

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 15-10, 20-5, 25-5, 25-10, 30-5, 35-5, 35-10, 50-40, 55-30, and  
7 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 these ~~substance use~~ disorders (and, when  
22 appropriate, the families of those persons) to lead healthy  
23 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  
16 disorder treatment, gambling disorder treatment, mental health  
17 treatment, and social services, linking patients with  
18 appropriate services to address specific needs and achieve  
19 stated goals. In general, case management assists patients  
20 with other disorders and conditions that require multiple  
21 services over extended periods of time and who face difficulty  
22 in gaining access to 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 a  
16 substance use or gambling disorder ~~substance use disorders~~ and  
17 to assist individuals in recognizing harmful consequences.  
18 Early intervention services facilitate emotional and social  
19 stability and involve ~~involves~~ referrals for treatment, as  
20 needed.

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

24 ~~"Gambling disorder" means persistent and recurring~~  
25 ~~maladaptive gambling behavior that disrupts personal, family,~~  
26 ~~or vocational pursuits.~~

1       "Gambling" means the risking of money or other items of  
2 value in games of chance, including video gaming, sports  
3 betting, and other games of chance.

4       "Gaming" means the action or practice of playing video  
5 games.

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

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

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

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

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

13 "Person" means any individual, firm, group, association,  
14 partnership, corporation, trust, government or governmental  
15 subdivision or agency.

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

25 "Recovery" means a process of change through which  
26 individuals improve their health and wellness, live a

1 self-directed life, and reach their full potential.

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

8 "Secretary" means the Secretary of the Department of Human  
9 Services or his or her designee.

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

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

22 "Withdrawal management" means services designed to manage  
23 intoxication or withdrawal episodes (previously referred to as  
24 detoxification), interrupt the momentum of habitual,  
25 compulsive substance use and begin the initial engagement in  
26 medically necessary substance use disorder treatment.

1 Withdrawal management allows patients to safely withdraw from  
2 substances in a controlled medically-structured environment.

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

4 (20 ILCS 301/5-5)

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

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

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

21 (c) The Department shall, through accountable and  
22 efficient leadership, example and commitment to excellence,  
23 strive to reduce the incidence of substance use or gambling  
24 disorders by:

25 (1) Fostering public understanding of substance use

1 disorders and how they affect individuals, families, and  
2 communities.

3 (2) Promoting healthy lifestyles.

4 (3) Promoting understanding and support for sound  
5 public policies.

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

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

11 (20 ILCS 301/5-10)

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

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

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

23 (2) Act as the exclusive State agency to accept,  
24 receive and expend, pursuant to appropriation, any public  
25 or private monies, grants or services, including those



1 received from the federal government or from other State  
2 agencies, for the purpose of providing prevention, early  
3 intervention, treatment, and other recovery support  
4 services for substance use or gambling disorders.

5 (2.5) In partnership with the Department of Healthcare  
6 and Family Services, act as one of the principal State  
7 agencies for the sole purpose of calculating the  
8 maintenance of effort requirement under Section 1930 of  
9 Title XIX, Part B, Subpart II of the Public Health Service  
10 Act (42 U.S.C. 300x-30) and the Interim Final Rule (45 CFR  
11 96.134).

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

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

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

23 The plan developed under this Section shall also  
24 contain a report detailing the activities of and progress  
25 made through services for the care and treatment of these  
26 ~~substance use~~ disorders among pregnant women and mothers

1 and their children established under subsection (j) of  
2 Section 35-5.

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

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

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

19 (B) Cooperate with and assist the Illinois  
20 Department of Public Health in the establishment,  
21 funding and support of programs and services for the  
22 promotion of maternal and child health and the  
23 prevention and treatment of infectious diseases,  
24 including but not limited to HIV infection, especially  
25 with respect to those persons who are high risk due to  
26 intravenous injection of illegal drugs, or who may

1 have been sexual partners of these individuals, or who  
2 may have impaired immune systems as a result of a  
3 substance use disorder.

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

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

14 (E) Cooperate with and assist DCFS in carrying out  
15 its mandates to:

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

19 (ii) develop services to deal with such  
20 disorders.

21 These services may include, but shall not be limited  
22 to, programs to prevent or treat substance use or  
23 gambling disorders with DCFS clients and their  
24 families, identifying child care needs within such  
25 treatment, and assistance with other issues as  
26 required.

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

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

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

19 (I) (Blank).

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

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

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

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

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

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

5           (11) (Blank).

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

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

21           (14) Award grants and enter into fixed-rate and  
22 fee-for-service arrangements with any other department,  
23 authority or commission of this State, or any other state  
24 or the federal government or with any public or private  
25 agency, including the disbursement of funds and furnishing  
26 of staff, to effectuate the purposes of this Act.

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

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

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

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

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

26          (4) Develop and coordinate, with regional and local



1 agencies, education and training programs for persons  
2 engaged in providing services for persons with substance  
3 use or gambling disorders, which programs may include  
4 specific HIV education and training for program personnel.

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

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

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

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

25 (9) (Blank).

26 (10) (Blank).

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

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

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

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

1 programs shall be open to all parents.

2 (c) There is created within the Department of Human  
3 Services an Office of Opioid Settlement Administration. The  
4 Office shall be responsible for implementing and administering  
5 approved abatement programs as described in Exhibit B of the  
6 Illinois Opioid Allocation Agreement, effective December 30,  
7 2021. The Office may also implement and administer other  
8 opioid-related programs, including but not limited to  
9 prevention, treatment, and recovery services from other funds  
10 made available to the Department of Human Services. The  
11 Secretary of Human Services shall appoint or assign staff as  
12 necessary to carry out the duties and functions of the Office.  
13 (Source: P.A. 101-10, eff. 6-5-19; 102-538, eff. 8-20-21;  
14 102-699, eff. 4-19-22.)

15 (20 ILCS 301/5-20)

16 Sec. 5-20. Gambling disorders.

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

23 (1) Establishment and maintenance of a toll-free  
24 hotline and website ~~"800" telephone number~~ to provide  
25 crisis counseling and referral services for ~~to~~ families

1 experiencing difficulty related to a ~~as a result of~~  
2 gambling disorder ~~disorders~~.

3 (2) Promotion of public awareness regarding the  
4 recognition and prevention of gambling disorders.  
5 Promotion of public awareness to create a gambling  
6 informed State regarding the impact of gambling disorders  
7 on individuals, families, and communities and the stigma  
8 that surrounds gambling disorders.

9 (3) Facilitation, through in-service training,  
10 certification promotion, and other innovative means, of  
11 the availability of effective assistance programs for  
12 gambling disorders.

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

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

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

1 website ~~toll-free telephone number~~, promote public awareness,  
2 conduct research, fund treatment and recovery services, and  
3 conduct in-service training concerning gambling disorders.

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

17 (d) Programs; gambling disorder prevention.

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

26 (2) The Department may provide advice to State and

1 local officials on gambling disorders, including the  
2 prevalence of gambling disorders, programs treating or  
3 promoting prevention of gambling disorders, trends in  
4 gambling disorder prevalence, and the relationship between  
5 gaming and gambling disorders.

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

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

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

23 (B) Collaborating with other community-based  
24 organizations, substance use disorder treatment  
25 centers, or other health care providers engaged in  
26 treating individuals who are experiencing gambling

1 disorder.

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

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

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

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

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

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

22 (e) Grants.

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

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

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

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

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

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

25 (20 ILCS 301/10-10)



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

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

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

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

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

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

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

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

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

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

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

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

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

23               (20 ILCS 301/10-15)

24               Sec. 10-15. Qualification and appointment of members. The  
25               membership of the Illinois Advisory Council may, as needed,

1 consist of:

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

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

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

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

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

11 (f) An educator appointed by the Governor.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24          (t) The Director, Secretary, or other chief  
25          administrative officer, ex officio, or his or her  
26          designee, of each of the following: the Department on

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

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

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

1 as the leader who originally appointed the member.

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

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

14 (20 ILCS 301/15-10)

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

22 (a) Treatment: Categories of treatment service for a  
23 substance use or gambling disorder ~~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.

6 (b) Intervention: Categories of intervention service  
7 ~~authorized by an intervention license~~ are DUI Evaluation,  
8 DUI Risk Education, Designated Program, and Recovery Homes  
9 for persons in any stage of recovery from a substance use  
10 or gambling disorder. Harm reduction, which includes harm  
11 reduction services, is another category of intervention  
12 licensure that can be issued if and when legal  
13 authorization is adopted to allow for this service and  
14 upon adoption of administrative or funding rules that  
15 govern the delivery of the service.

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

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

21 (20 ILCS 301/20-5)

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

23 (a) The Department shall develop and implement a  
24 comprehensive, statewide, community-based strategy to reduce  
25 substance use and gambling disorders and prevent the misuse of

1 illegal and legal drugs by persons of all ages, and to prevent  
2 the use of alcohol by minors. The system created to implement  
3 this strategy shall be based on the premise that coordination  
4 among and integration between all community and governmental  
5 systems will facilitate effective and efficient program  
6 implementation and utilization of existing resources.

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

10 (1) Providing programs and technical assistance to  
11 improve the ability of Illinois communities and schools to  
12 develop, implement and evaluate prevention programs.

13 (2) Initiating and fostering continuing cooperation  
14 among the Department, Department-funded prevention  
15 programs, other community-based prevention providers and  
16 other State, regional, or local systems or agencies that  
17 have an interest in substance use disorder prevention.

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

21 (1) Establishing and conducting programs to provide  
22 awareness and knowledge of the nature and extent of  
23 substance use and gambling disorders and their effect on  
24 individuals, families, and communities.

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



1           (3) Developing, supporting, and advocating with new  
2           and existing local community coalitions or  
3           neighborhood-based grassroots networks using action  
4           planning and collaborative systems to initiate change  
5           regarding substance use and gambling disorders in their  
6           communities.

7           (4) Encouraging, supporting, and advocating for  
8           programs and activities that emphasize alcohol-free and  
9           other drug-free lifestyles.

10          (5) Drafting and implementing efficient plans for the  
11          use of available resources to address issues of substance  
12          use disorder prevention.

13          (6) Coordinating local programs of alcoholism and  
14          other drug abuse education and prevention.

15          (7) Encouraging the development of local advisory  
16          councils.

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

1 effort shall be taken into account by the Department in making  
2 decisions regarding the allocation of prevention resources.

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

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

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

11 (20 ILCS 301/25-5)

12 Sec. 25-5. Establishment of comprehensive treatment  
13 system. The Department shall develop, fund and implement a  
14 comprehensive, statewide, community-based system for the  
15 provision of early intervention, treatment, and recovery  
16 support services for persons suffering from substance use or  
17 gambling disorders. The system created under this Section  
18 shall be based on the premise that coordination among and  
19 integration between all community and governmental systems  
20 will facilitate effective and efficient program implementation  
21 and utilization of existing resources.

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

23 (20 ILCS 301/25-10)

24 Sec. 25-10. Promulgation of regulations. The Department

1 shall adopt regulations for licensure, certification for  
2 Medicaid reimbursement, and to identify evidence-based best  
3 practice criteria that can be utilized for intervention and  
4 treatment services, taking into consideration available  
5 resources and facilities, for the purpose of early and  
6 effective treatment of substance use and gambling disorders.

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

8 (20 ILCS 301/30-5)

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

10 (a) For purposes of this Section, "patient" means any  
11 person who is receiving or has received early intervention,  
12 treatment, or other recovery support services under this Act  
13 or any category of service licensed as "intervention" under  
14 this Act.

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

19 (c) Persons who have substance use or gambling disorders  
20 who are also suffering from medical conditions shall not be  
21 discriminated against in admission or treatment by any  
22 hospital that receives support in any form supported in whole  
23 or in part by funds appropriated to any State department or  
24 agency.

25 (d) Every patient shall have impartial access to services

1 without regard to race, religion, sex, ethnicity, age, sexual  
2 orientation, gender identity, marital status, or other  
3 disability.

4 (e) Patients shall be permitted the free exercise of  
5 religion.

6 (f) Every patient's personal dignity shall be recognized  
7 in the provision of services, and a patient's personal privacy  
8 shall be assured and protected within the constraints of his  
9 or her individual treatment.

10 (g) Treatment services shall be provided in the least  
11 restrictive environment possible.

12 (h) Each patient receiving treatment services shall be  
13 provided an individual treatment plan, which shall be  
14 periodically reviewed and updated as mandated by  
15 administrative rule.

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

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

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

26 (l) A patient in residential treatment shall be allowed to

1 conduct private telephone conversations with family and  
2 friends unless clinically contraindicated.

3 (m) A patient in residential treatment shall be permitted  
4 to send and receive mail without hindrance, unless clinically  
5 contraindicated.

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

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

15 (p) Unless otherwise prohibited by State or federal law,  
16 every patient shall be permitted to obtain from his or her own  
17 physician, the treatment provider, or the treatment provider's  
18 consulting physician complete and current information  
19 concerning the nature of care, procedures, and treatment that  
20 he or she will receive.

21 (q) A patient shall be permitted to refuse to participate  
22 in any experimental research or medical procedure without  
23 compromising his or her access to other, non-experimental  
24 services. Before a patient is placed in an experimental  
25 research or medical procedure, the provider must first obtain  
26 his or her informed written consent or otherwise comply with

1 the federal requirements regarding the protection of human  
2 subjects contained in 45 CFR Part 46.

3 (r) All medical treatment and procedures shall be  
4 administered as ordered by a physician and in accordance with  
5 all Department rules.

6 (s) Every patient in treatment shall be permitted to  
7 refuse medical treatment and to know the consequences of such  
8 action. Such refusal by a patient shall free the treatment  
9 licensee from the obligation to provide the treatment.

10 (t) Unless otherwise prohibited by State or federal law,  
11 every patient, patient's guardian, or parent, if the patient  
12 is a minor, shall be permitted to inspect and copy all clinical  
13 and other records kept by the intervention or treatment  
14 licensee or by his or her physician concerning his or her care  
15 and maintenance. The licensee or physician may charge a  
16 reasonable fee for the duplication of a record.

17 (u) No owner, licensee, administrator, employee, or agent  
18 of a licensed intervention or treatment program shall abuse or  
19 neglect a patient. It is the duty of any individual who becomes  
20 aware of such abuse or neglect to report it to the Department  
21 immediately.

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

26 (w) All patients admitted to community-based treatment

1 facilities shall be considered voluntary treatment patients  
2 and such patients shall not be contained within a locked  
3 setting.

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

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

25 (z) A person who is in need of services may apply for  
26 voluntary admission in the manner and with the rights provided

1 for under regulations promulgated by the Department. If a  
2 person is refused admission, then staff, subject to rules  
3 promulgated by the Department, shall refer the person to  
4 another facility or to other appropriate services.

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

10 (bb) Records of the identity, diagnosis, prognosis or  
11 treatment of any patient maintained in connection with the  
12 performance of any service or activity relating to substance  
13 use or gambling disorder education, early intervention,  
14 intervention, training, or treatment that is regulated,  
15 authorized, or directly or indirectly assisted by any  
16 Department or agency of this State or under any provision of  
17 this Act shall be confidential and may be disclosed only in  
18 accordance with the provisions of federal law and regulations  
19 concerning the confidentiality of substance use disorder  
20 patient records as contained in 42 U.S.C. Sections 290dd-2 and  
21 42 CFR Part 2, or any successor federal statute or regulation.

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

24 (A) Veteran's Administration records.

25 (B) Information obtained by the Armed Forces.

26 (C) Information given to qualified service



1 organizations.

2 (D) Communications within a program or between a  
3 program and an entity having direct administrative  
4 control over that program.

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

8 (F) Reports under State law of incidents of  
9 suspected child abuse and neglect; however,  
10 confidentiality restrictions continue to apply to the  
11 records and any follow-up information for disclosure  
12 and use in civil or criminal proceedings arising from  
13 the report of suspected abuse or neglect.

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

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

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

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

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

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

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

14           (4) The prohibitions of this subsection shall apply to  
15 records concerning any person who has been a patient,  
16 regardless of whether or when the person ceases to be a  
17 patient.

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

21           (6) The Department shall prescribe regulations to  
22 carry out the purposes of this subsection. These  
23 regulations may contain such definitions, and may provide  
24 for such safeguards and procedures, including procedures  
25 and criteria for the issuance and scope of court orders,  
26 as in the judgment of the Department are necessary or

1 proper to effectuate the purposes of this Section, to  
2 prevent circumvention or evasion thereof, or to facilitate  
3 compliance therewith.

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

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

16 (ee) Licensed organizations shall comply with the right of  
17 any adolescent to consent to treatment without approval of the  
18 parent or legal guardian in accordance with the Consent by  
19 Minors to Health Care Services Act.

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

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

25 (20 ILCS 301/35-5)

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

2           (a) In order to promote a comprehensive, statewide and  
3 multidisciplinary approach to serving pregnant women and  
4 mothers, including those who are minors, and their children  
5 who are affected by substance use or gambling disorders, the  
6 Department shall have responsibility for an ongoing exchange  
7 of referral information among the following:

8           (1) those who provide medical and social services to  
9 pregnant women, mothers and their children, whether or not  
10 there exists evidence of a substance use or gambling  
11 disorder. These include any other State-funded medical or  
12 social services to pregnant women.

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

15           (b) (Blank).

16           (c) (Blank).

17           (d) (Blank).

18           (e) (Blank).

19           (f) The Department shall develop and maintain an updated  
20 and comprehensive directory of licensed providers that deliver  
21 treatment and intervention services. The Department shall post  
22 on its website a licensed provider directory updated at least  
23 quarterly.

24           (g) As a condition of any State grant or contract, the  
25 Department shall require that any treatment program for women  
26 with substance use or gambling disorders provide services,

1 either by its own staff or by agreement with other agencies or  
2 individuals, which include but need not be limited to the  
3 following:

4 (1) coordination with any program providing case  
5 management services to ensure ongoing monitoring and  
6 coordination of services after the addicted woman has  
7 returned home.

8 (2) coordination with medical services for individual  
9 medical care of pregnant women, including prenatal care  
10 under the supervision of a physician.

11 (3) coordination with child care services.

12 (h) As a condition of any State grant or contract, the  
13 Department shall require that any nonresidential program  
14 receiving any funding for treatment services accept women who  
15 are pregnant, provided that such services are clinically  
16 appropriate. Failure to comply with this subsection shall  
17 result in termination of the grant or contract and loss of  
18 State funding.

19 (i)(1) From funds appropriated expressly for the purposes  
20 of this Section, the Department shall create or contract with  
21 licensed, certified agencies to develop a program for the care  
22 and treatment of pregnant women, mothers and their children.  
23 The program shall be in Cook County in an area of high density  
24 population having a disproportionate number of women with  
25 substance use and other disorders and a high infant mortality  
26 rate.

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

8           (3) In implementing the programs established under this  
9 subsection, the Department shall contract with existing  
10 residential treatment or recovery homes in areas having a  
11 disproportionate number of women with substance use and other  
12 disorders who need residential treatment. Priority shall be  
13 given to women who:

14           (A) are pregnant, especially if they are intravenous  
15 drug users,

16           (B) have minor children,

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

18           (D) are referred by medical personnel because they  
19 either have given birth to a baby with a substance use  
20 disorder, or will give birth to a baby with a substance use  
21 disorder.

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

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

26           (B) temporary, residential shelter for pregnant women,

1 mothers and children when necessary.

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

3 (D) comprehensive and coordinated social services,  
4 including therapy groups for the treatment of substance  
5 use disorders; family therapy groups; programs to develop  
6 positive self-awareness; parent-child therapy; and  
7 residential support groups.

8 (5) (Blank).

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

10 (20 ILCS 301/35-10)

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

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

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

16 (2) A substantial percentage of pregnant adolescents  
17 have substance use disorders or live in environments in  
18 which substance use disorders occur and thus are at risk  
19 of exposing their infants to dangerous and harmful  
20 circumstances.

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

24 (b) To address the findings set forth in subsection (a),  
25 and subject to appropriation, the Department may establish and

1 fund treatment strategies to meet the developmental, social,  
2 and educational needs of high-risk pregnant adolescents and  
3 shall do the following:

4 (1) To the maximum extent feasible and appropriate,  
5 utilize existing services and funding rather than create  
6 new, duplicative services.

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

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

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

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

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

18 (c) (Blank).

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

20 (20 ILCS 301/50-40)

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

22 (a) There is hereby established the Group Home Loan  
23 Revolving Fund, referred to in this Section as the "fund", to  
24 be held as a separate fund within the State Treasury. Monies in  
25 this fund shall be appropriated to the Department on a



1 continuing annual basis. With these funds, the Department  
2 shall, directly or through subcontract, make loans to assist  
3 in underwriting the costs of housing in which there may reside  
4 individuals who are recovering from substance use or gambling  
5 disorders, and who are seeking an alcohol-free, gambling-free,  
6 or drug-free environment in which to live. Consistent with  
7 federal law and regulation, the Department may establish  
8 guidelines for approving the use and management of monies  
9 loaned from the fund, the operation of group homes receiving  
10 loans under this Section and the repayment of monies loaned.

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

13 (1) All receipts, including principal and interest  
14 payments and royalties, from any applicable loan agreement  
15 made from the fund.

16 (2) All proceeds of assets of whatever nature received  
17 by the Department as a result of default or delinquency  
18 with respect to loan agreements made from the fund,  
19 including proceeds from the sale, disposal, lease or  
20 rental of real or personal property that the Department  
21 may receive as a result thereof.

22 (3) Any direct appropriations made by the General  
23 Assembly, or any gifts or grants made by any person to the  
24 fund.

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

1 (c) The Treasurer may invest monies in the fund in  
2 securities constituting obligations of the United States  
3 government, or in obligations the principal of and interest on  
4 which are guaranteed by the United States government, or in  
5 certificates of deposit of any State or national bank which  
6 are fully secured by obligations guaranteed as to principal  
7 and interest by the United States government.

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

9 (20 ILCS 301/55-30)

10 Sec. 55-30. Rate increase.

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

21 (b) (Blank).

22 (c) Beginning on July 1, 2022, the Division of Substance  
23 Use Prevention and Recovery shall increase reimbursement rates  
24 for all community-based substance use and gambling disorders  
25 ~~disorder~~ treatment and intervention services by 47%,

1 including, but not limited to, all of the following:

2 (1) Admission and Discharge Assessment.

3 (2) Level 1 (Individual).

4 (3) Level 1 (Group).

5 (4) Level 2 (Individual).

6 (5) Level 2 (Group).

7 (6) Case Management.

8 (7) Psychiatric Evaluation.

9 (8) Medication Assisted Recovery.

10 (9) Community Intervention.

11 (10) Early Intervention (Individual).

12 (11) Early Intervention (Group).

13 Beginning in State Fiscal Year 2023, and every State  
14 fiscal year thereafter, reimbursement rates for those  
15 community-based substance use and gambling disorders ~~disorder~~  
16 treatment and intervention services shall be adjusted upward  
17 by an amount equal to the Consumer Price Index-U from the  
18 previous year, not to exceed 2% in any State fiscal year. If  
19 there is a decrease in the Consumer Price Index-U, rates shall  
20 remain unchanged for that State fiscal year. The Department  
21 shall adopt rules, including emergency rules in accordance  
22 with the Illinois Administrative Procedure Act, to implement  
23 the provisions of this Section.

24 As used in this subsection, "consumer price index-u" means  
25 the index published by the Bureau of Labor Statistics of the  
26 United States Department of Labor that measures the average

1 change in prices of goods and services purchased by all urban  
2 consumers, United States city average, all items, 1982-84 =  
3 100.

4 (Source: P.A. 101-81, eff. 7-12-19; 102-699, eff. 4-19-22.)

5 (20 ILCS 301/55-40)

6 Sec. 55-40. Recovery residences.

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

14 (b) The Department shall develop and maintain an online  
15 registry for recovery residences that operate in Illinois to  
16 serve as a resource for individuals seeking continued recovery  
17 assistance.

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

21 (d) The registry shall indicate any accreditation,  
22 certification, or licensure that each recovery residence has  
23 received from an entity that has developed uniform national  
24 standards. The registry shall also indicate each recovery  
25 residence's location in order to assist providers and

1 individuals in finding alcohol, gambling, and drug free  
2 housing options with like-minded residents who are committed  
3 to alcohol, gambling, and drug free living.

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

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

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

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