories of treatment service for a  
13 substance use or gambling disorder ~~authorized by a~~  
14 ~~treatment license~~ are Early Intervention, Outpatient,  
15 Intensive Outpatient/Partial Hospitalization, Subacute  
16 Residential/Inpatient, and Withdrawal Management.  
17 Medication assisted treatment that includes methadone used  
18 for an opioid use disorder can be licensed as an adjunct to  
19 any of the treatment levels of care specified in this  
20 Section.

21 (b) Intervention: Categories of intervention service  
22 ~~authorized by an intervention license~~ are DUI Evaluation,  
23 DUI Risk Education, Designated Program, and Recovery Homes  
24 for persons in any stage of recovery from a substance use  
25 or gambling disorder. Harm reduction, which includes

1       overdose prevention sites and service, is another category  
2       of intervention licensure that can be issued if and when  
3       legal authorization is adopted to allow for this service  
4       and upon promulgation of administrative or funding rules  
5       that govern the delivery of the service.

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

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

11           (20 ILCS 301/20-5)

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

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

22           (b) The statewide system developed under this Section may  
23       be adopted by administrative rule or funded as a grant award  
24       condition and shall be responsible for:

25           (1) Providing programs and technical assistance to



1 improve the ability of Illinois communities and schools to  
2 develop, implement and evaluate prevention programs.

3 (2) Initiating and fostering continuing cooperation  
4 among the Department, Department-funded prevention  
5 programs, other community-based prevention providers and  
6 other State, regional, or local systems or agencies that  
7 have an interest in substance use disorder prevention.

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

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

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

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

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

26 (5) Drafting and implementing efficient plans for the

1 use of available resources to address issues of substance  
2 use disorder prevention.

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

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

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

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

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

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

1 (20 ILCS 301/25-5)

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

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

13 (20 ILCS 301/25-10)

14 Sec. 25-10. Promulgation of regulations. The Department  
15 shall adopt regulations for licensure, certification for  
16 Medicaid reimbursement, and to identify evidence-based best  
17 practice criteria that can be utilized for intervention and  
18 treatment services, taking into consideration available  
19 resources and facilities, for the purpose of early and  
20 effective treatment of substance use and gambling disorders.

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

22 (20 ILCS 301/30-5)

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

1           (a) For purposes of this Section, "patient" means any  
2 person who is receiving or has received early intervention,  
3 treatment, or other recovery support services under this Act  
4 or any category of service licensed as "intervention" under  
5 this Act.

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

10           (c) Persons who have substance use or gambling disorders  
11 who are also suffering from medical conditions shall not be  
12 discriminated against in admission or treatment by any  
13 hospital that receives support in any form supported in whole  
14 or in part by funds appropriated to any State department or  
15 agency.

16           (d) Every patient shall have impartial access to services  
17 without regard to race, religion, sex, ethnicity, age, sexual  
18 orientation, gender identity, marital status, or other  
19 disability.

20           (e) Patients shall be permitted the free exercise of  
21 religion.

22           (f) Every patient's personal dignity shall be recognized  
23 in the provision of services, and a patient's personal privacy  
24 shall be assured and protected within the constraints of his  
25 or her individual treatment.

26           (g) Treatment services shall be provided in the least

1 restrictive environment possible.

2 (h) Each patient receiving treatment services shall be  
3 provided an individual treatment plan, which shall be  
4 periodically reviewed and updated as mandated by  
5 administrative rule.

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

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

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

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

19 (m) A patient in residential treatment shall be permitted  
20 to send and receive mail without hindrance, unless clinically  
21 contraindicated.

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

26 (o) A patient shall be permitted to request the opinion of

1 a consultant at his or her own expense, or to request an  
2 in-house review of a treatment plan, as provided in the  
3 specific procedures of the provider. A treatment provider is  
4 not liable for the negligence of any consultant.

5 (p) Unless otherwise prohibited by State or federal law,  
6 every patient shall be permitted to obtain from his or her own  
7 physician, the treatment provider, or the treatment provider's  
8 consulting physician complete and current information  
9 concerning the nature of care, procedures, and treatment that  
10 he or she will receive.

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

19 (r) All medical treatment and procedures shall be  
20 administered as ordered by a physician and in accordance with  
21 all Department rules.

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

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

1 every patient, patient's guardian, or parent, if the patient  
2 is a minor, shall be permitted to inspect and copy all clinical  
3 and other records kept by the intervention or treatment  
4 licensee or by his or her physician concerning his or her care  
5 and maintenance. The licensee or physician may charge a  
6 reasonable fee for the duplication of a record.

7 (u) No owner, licensee, administrator, employee, or agent  
8 of a licensed intervention or treatment program shall abuse or  
9 neglect a patient. It is the duty of any individual who becomes  
10 aware of such abuse or neglect to report it to the Department  
11 immediately.

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

16 (w) All patients admitted to community-based treatment  
17 facilities shall be considered voluntary treatment patients  
18 and such patients shall not be contained within a locked  
19 setting.

20 (x) Patients and their families or legal guardians shall  
21 have the right to present complaints to the provider or the  
22 Department concerning the quality of care provided to the  
23 patient, without threat of discharge or reprisal in any form  
24 or manner whatsoever. The complaint process and procedure  
25 shall be adopted by the Department by rule. The treatment  
26 provider shall have in place a mechanism for receiving and

1 responding to such complaints, and shall inform the patient  
2 and the patient's family or legal guardian of this mechanism  
3 and how to use it. The provider shall analyze any complaint  
4 received and, when indicated, take appropriate corrective  
5 action. Every patient and his or her family member or legal  
6 guardian who makes a complaint shall receive a timely response  
7 from the provider that substantively addresses the complaint.  
8 The provider shall inform the patient and the patient's family  
9 or legal guardian about other sources of assistance if the  
10 provider has not resolved the complaint to the satisfaction of  
11 the patient or the patient's family or legal guardian.

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

15 (z) A person who is in need of services may apply for  
16 voluntary admission in the manner and with the rights provided  
17 for under regulations promulgated by the Department. If a  
18 person is refused admission, then staff, subject to rules  
19 promulgated by the Department, shall refer the person to  
20 another facility or to other appropriate services.

21 (aa) No patient shall be denied services based solely on  
22 HIV status. Further, records and information governed by the  
23 AIDS Confidentiality Act and the AIDS Confidentiality and  
24 Testing Code (77 Ill. Adm. Code 697) shall be maintained in  
25 accordance therewith.

26 (bb) Records of the identity, diagnosis, prognosis or



1 treatment of any patient maintained in connection with the  
2 performance of any service or activity relating to substance  
3 use or gambling disorder education, early intervention,  
4 intervention, training, or treatment that is regulated,  
5 authorized, or directly or indirectly assisted by any  
6 Department or agency of this State or under any provision of  
7 this Act shall be confidential and may be disclosed only in  
8 accordance with the provisions of federal law and regulations  
9 concerning the confidentiality of substance use disorder  
10 patient records as contained in 42 U.S.C. Sections 290dd-2 and  
11 42 CFR ~~C.F.R.~~ Part 2, or any successor federal statute or  
12 regulation.

13 (1) The following are exempt from the confidentiality  
14 protections set forth in 42 CFR ~~C.F.R.~~ Section 2.12(c):

15 (A) Veteran's Administration records.

16 (B) Information obtained by the Armed Forces.

17 (C) Information given to qualified service  
18 organizations.

19 (D) Communications within a program or between a  
20 program and an entity having direct administrative  
21 control over that program.

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

25 (F) Reports under State law of incidents of  
26 suspected child abuse and neglect; however,

1 confidentiality restrictions continue to apply to the  
2 records and any follow-up information for disclosure  
3 and use in civil or criminal proceedings arising from  
4 the report of suspected abuse or neglect.

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

7 (A) With patient consent as set forth in 42 CFR  
8 ~~C.F.R.~~ Sections 2.1(b) (1) and 2.31, and as consistent  
9 with pertinent State law.

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

12 (C) For research activities as set forth in 42 CFR  
13 ~~C.F.R.~~ Sections 2.1(b) (2) and 2.52.

14 (D) For audit evaluation activities as set forth  
15 in 42 CFR ~~C.F.R.~~ Section 2.53.

16 (E) With a court order as set forth in 42 CFR  
17 ~~C.F.R.~~ Sections 2.61 through 2.67.

18 (3) The restrictions on disclosure and use of patient  
19 information apply whether the holder of the information  
20 already has it, has other means of obtaining it, is a law  
21 enforcement or other official, has obtained a subpoena, or  
22 asserts any other justification for a disclosure or use  
23 that is not permitted by 42 CFR ~~C.F.R.~~ Part 2. Any court  
24 orders authorizing disclosure of patient records under  
25 this Act must comply with the procedures and criteria set  
26 forth in 42 CFR ~~C.F.R.~~ Sections 2.64 and 2.65. Except as

1 authorized by a court order granted under this Section, no  
2 record referred to in this Section may be used to initiate  
3 or substantiate any charges against a patient or to  
4 conduct any investigation of a patient.

5 (4) The prohibitions of this subsection shall apply to  
6 records concerning any person who has been a patient,  
7 regardless of whether or when the person ceases to be a  
8 patient.

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

12 (6) The Department shall prescribe regulations to  
13 carry out the purposes of this subsection. These  
14 regulations may contain such definitions, and may provide  
15 for such safeguards and procedures, including procedures  
16 and criteria for the issuance and scope of court orders,  
17 as in the judgment of the Department are necessary or  
18 proper to effectuate the purposes of this Section, to  
19 prevent circumvention or evasion thereof, or to facilitate  
20 compliance therewith.

21 (cc) Each patient shall be given a written explanation of  
22 all the rights enumerated in this Section and a copy, signed by  
23 the patient, shall be kept in every patient record. If a  
24 patient is unable to read such written explanation, it shall  
25 be read to the patient in a language that the patient  
26 understands. A copy of all the rights enumerated in this

1 Section shall be posted in a conspicuous place within the  
2 program where it may readily be seen and read by program  
3 patients and visitors.

4 (dd) The program shall ensure that its staff is familiar  
5 with and observes the rights and responsibilities enumerated  
6 in this Section.

7 (ee) Licensed organizations shall comply with the right of  
8 any adolescent to consent to treatment without approval of the  
9 parent or legal guardian in accordance with the Consent by  
10 Minors to Health Care Services ~~Medical Procedures~~ Act.

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

15 (Source: P.A. 99-143, eff. 7-27-15; 100-759, eff. 1-1-19;  
16 revised 12-1-21.)

17 (20 ILCS 301/35-5)

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

19 (a) In order to promote a comprehensive, statewide and  
20 multidisciplinary approach to serving pregnant women and  
21 mothers, including those who are minors, and their children  
22 who are affected by substance use or gambling disorders, the  
23 Department shall have responsibility for an ongoing exchange  
24 of referral information among the following:

25 (1) those who provide medical and social services to

1 pregnant women, mothers and their children, whether or not  
2 there exists evidence of a substance use or gambling  
3 disorder. These include any other State-funded medical or  
4 social services to pregnant women.

5 (2) providers of treatment services to women affected  
6 by substance use or gambling disorders.

7 (b) (Blank).

8 (c) (Blank).

9 (d) (Blank).

10 (e) (Blank).

11 (f) The Department shall develop and maintain an updated  
12 and comprehensive directory of licensed providers that deliver  
13 treatment and intervention services. The Department shall post  
14 on its website a licensed provider directory updated at least  
15 quarterly.

16 (g) As a condition of any State grant or contract, the  
17 Department shall require that any treatment program for women  
18 with substance use or gambling disorders provide services,  
19 either by its own staff or by agreement with other agencies or  
20 individuals, which include but need not be limited to the  
21 following:

22 (1) coordination with any program providing case  
23 management services to ensure ongoing monitoring and  
24 coordination of services after the addicted woman has  
25 returned home.

26 (2) coordination with medical services for individual

1 medical care of pregnant women, including prenatal care  
2 under the supervision of a physician.

3 (3) coordination with child care services.

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

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

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

26 (3) In implementing the programs established under this

1 subsection, the Department shall contract with existing  
2 residential treatment or recovery homes in areas having a  
3 disproportionate number of women with substance use and other  
4 disorders who need residential treatment. Priority shall be  
5 given to women who:

6 (A) are pregnant, especially if they are intravenous  
7 drug users,

8 (B) have minor children,

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

10 (D) are referred by medical personnel because they  
11 either have given birth to a baby with a substance use  
12 disorder, or will give birth to a baby with a substance use  
13 disorder.

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

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

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

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

21 (D) comprehensive and coordinated social services,  
22 including therapy groups for the treatment of substance  
23 use disorders; family therapy groups; programs to develop  
24 positive self-awareness; parent-child therapy; and  
25 residential support groups.

26 (5) (Blank).

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

2 (20 ILCS 301/35-10)

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

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

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

8 (2) A substantial percentage of pregnant adolescents  
9 have substance use disorders or live in environments in  
10 which substance use disorders occur and thus are at risk  
11 of exposing their infants to dangerous and harmful  
12 circumstances.

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

16 (b) To address the findings set forth in subsection (a),  
17 and subject to appropriation, the Department may establish and  
18 fund treatment strategies to meet the developmental, social,  
19 and educational needs of high-risk pregnant adolescents and  
20 shall do the following:

21 (1) To the maximum extent feasible and appropriate,  
22 utilize existing services and funding rather than create  
23 new, duplicative services.

24 (2) Include plans for coordination and collaboration  
25 with existing perinatal substance use disorder services.



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

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

5 (5) Include staff development training by substance  
6 use and other disorder counselors.

7 As used in this Section, "high-risk pregnant adolescent"  
8 means a person at least 12 but not more than 18 years of age  
9 with a substance use or other disorder who is pregnant.

10 (c) (Blank).

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

12 (20 ILCS 301/50-40)

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

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

1 loaned from the fund, the operation of group homes receiving  
2 loans under this Section and the repayment of monies loaned.

3 (b) There shall be deposited into the fund such amounts  
4 including, but not limited to:

5 (1) All receipts, including principal and interest  
6 payments and royalties, from any applicable loan agreement  
7 made from the fund.

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

14 (3) Any direct appropriations made by the General  
15 Assembly, or any gifts or grants made by any person to the  
16 fund.

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

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

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

1 (20 ILCS 301/55-30)

2 Sec. 55-30. Rate increase.

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

13 (b) Within 30 days after June 4, 2018 (the effective date  
14 of Public Act 100-587), the Division of Substance Use  
15 Prevention and Recovery shall apply an increase in rates of 3%  
16 above the rate paid on June 30, 2017 to all Medicaid and  
17 non-Medicaid reimbursable service rates. The Department shall  
18 adopt rules, including emergency rules under subsection (bb)  
19 of Section 5-45 of the Illinois Administrative Procedure Act,  
20 to implement the provisions of this subsection (b).

21 (Source: P.A. 100-23, eff. 7-6-17; 100-587, eff. 6-4-18;  
22 100-759, eff. 1-1-19; 101-81, eff. 7-12-19.)

23 (20 ILCS 301/55-40)

24 Sec. 55-40. Recovery residences.

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

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

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

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

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

26           (f) The Department shall include a disclaimer on the

1 registry that states that the recovery residences are not  
2 regulated by the Department and their listing is provided as a  
3 resource but not as an endorsement by the State.

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

1 INDEX

2 Statutes amended in order of appearance

- 3 20 ILCS 301/1-5
- 4 20 ILCS 301/1-10
- 5 20 ILCS 301/5-5
- 6 20 ILCS 301/5-10
- 7 20 ILCS 301/5-20
- 8 20 ILCS 301/10-10
- 9 20 ILCS 301/10-15
- 10 20 ILCS 301/15-10
- 11 20 ILCS 301/20-5
- 12 20 ILCS 301/25-5
- 13 20 ILCS 301/25-10
- 14 20 ILCS 301/30-5
- 15 20 ILCS 301/35-5
- 16 20 ILCS 301/35-10
- 17 20 ILCS 301/50-40
- 18 20 ILCS 301/55-30
- 19 20 ILCS 301/55-40