

AN ACT concerning health.

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

Section 1. Legislative findings and purpose. Medical clinics, emergency rooms, and hospitals across the country are overwhelmed by the opioid crisis and have been adversely affected by costs and increasing rates of recidivism due to an increase in the need for additional comprehensive community-based continuum of care services for persons with opioid and other substance use disorders. According to the Centers for Disease Control and Prevention, there has been a 600% increase in the incidence of opioid use disorders since 1999, creating an increased need for treatment and other recovery support services. Most persons with substance use disorders also face co-existing social and economic challenges including poverty, job insecurity, and a lack of safe and sober living environments. The current health care system is often too expensive, fragmented, and disjointed to sufficiently address the needs of persons with substance use disorders. Consequently, we are at a pivotal time in history when insurance companies are having to become more innovative in their approaches to contain costs and improve the outcomes of those persons with substance use disorders. Hospitals are also contemplating new and innovative ways to reduce their costs and

rates of recidivism, improve the outcomes of those persons with substance use disorders, and monitor these persons with a greater level of care in order to achieve the highest level of multiple performance outcomes at a time when performance metrics matter more than ever. The State of Illinois has the opportunity to lead the nation by supporting and amplifying the most comprehensive and vertically integrated approach to recovery that can effectively address the root causes of substance use disorders, while stabilizing other co-existing social, economic, and housing conditions that can impair a person's long-term recovery. In addition to helping persons achieve physical recovery from a substance use disorder, it is also important to help them find new meaning in their personal lives by rebuilding and strengthening their family relationships, community ties, and spiritual development. Recovery housing can facilitate this holistic approach to recovery and help persons replace their need for substances with more meaningful elements of life. Therefore, it is the purpose of this Act to provide Illinois citizens with greater access to a more robust and holistic continuum of behavioral health care services and supports by providing health care coverage for recovery housing for persons with substance use disorders.

Section 5. The Illinois Insurance Code is amended by adding Section 356z.29 as follows:

(215 ILCS 5/356z.29 new)

Sec. 356z.29. Recovery housing for persons with substance use disorders.

(a) Definitions. As used in this Section:

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

"Hospital" means a facility licensed by the Department of Public Health under the Hospital Licensing Act.

"Federally qualified health center" means a facility as defined in Section 1905(1) (2) (B) of the federal Social Security Act.

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

(b) A group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed on or after the effective date of this amendatory Act of the 100th General Assembly may provide coverage for residential extended care services and supports for persons recovery housing for persons with substance use disorders who are at risk of a relapse following discharge from a health care clinic, federally qualified health center, hospital withdrawal

management program or any other licensed withdrawal management program, or hospital emergency department so long as all of the following conditions are met:

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

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

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

hospital emergency department.

(c) Based on the individualized needs assessment, any coverage provided in accordance with this Section may include, but not be limited to, the following:

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

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

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

(4) Job training or placement services.

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

(1) reduce health care costs;

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

(3) improve outcomes;

(4) track persons with substance use disorders; and

(5) improve the quality of life of persons with

substance use disorders through the utilization of sustainable recovery, education, employment, and housing services.

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

(e) The Department of Insurance may adopt any rules necessary to implement the provisions of this Section in accordance with the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.